

**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             | \$ |
| 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 \_\_\_\_\_.

\_\_\_\_\_ Date  
 CHI-2 Grant Administrator

\_\_\_\_\_ Date  
 Witness

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

\_\_\_\_\_ Date  
 CHI-2 Grant Administrator

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.

\_\_\_\_\_ Date  
 Contractor