

Maine State Housing Authority (MaineHousing)
LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM

**HEALTHY HOMES INTERVENTION
CONTRACTOR PAYMENT REQUEST**

APPLICANT (OWNER):

CO-APPLICANT (CO-OWNER):

Company Name (if applicable)

Company Name (if applicable)

First Name MI Last Name

First Name MI Last Name

PROPERTY:

COMMUNITY ACTION AGENCY (CAA):

Property Street

CAA Name

Property City Property State Property Zip

CONTRACTOR:

Contractor Name

CONTRACT AMOUNT: \$ _____

CONTRACT DATE: _____

TYPE OF PAYMENT: Final 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

LEAD DESIGNER / RISK ASSESSOR:

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 amount of \$_____.

Lead Designer/Risk Assessor Signature

Date

Lead Designer/Risk Assessor

OWNER:

Your signature on this Payment Request form means that you understand and agree with the following:

- The materials being billed for this project have been installed in/on your home/property.
- The work being billed for this project phase has actually occurred.
- You are satisfied with the work that the Contractor has performed.
- You are requesting payment to the Contractor for the above work and materials.
- You agree that this information has been explained to you and you understand this payment request process.

If you have concerns about the work being done to your home, you should discuss them with the Community Action Agency before signing this form.

Owner Signature

Date

Co-Owner Signature

Date