				ND REPAIR PROGRAM			
Agency (CAA):			CAA Technician Name				
CAA A	aaress:			CAA Technician Phon CAA Technician Email			
Applica	ant Name:			Co-Applicant Name:			
Property:			Contractor:				
Contra	ct Total:			Contract Date:			
	TYPE OF PAYMENT:	Final	In Progress	% of work c	ompleted as outlined in the Con	tract.	
CONT	RACTOR:						
I hereb	y request an inspection to rece	ve paymen	t #	for the amount of	\$		
I certify	v that I have satisfactorily compl	eted the ne	cessary work to just	ify this request. Cost brea	akdown/invoice(s) attached.		
		Oi			Dete		
	Contractor Representative	Signature			Date		
	Contractor Representative	Name					
CAA II	NSPECTOR:						
	y certify that all work is complet cations and standards. I hereby				voice and in accordance with all n the following amount	applicable	
	Payment Amount			_			
-	CAA Technician Signature				Date		
-	CAA Technician Name						
	C	ONTRAC	TOR CERTIFIC	ATE AND RELEASE	E OF LIENS		
	ding the <i>Construction Contract</i> nced Property in accordance wi				ified above, for work performed r certifies/states as follows:	on the above-	
1.	There is due from and payat	lue from and payable by the Applicant to the Contractor, the amount of \$ pursuant to the <i>ion Contract</i> and duly approved <i>Change Orders</i> .					
2.	unpaid claims for materials,	nvoiced under the Construction Contract has been performed in accordance with the terms thereof, and that there are no aims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the nce of the Construction Contract.					
3.	That upon receipt of the pay	ipon receipt of the payment stated in Paragraph 1 hereof, the Contractor does hereby release the Applicant from any and all					

claims arising under or by virtue of this invoiced amount; provided, however, that if for any reason the Applicant does not pay in full the amount stated in Paragraph 1 hereof, the unpaid amount will become the amount which the Contractor has not released.

Contractor Representative Signature

Date

Contractor Representative Name