

Client # \_\_\_\_\_

### CONTRACTOR PAYMENT REQUEST

Homeowner: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Payment: \_\_\_\_\_ Progress \_\_\_\_\_ Final

Contractor: I hereby request an inspection to receive payment # \_\_\_\_\_ for the amount of \$ \_\_\_\_\_. I certify that I have satisfactorily completed the necessary work to justify this request and that all bills incurred for labor used and materials furnished in making said repairs and improvements have been paid in full of this date. See attached cost breakdown.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner: I/We hereby agree that the work stated by the contractor has been completed and approve payment to the contractor in accordance with the Agreement and contingent upon inspection and concurrence by the Construction Advisor. It is understood that the actual amount disbursed will be based on the findings of that inspection.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Construction Advisor: I hereby certify that all work is completed as indicated on the contractor's payment request. I hereby request approval of the payment to the contractor in the amount of \$ \_\_\_\_\_.

Construction Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

If Applicable, Housing Rehabilitation Programs Manager:

I hereby approve the payment to the contractor in the amount of \$ \_\_\_\_\_.

Housing Rehabilitation Programs Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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