

**Chronologica**

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Client	Address	Community	Date of APP	Sewer Paid	Referral Client	EBL Child	Children ≤ 6	Pregnant Women	Owner Occupied	Risk Firm	Risk Assmt Out	Risk Assmt In
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**al Cost Sheet**

SPECS	Date Bid Award	Contractor	Letter to State	Date Job Started	Date Job Completed	Clearance Done	Clearance Passed	Final	Relocate	MATCH	IHPA Out	IHPA In
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