

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

CONTRACTOR PAYMENT REQUEST

Project Funding: State Lead Federal Lead Healthy Homes DHHS Project Type: Single-Family Multi-Family

Agency (CAA): _____

CAA Rep Name: _____
CAA Rep Title: _____
CAA Rep Phone: _____
CAA Rep Email: _____

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Contractor: _____
	Contract Amount: \$ _____
	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(s) attached.

Contractor Representative Signature Date _____

Contractor Representative Name

LEAD DESIGNER / RISK ASSESSOR:

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 following amount:

Payment Amount \$ _____

Lead Designer/Risk Assessor Signature Date _____

Lead Designer/Risk Assessor Name

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/property.
- 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.

Owner Signature Date _____

Co-Owner Signature Date _____