



*Department of Housing*

200 E. Santa Clara Street, 12<sup>th</sup> Floor  
 San Jose, California 95113  
 (408) 535-3860

PROJECT # \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

Type of Payment

- Contractor Agreement
- Self-help Agreement
- Return of contingency
- Reimbursement to City

Payee(s)

- Contractor
- Owner
- Vendor
- Other

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Credit Memo: \$ \_\_\_\_\_

PAYMENT CERTIFICATE # \_\_\_\_\_

- 1. Earned to Date \_\_\_\_\_
- 2. Less Previous Earnings \_\_\_\_\_
- 3. Earned this Certificate \_\_\_\_\_
- 4. +/- Retention \_\_\_\_\_
- 5. Amount due this Certificate \_\_\_\_\_
- SPD # \_\_\_\_\_ Amt. \_\_\_\_\_
- PV # \_\_\_\_\_ Amt. \_\_\_\_\_
- Total: \_\_\_\_\_
- TOTAL RETENTION: \_\_\_\_\_

FINALED PERMITS

Building # \_\_\_\_\_ Roofing # \_\_\_\_\_  
 Electrical # \_\_\_\_\_ Plumbing # \_\_\_\_\_  
 Other \_\_\_\_\_

LOAN/GRANT \$ \_\_\_\_\_ OWNER'S FUNDS \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

CONTRACT AMOUNT (Initial Amount if First Payment).....	\$	_____
Change Order # _____ Addenda # _____	\$	_____
Self-help Agreement.....	\$	_____
Contingency Balance.....	\$	_____
Application Costs.....	\$	_____
Other Costs .....		_____
<b>TOTAL:</b>	\$	_____

CONTRACT AGREEMENT

\_\_\_\_\_% of the Agreement is now completed and payment is now requested. \$ \_\_\_\_\_  
 (LESS RETENTION)

SELF-HELP

\_\_\_\_\_% of the Self-help materials have been installed and payment is now requested. \$ \_\_\_\_\_  
 (RECEIPTS ATTACHED)

RETURN OF CONTINGENCY       yes     no

Project is complete and contingency balance is now credited to Owner's Account. \$ \_\_\_\_\_

The Contractor/Owner certifies that the contract is now complete, or percentage thereof, as indicated above.

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

Owner (Self-help/Final/Reimbursement) \_\_\_\_\_ Date \_\_\_\_\_

Rehabilitation Inspector \_\_\_\_\_ Date \_\_\_\_\_

Rehabilitation Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Accounting Verification \_\_\_\_\_ Date \_\_\_\_\_

Loan Officer \_\_\_\_\_ Date \_\_\_\_\_