**C5**

**TxCDBG Housing Rehabilitation Payment Request**

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| --- | --- | --- | --- |
| Grant Recipient: |  | TxCDBG Contract No. |  |
|  |  |  |  |
| Homeowner: |  | Date: |  |
| Address: |  | Construction Contract  |  |
|  |  | Amount: | $ |
|  |  | Construction Completed? Yes or No (circle one) |  |
| Rehab Contractor: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| 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 and that all bills incurred for labor and materials furnished in making said repairs and improvements have been paid in full to this date. See attached cost breakdown. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contractor’s Signature: |  |  | Date: |  |

|  |  |
| --- | --- |
| Homeowner: | I/We hereby agree that the work stated by the contractor has been completed and approve payment to the contractor in accordance with the Agreement and contingent upon inspection and concurrence by the Rehabilitation Specialist. It is understood that the actual amount disbursed will be based on the finding of that inspection. |

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| --- | --- | --- | --- | --- |
| Homeowner Signature: |  |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Homeowner Signature: |  |  | Date: |  |

|  |  |
| --- | --- |
| Rehabilitation Coordinator: | I hereby certify that all work is completed as indicated on the contractor’s payment request. I hereby request approval of the payment to the contractor in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

|  |  |  |  |  |
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| Rehabilitation Coordinator: |  |  | Date: |  |

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| --- | --- |
| Chief Elected Official: | CERTIFICATION: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31 Sections 3729- Sections 3729-3730 and 3801-3812).”I hereby approve the payment to the contractor in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| Chief Elected Official: |  |  | Date: |  |