

FORM 6
INTERIM DRAW APPLICATION

Grantee Name: _____

Property Address: _____

Contractor: _____

Proceed Order Date: _____

Completion Date: _____

ORIGINAL CONTRACT AMOUNT	\$
NET CHANGE BY CHANGE ORDER TO DATE	\$
CONTRACT SUM TO DATE	\$
AMOUNT PREVIOUSLY PAID	\$
CURRENT PARTIAL PAYMENT AMOUNT	\$
BALANCE DUE UPON COMPLETION	\$

This certifies that I agree with the above statement and I am willing to authorize partial payment to said contractor in the amount of \$ _____ which I understand is _____ % of my contract amount with _____
(Contractor Name)

(Property Owner or Grant Administrator Signature)

Date

(Witness Signature)

Date

I hereby certify that the work is _____ % complete and authorize payment to the contractor in the amount of \$ _____ which is _____ % of the contract amount.

(Property Owner or Grant Administrator Signature)

Date

The undersigned Contractor certifies that the work covered by this Application for Interim Draw has been completed in accordance with the Contract Documents, and that all amounts have been paid or will be paid by the Contractor for all work which this request for payment will be issued.

(Contractor Signature)

Date