



HOMEOWNER RECOVERY PROGRAM COVID-19 Risk Certification

Purpose: To minimize the risk, exposure and spread of the COVID-19 virus while required program inspections are completed, all ReBuild NC Inspectors (Damage Inspectors, Lead-based Paint Assessors, Asbestos Inspectors, and Environmental Site-Inspectors) should complete this form prior to scheduling an inspection.

Instructions: During the initial scheduling call but prior to scheduling an appointment or inspection, the ReBuild NC Inspector should ask the Primary Applicant the four yes/no questions in the COVID-19 Risk and Exposure Questionnaire. The Inspector should document the applicant's answers to each question before signing the certification and uploading the form to the Primary Applicant's active Salesforce inspection record.

If the Primary Applicant answers "Yes" to any of the four questions, the Inspector should not schedule an inspection, but should instead notify the Primary Applicant that they will follow up in fourteen (14) days to schedule the inspection.

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.

APPLICANT INFORMATION	
Applicant Name:	
Application ID Number:	Call Date:
COVID-19 RISK AND EXPOSURE QUESTIONNAIRE	
1. Have you or anyone in your home returned from travel from any location outside of North Carolina within the last fourteen (14) calendar days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or anyone in your home had close contact with anyone who has traveled from any location outside of North Carolina within the last fourteen (14) calendar days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or anyone in your home had close contact with or cared for someone diagnosed with COVID-19 within the last fourteen (14) calendar days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or anyone in your home experienced any cold or flu-like symptoms (fever, cough, sore throat, respiratory illness, etc.) within the last fourteen (14) calendar days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ReBuild NC is a program of the North Carolina Office of Recovery and Resiliency
Last Updated: July 20, 2020



CERTIFICATION

The undersigned hereby certifies:

- The answers herein accurately reflect the statements of the Primary Applicant.
- That I informed the Primary Applicant that he/she is responsible for updating the information provided if a change in circumstances has occurred which impacts the statements herein.
- That I informed the Primary Applicant that if the answer is "Yes" to any of the questions herein, the Inspector may take precautionary measures, rearrange, or possibly postpone the scheduled event to protect program applicants, representatives, and families.
- That I am hereby responsible of any damages caused by the submission of inaccurate or incorrect information.

Inspector Print Name _____

Vendor Name _____

Inspector Signature _____

Date _____