

**MOBILE HOME REPLACEMENT PROGRAM  
CONTRACTOR PAYMENT REQUEST**

**APPLICANT (Owner):**

\_\_\_\_\_  
First Name                      MI                      Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                                      State                      Zip

**CONTRACTOR:**

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Contractor Mailing Address

\_\_\_\_\_  
City                                      State                      Zip

**PROPERTY:**

\_\_\_\_\_  
Property Street                      Property City                      Property State                      Property Zip

**CONTRACT PRICE:** \$ \_\_\_\_\_

**CONTRACT DATE:** \_\_\_\_\_

**TYPE OF PAYMENT:**              Final              Progress              \_\_\_\_\_ % of work completed 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 attached.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name

**CAA INSPECTOR:**

I hereby certify that all work is completed as indicated on the Contractor's payment request/invoice and in accordance with all applicable specifications and standards. I hereby recommend approval of the payment to the contractor in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_  
CAA Technician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAA Technician Name

**APPLICANT/OWNER:**

Your signature on this Payment Request form means that you understand and agree with the following:

- The materials being billed for this project have been installed in/on your home.
- The work being billed for this project phase has actually occurred.
- You are satisfied with the work that the contractor has performed.
- You are requesting payment to the contractor for the above work and materials.
- You agree that this information has been explained to you and you understand this payment request process.

**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.**

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/co-Owner Signature

\_\_\_\_\_  
Date