

**Owner Occupied Housing Rehabilitation
Payment Request Form**

Date:	
Amount of Payment Request:	<input type="checkbox"/> Progress Payment or <input type="checkbox"/> Final Payment
Homeowner's Name:	
Homeowner's Address:	
Property Address:	
Contractor's Name:	
Contractor Agreement Date:	
Building Permit Number:	
Total Contract Amount:	
Percentage of Job Completed:	
Amount of Payments Made to Date:	
Unpaid Balance Due After This Payment:	

I hereby authorize that the payment be released to the contractor for the work performed at my property. I realize that by signing this payment request, I am approving the work performed by the contractor at my property. I shall have no claim against the contractor for any unfinished work and I am satisfied with the work performed.

Homeowner's Signature

Date

I certify that I have completed all work in compliance with all State and local building codes, and all work is guaranteed for at least one year from this date. All work has been completed in conformance with HUD's Safe Work Practices (24 CFR 35.1350). I further certify that any/all subcontractors for this project have been paid to date.

Contractor's Signature

Date

I have verified that a sufficient amount of work has taken place at the above address to justify the release of the payment request, in compliance with the contractor's original proposal and any and all applicable change orders that have been executed. An inspection report and photos are attached.

Rehabilitation Inspector

Date

Approval to process payment:

Director

Date