## **Home Modification Loan Program**

## **Invoice**

Contractors need to supply detailed back-up documentation on their letterhead

Date:		Invoice #		
Property Owner Name_				
Address of Project:				
	Number	Street	Unit #	
	City	State	Zip Code	
Name of General Contra	ictor:			
Mailing address:				
	Number	Street	Unit #	
	City	State	Zip Code	
Telephone: Work and/or Ce	11:	Fax:	E-Mail:	
December of \$5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		n farilla ataus (11 o ee 11 o f	ayment schedule on bid form): Please	
include manufacturer and	model #(s) i	for major components as li	sted on the bid form.	
	T		id Form:lers (if applicable):	
		Revised Project Cost (i	f applicable):	
		Total Paid To-D	Pate:	
		Current Payme	ent Due:	
		Contractor signatu	ıre	
<ul><li>☐ First disbursement only,</li><li>☐ I agree all work listed ab</li></ul>		<u> </u>	aterials before the start of work	
		Homeowner(s)		
Provider Use only: □Verified by (	(circle one) em	ail, phone, or mail on . 20	_ with homeowner prior to issuing check	

\_\_\_\_\_Total Invoices Paid To Date

Provider Use only: