

HTF-3 Inspection Request Form

☐ HOME Program ☐ HTF Program ☐ LIHTC Program ☐ Bond Program
☐ Cost Analysis/Plans/Specs ☐ Change Order # _____ ☐ Revised Work Write-Up # _____
☐ Initial Inspection ☐ Interim Inspection Without Draw ☐ Interim Inspection With Draw ☐ Final Inspection

Identifying Number: _____ Date of Request: _____
Participant Name: _____ Contact Person: _____
Participant Address: _____ Phone #: _____
City, State, Zip: _____ Fax #: _____
Email Address: _____ Cell Phone #: _____

Project Type: ☐ Rental ☐ Owner-Occupied ☐ Group Home ☐ Supportive Housing ☐ ER Repair
Total # of Units: _____ Date closing is scheduled (if applicable): _____
Activity Type: ☐ Acquisition ☐ New Construction ☐ Rehabilitation

Project or Beneficiary Name: _____
Project Address: _____
City, State, Zip: _____
Beneficiary's Phone # or alternate contact information: _____
Project County: _____

Attachments Included:

☐ Draw Report (Should include related invoices for soft costs/AIA documentation or Building in Progress Report)
☐ Inspection Report from Local Inspector ☐ Exhibit G
☐ Pictures ☐ Written Directions
☐ Change Order(s) ☐ Other _____
_____ % Draw Percentage Requested

Authority Use Only

☐ Approved ☐ Denied

Program Coordinators Name: _____

Inspectors Name: _____

Date Inspected/Reviewed : _____

Remarks:

Inspectors Signature: _____