

Pay Request No. _____
Project #: _____

HOME DISBURSEMENT CERTIFICATION

I, _____, certify that the following costs have been
(PRINT NAME)
incurred and have been or will be paid to the corresponding vendor / provider. I further
certify that the following costs were incurred for the HOME Project located at
_____ and do not
(ADDRESS) (CITY) (ZIP) (COUNTY)
duplicate any other services or materials on this project.

	Vendor / Provider	Invoice No.	\$ Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

* TOTAL Less Retainage \$ _____ *
* This will equal Column F of Form No. 2011

Sign: Finance Officer / Designee

Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.