HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) CONTRACTOR PAYMENT REQUEST

•	cy (CAA): Address:	CAA Taahniaian Dhanas	
Applic	cant Name:		
Prope	erty:	Contractor:	
Contra	act Total:	Contract Date:	
	TYPE OF PAYMENT: Final In Progre	ss % of work completed as outlined in the Contract.	
CONT	TRACTOR:		
l herel	by request an inspection to receive payment #	for the amount of \$	
certif	•	to justify this request. Cost breakdown/itemized invoice(s)	
	Contractor Representative Signature	Date	
	Contractor Representative Name		
CAA	INSPECTOR:		
	Payment Amount \$ CAA Technician Signature	Date	
	CAA Technician Name CONTRACTOR CERT	TIFICATE AND RELEASE OF LIENS	
		e Applicant and Contractor identified above, for work performed on the abovect specifications, the Contractor certifies/states as follows:	e-
1.		e Contractor, the amount of \$ pursuant	to the
2.		s been performed in accordance with the terms thereof, and that there are red no claims of laborers or mechanics for unpaid wages arising out of the	10
3.	claims arising under or by virtue of this invoiced amou	n 1 hereof, the Contractor does hereby release the Applicant from any and a unt; provided, however, that if for any reason the Applicant does not pay in amount will become the amount which the Contractor has not released.	all full
_	Contractor Representative Signature	Date	_
_	Contractor Representative Name		