

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 \_\_\_\_\_

<b>Applicant (Owner):</b> _____	<b>Co-Applicant:</b> _____
<b>Property:</b> _____	<b>Contractor:</b> _____

<b>PHASE 1</b>	<b>Date Submitted:</b> _____
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**Healthy Homes Production**

Radon Air Testing	\$	
Radon Air Mitigation	\$	
HHP Other (explain) _____	\$	
<b>Healthy Homes Production Phase 1 Total:</b>		

<b>INTERIM PHASE (CHANGE ORDERS)</b>	<b>Date Submitted:</b> _____
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**Healthy Homes Production**

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

PROGRAM TOTALS	
Healthy Homes Production Phase 1	\$
Healthy Homes Production Interim (Change Order)	\$
<b>TOTAL</b>	<b>\$</b>