Human Resources Administration
Department of Homeless Services
Department of Social Services

CONTRACTOR DAMAGE AND REPAIR CERTIFICATION FORM

(To be completed by a licensed contractor and notarized)

PROPERTY INFORMATION

Property Address: _____

Unit Number (if applicable): _____

Owner/Landlord Name: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Business Name: _____

License Number: _____

Phone Number: _____

Email: _____

DESCRIPTION OF DAMAGES

Please describe the damages observed at the property:

_____

_____

_____

_____

DESCRIPTION OF REPAIRS NEEDED OR COMPLETED

List all necessary or completed repairs related to the damage described above:

_____

_____

_____

_____

_____

_____

(Turn page)

CONTRACTOR DAMAGE AND REPAIR CERTIFICATION FORM *(continued)*

(To be completed by a licensed contractor and notarized)

ESTIMATED OR ACTUAL COST OF REPAIRS
(include labor and materials. Attach an itemized estimate or invoice if available.)

Total Estimated/Actual Cost: $ _____ Date of Estimate or Completion: _____

CONTRACTOR CERTIFICATION
I, the undersigned contractor, hereby certify that:

1. I inspected the above-referenced property and observed the damages described above.
2. The repairs listed above are necessary to restore the property to a safe and habitable condition.
3. The costs stated are accurate to the best of my knowledge.
4. I am qualified and licensed to perform or assess the work described.

_____ _____
Signature Date

NOTARY SECTION

State of: _____

County of: _____

On this _____ day of _____ , 20_____ , before me personally appeared

_____ , known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument, and acknowledged that they executed the same for the purposes therein contained.

_____
Notary Public Name (please print)

_____
Notary Public Signature

My Commission Expires: _____

[Seal]