

FEDERAL LEAD AND STATE LEAD PROGRAMS
Healthy Homes Production Billing Invoice

Project Funding: Healthy Homes Production

Project Type: Single-Family Owner Occupied Multi-Family Single Family Rental

(CAA): _____

Abatement Units _____ # Non-Abatement Units _____

Applicant (Owner): _____

Co-Applicant: _____

Property: _____

Contractor: _____

PHASE 1

Date Submitted: _____

Healthy Homes Production

Radon Air Testing \$ _____

Radon Air Mitigation \$ _____

HHP Other (explain) _____

\$ _____

\$ _____

\$ _____

Healthy Homes Production Phase 1 Total: _____

INTERIM PHASE (CHANGE ORDERS)

Date Submitted: _____

Healthy Homes Production

Approved Healthy Homes Production Change Order(s) \$ _____

PROGRAM TOTALS	
Healthy Homes Production Phase 1	\$ _____
Healthy Homes Production Interim (Change Order)	\$ _____
TOTAL	\$ _____