## LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**CONTRACTOR PAYMENT REQUEST** 

Project Funding: Agency (CAA):	State Lead (Z267)	State Lead (N261)		Healthy Homes	DHHS
				CAA Rep Phone:	
Project Type:	Single-Family	☐ Multi-Family	C	CAA Rep Email:	
Applicant (Owne	er):		Со-Ар	olicant:	
Property:			Contra	ctor:	
			Contra	ct Amount: \$	
			Contra	ct Date:	
TYPE OF PAYI	MENT: 🛛 Fin	nal DProgres	SS	% of work com	pleted 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 DESIGN	ER / RISK ASSES	SOR:			
	le specifications ar				equest/invoice and in accordance e payment to the Contractor in the
Payment An	<u>^</u>				
Lead Designer/	Risk Assessor Signatur	e		Da	le
Lead Designer/	Risk Assessor Name				
OWNER:					
	on this Payment Pa	auest form means	that you unde	rstand and agro	with the following:
<ul> <li>Your signature on this Payment Request form means that you understand and agree with the following:</li> <li>The materials being billed for this project have been installed in/on your home/property.</li> </ul>					
<ul> <li>The work being billed for this project phase has actually occurred.</li> </ul>					
You are satisfied with the work that the Contractor has performed.					
<ul> <li>You are requesting payment to the Contractor for the above work and materials.</li> <li>You agree that this information has been explained to you and you understand this payment request process.</li> </ul>					
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

Co-Owner Signature

Date