

**MISSISSIPPI DEVELOPMENT AUTHORITY  
COMMUNITY SERVICES DIVISION  
HOMEBUYER ASSISTANCE PROGRAM  
CERTIFIED HOME INSPECTION CLEARANCE**

**Clients Name** \_\_\_\_\_

**Property Address** \_\_\_\_\_

**Existing or Newly Constructed Property** \_\_\_\_\_

**Year Constructed** \_\_\_\_\_

**Date of Inspection/Clearance** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Name of MHIB Inspector** \_\_\_\_\_

**License #** \_\_\_\_\_

**Date of Expiration** \_\_\_\_\_

**I certify that the property has been inspected and meet all applicable State and local Housing Quality Standards and Code requirements.**

**Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_