

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CONTRACTOR PAYMENT REQUEST

Agency (CAA): _____ Technician Name: _____
_____ Technician Phone: _____
_____ Technician Email: _____

Applicant: _____	Co-Applicant: _____
Property: _____	Contractor: _____
	Contract Amount: \$ _____
	Contract Date: _____

TYPE OF PAYMENT: Final In Progress _____ % of work completed as outlined in the Contract.

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. Cost breakdown/invoice(s) attached.	
_____	_____
Contractor Representative Signature	Date

Contractor Representative Name	

CAA INSPECTOR:	
I hereby certify that all work is completed as indicated on the Contractor's payment request/invoice and in accordance with all applicable specifications and standards. I hereby recommend approval of the payment to the Contractor in the following amount	
Payment Amount	\$ _____
_____	_____
CAA Technician Signature	Date

CAA Technician Name	