**FORM 8**

**COST CERTIFICATION FORM FOR MATERIALS AND SERVICES**

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

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

CONTRACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BENEFICIARY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **INVOICE DATE** | **MATERIALS/SERVICES(No Tools or Appliances)** | **VENDOR** | **INVOICE NUMBER** | **INVOICE AMOUNT(No Tax to be paid)** |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAGE \_\_\_\_\_ of \_\_\_\_\_ - Cost Certification

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

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