| **Applicant Information** | |
| --- | --- |
| **Subrecipient or State Representative:** | **Contract:** |
| **Applicant Name:** | **Co-Applicant Name:** |
| **Address:** | **Project #:** |
| **Contractor Information** | |
| **Contractor Name:** | |
| **Contractor Address:** | **Contractor City/State/Zip:** |
| **Payment Request: $** | **Requested Date:** |
| Under penalties of perjury, I/we certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this Affidavit. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government. | |

|  |  |
| --- | --- |
| **Contractor’s Certification and Request for Inspection** | |
| I hereby certify that: | |
| The information presented on this form is true and complete to the best of my knowledge;  Construction (including repair work) or other work performed to date on the above-referenced address(es) has been satisfactorily completed in accordance with the terms and requirements of the Community Development and Revitalization Program;  All expenses for which payment is being requested herein were incurred on the above-referenced address(es); and  All expenses incurred to date have been paid in full to contractors (including subs) and vendors. | |
| **Contractor’s Signature:** | **Date:** |

|  |  |
| --- | --- |
| **Homeowner Certification (N/A if demolition only project)       N/A** | |
| I agree that the work performed to date by the above-referenced contractor has been satisfactorily completed in accordance with the terms of the rehabilitation/reconstruction, and I approve and authorize payment in the amount requested. | |
| **Signature of Applicant:** | **Date:** |
| **Signature of Co-Applicant (if applicable):** | **Date:** |
| **Inspector Certification** | |
| I hereby certify the work for which contractor is requesting payment has been performed and satisfactorily completed in accordance with requirements of the Community Development and Revitalization Program, including all applicable construction standards and specifications, and local code requirements. I approve and authorize the payment for the amount requested. | |
| **Printed Name of Inspector:** | |
| **Signature of Inspector:** | **Date:** |
| **Subrecipient /State Representative Certification** | |
| I hereby certify the work for which contractor is requesting payment has been performed and satisfactorily completed in accordance with requirements of the Community Development and Revitalization Program, including all applicable construction standards and specifications, and local code requirements. I hereby approve and authorize the requested payment in the amount requested. | |
| **Printed Name of Subrecipient/State Representative:** | |
| **Signature of Subrecipient/State Representative:** | **Date:** |