

**FORM 8**

**COST CERTIFICATION FORM FOR MATERIALS AND SERVICES**

PAGE 1 of \_\_\_\_\_ - Cost Certification

GRANTEE: \_\_\_\_\_

BENEFICIARY NAME: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_

BENEFICIARY ADDRESS: \_\_\_\_\_

INVOICE DATE	MATERIALS/SERVICES (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

Beneficiary Name: \_\_\_\_\_

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

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