

**CONTRACTOR PAYMENT REQUEST**

Project Location: \_\_\_\_\_ Tampa, FL \_\_\_\_\_

Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contract: Housing Rehabilitation Work Contract between Owner and Contractor dated \_\_\_\_\_.

Program Responsible Entity (PRE): \_\_\_\_\_

SUMMARY OF CONTRACT

Original Contract Amount \$ \_\_\_\_\_

Change Order # \_\_\_\_\_ \$ \_\_\_\_\_

Change Order # \_\_\_\_\_ \$ \_\_\_\_\_

**Current Contract Amount** \$ \_\_\_\_\_

Payment request of \$ \_\_\_\_\_, which is either a  Partial or  Final Payment.

**Contractor:**

I hereby request an inspection to receive payment in the amount above. I understand that if I schedule an inspection and it is found that the work to be inspected is not complete or does not otherwise meet Handbook standards, I will thereafter be required to pay at my sole cost a re-inspection fee for each re-inspection appointment until the work inspected is found in compliance. I certify that I have satisfactorily completed the necessary work to justify this request and all bills incurred for labor used and material furnished with regard to such work have been paid in full to this date. *See attached cost breakdown.*

\_\_\_\_\_  
*Contractor Authorized Signature* †

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

License No: \_\_\_\_\_

**[UPON FINAL PAYMENT ONLY]**

**Owner:**

I/We agree that the work stated in the above Contract, as modified by any proper change order(s), has been fully completed, and I/we approve FINAL PAYMENT to Contractor contingent only upon inspection and concurrence by all involved public authorities and the Administrating Program Sponsor, if any. I agree to facilitate such inspection and, if in the City's sole discretion I am not making myself, my home, and the project site reasonably available, I shall provide a lock box with entry keys, at my sole cost so that my home and the project site can be entered in order to ensure that public funds are timely accounted for and work can be verified as complete. I/We understand the actual amount disbursed may differ based the findings of said inspection.

\_\_\_\_\_  
Owner's Signature †

\_\_\_\_\_ Date

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature †

\_\_\_\_\_ Date

Print Name: \_\_\_\_\_

**Public Authority/Program Responsible Entity Certification and Recommendation:**

The undersigned certifies the above described work associated with Contractor's  Partial or  Final Payment request has been inspected and based on that inspection, I recommend payment to Contractor in the amount of \$ \_\_\_\_\_.

Signature: \_\_\_\_\_ †

\_\_\_\_\_ Date

Print Name: \_\_\_\_\_

With: \_\_\_\_\_

*must be a manual (wet) signature in blue or black ink*