

Payment Request Form

HOMEOWNER INFORMATION

HOMEOWNER NAME _____ DATE OF REQUEST _____
 ADDRESS _____ PHONE # _____
 CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

CONTRACTOR INFORMATION

CONTRACTOR NAME/COMPANY _____
 ADDRESS _____ PHONE # _____
 CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

**If using more than one contractor, please list additional contractor contact information on the back of this form*

PAYMENT DETAILS

PROJECT(s) _____
 INVOICE(s) TOTAL \$ _____ 80% of TOTAL \$ _____ TOTAL REQUESTED (\$2,500 max.) \$ _____
 PAYMENT BREAKDOWN (for multiple contractors) _____

PLEASE MAIL CHECK(S) TO: Homeowner Contractor(s)

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR PAYMENT REQUEST:

- Completed payment request form
- Copies of all contractor invoices (specific projects & itemized prices must be included)
- Proof of contractor license(s)
- Copy of permit(s) (if needed)
- Pictures of area(s) improved (after photos)

PLEASE NOTE

*Checks may take up to 30 days to arrive from date of request. Only work completed **AFTER** application approval and **BEFORE** request for payment will be considered for support. Projects undertaken that were not part of the original application/approval may not be approved. Payments can only be made to the applying contractor. A household can request assistance **ONCE** every twelve (12) months. Projects can be supported for 80% of eligible costs, up to \$2,500.*

CITY STAFF USE

PAYMENT APPROVED Yes No DATE APPROVED _____ REVIEWER _____

NOTES _____

CONTRACTOR INFORMATION #2

CONTRACTOR NAME/COMPANY _____
ADDRESS _____ PHONE # _____
CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

CONTRACTOR INFORMATION #3

CONTRACTOR NAME/COMPANY _____
ADDRESS _____ PHONE # _____
CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

CONTRACTOR INFORMATION #4

CONTRACTOR NAME/COMPANY _____
ADDRESS _____ PHONE # _____
CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

CONTRACTOR INFORMATION #5

CONTRACTOR NAME/COMPANY _____
ADDRESS _____ PHONE # _____
CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____
