HOUSING ALLIANCE OF YORK

"Stabilizing and enhancing our community through professional housing counseling services."

INSPECTION PERMISSION FORM – SELLER(S)

I/We, _____ the owner(s) of the premises located at _____, hereby permit representative(s) of the *York County Planning Commission/City of York* and/or its designees to enter the home at a mutually agreeable time for the purpose of conducting a housing inspection. I/We understand that neither the *York County Planning Commission/City of York* or its representatives shall enter the home without a representative of the owner(s) present. I/We hereby agree and understand that the inspection is a Basic Housing Standards Guideline inspection for the York Homebuyer Assistance Program as required pursuant to the regulations of the U.S. Department of Housing and Urban Development. This inspection is conducted for the sole purpose of approving York Homebuyer Assistance Program participants. This inspection is separate from any other inspection that may be conducted in conjunction with the sale of the property. I/We further understand that I/we cannot rely upon it for any other purpose or to meet any requirements other than those set forth in the U.S. Department of Housing and Urban Development regulations. The *York County Planning Commission/City of York*, its officers, directors, employees, representative(s) and agents, as a result of this inspection, has made no warranties or representations, implied or otherwise, as to the condition of the property. I/We understand that for informational purposes a blank copy of the inspection form and the U.S. Department of Housing and Urban Development regulations can be obtained from the Housing Alliance of York, 35 S. Duke Street, York, PA 17401. The Housing Alliance of York's phone number is: (717) 854-1541.

_____ _____

Witness Owners Signature Date

_____ _____

Witness Co-owner's Signature Date

Is Property Vacant? Yes____ No____

Owner's phone numbers (Necessary to set up Inspection)

Home ( )_____ Work ( )_____

Owner's Address (If not residing in the property)

_____

Street #. City/State Zip Code

Revised: 7/1/08

United Way of York County