

SOUTHERN IOWA REGIONAL HOUSING AUTHORITY

219 N. Pine Street  
Creston, Iowa 50801

**FAX: 641-782-5900, email: [sirha@sirha-ia.org](mailto:sirha@sirha-ia.org), or MAIL to address listed above**

I hereby certify that the heating system (This includes: furnace, wood burning stove, water heater, and all flues and chimneys) at \_\_\_\_\_

\_\_\_\_\_  
(Address)

is in a safe operating condition and was adequately serviced on \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of Inspectors Company \_\_\_\_\_

Address of Inspectors Company \_\_\_\_\_

Company's License or State I.D. Number \_\_\_\_\_

Tenants Name: \_\_\_\_\_

**Heating system must be checked, form completed and returned to SIRHA before the lease can be approved.**