

Housing Trust Fund Corporation
New York State HOME Program
Rehabilitation Project Detail Sheet

Attach one detail sheet for each activity for which funds are being requested. Attach additional sheets if payment is requested for more than three contractors on one activity.

SHARS ID#:	Client Name:	
Activity#:	Amount of this draw:	
HOME funds in project:	Total paid to date:	Percent complete:
Project Address:		
CONTRACTOR INFORMATION		
Contractor name:	M/WBE? Yes	No
Type of work or trade:		
Work performed:		
Contract amount:	Amount this draw:	Percent complete:
Contractor name:	M/WBE? Yes	No
Type of work or trade:		
Work performed:		
Contract amount:	Amount this draw:	Percent complete:
Contractor name:	M/WBE? Yes	No
Type of work or trade:		
Work performed:		
Contract amount:	Amount this draw:	Percent complete:
The following item is required for <i>all</i> payment requests		
Date of site-specific environmental clearance:		
The following items are required for <i>final</i> payment requests		
Final Property Standards Inspection Approval Date:		
Date unit was determined lead-safe:		