## FORM 8

## COST CERTIFICATION FORM FOR MATERIALS AND LABOR

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\_\_\_\_\_

GRANTEE:

PROPERTY ADDRESS: \_\_\_\_\_

GRANT YEAR: DRAW #:

INVOICE DATE	MATERIALS/LABOR (No Tools or Appliances)	VENDOR	INVOICE NUMBER	INVOICE AMOUNT (No Tax to be paid)

I certify that these expenditures are for construction or rehabilitation costs incurred under the Housing Trust Fund Program contract cited above. I further certify that invoices or other substantiating documentation are contained in our program files.

TOTAL THIS REQUEST: \$\_\_\_\_\_

DATE:

Director or Chief Financial Officer - Signature

Grantee Name:	

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Property Address:\_\_\_\_\_

INVOICE DATE	MATERIALS/SERVICES (No Tools or Appliances)	VENDOR	INVOICE NUMBER	INVOICE AMOUNT (No Tax to be paid)