POST-CONSTRUCTION CERTIFICATION FORM

Develo	pment Name:					
Develo	pment Location:					
	dersigned Architect/Engineer, Gene pment, hereby certify to the followi		, and Owners	rship Entity for the above-referenced		
1.	=	quirements and	s, or Physical Needs Assessment submitted with the application ements and the Corporation's Design Quality Standards outlined in ual.			
2.	The completed construction/rehab rehabilitation standards requireme	onstruction/rehabilitation and the plans have met the applicable property standards $\&$ ndards requirements.				
3.	The site development has met all fe	evelopment has met all federal, state, and local requirements.				
4.	The design has complied with all applicable permit requirements of the local, state, and federal jurisdictions.					
5.	The materials installed pursuant to the project named above conform to the Build America, Buy America Act (BABA) requirements under 2 CFR § 184.					
ARCHIT	TECT/ENGINEER ACKNOWLEDGMEN	т				
			Ву:			
(Archite	ect/Engineer Firm)			(Signature)		
Date:			lts: _			
License	#:		_			
WITNE	SS OF SIGNATURE					
STATE (OF					
COUNT	Y OF					
On this day of, 20 personally appeared		, 20		e me, the undersigned notary public, me through satisfactory evidence of		
identifi	cation to be the person whose name	is signed abov	e in my prese	ence.		
	(Seal)					
				Signature of Notary Public		
				Commission Expiration Date		

GENERAL CONTRACTOR ACKNOWLEDGMENT		
	Bv.	
(General Contractor Company)	By:(Signature)	
Date:	Its:	
License#:		
WITNESS OF SIGNATURE		
STATE OF		
COUNTY OF		
On this, 20	, before me, the undersigned not	ary public,
personally appearedidentification to be the person whose name is signed above		/idence of
(Seal)		
(Scal)	Signatu	ure of Notary Public
		
	Commiss	ion Expiration Date
OWNERSHIP ENTITY ACKNOWLEDGMENT		
	By:	
(Principal Member of Ownership Entity)	By:(Signature)	
Date:	Its:	
WITNESS OF SIGNATURE		
STATE OF		
COUNTY OF		
On this, 20	, before me, the undersigned not	ary public,
personally appeared	proved to me through satisfactory e	
identification to be the person whose name is signed above	in my presence.	
(Seal)	Cignot	uro of Notary Dublic
	Signati	ire of Notary Public
	Commiss	ion Expiration Date