

REPORT OF CLAIMS FOR CONSTRUCTION DEFECTS

State _____

Month _____

Fiscal Year _____

County _____

Total Claims										Claims Approved For The Following Purposes					
Received		Rejected		Approved		Funded		Not Funded		Correcting Defects		Temporary Living Expenses		Acquiring Property Title	
No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount