

MINNESOTA Community Homeownership Impact Fund Owner-Occupied Rehabilitation Project **Completion Certificate**

INSTRUCTIONS: Complete this certificate upon completion of all work.

Borrower/Homeowner Last Name	Borrower/Homeowner First Name		MI
		MN	
Property Address	City	State	Zip
BORROWER/HOMEOWNER			
I hereby certify that the work has been contract (s) evidencing the agreement(s) I further hereby authorize the Administrative contractor(s) contributing services or	d in compliance between the uniter to disburse	e with the terms of ndersigned and t e funds on my be	of the he contractor(s). half directly to
Total Value of Improvements:		\$	
Borrower/Homeowner Signature ADMINISTRATOR		Date	
The undersigned hereby certifies that the property have been completed in complicagreement(s) between the Borrower/hor	ance with the I	mpact Fund Agre	ement and the
Administrator Authorized Signature	Title		Date
Impact Fund Award ID Number			