

**APPLICANT INFORMATION**

Applicant Name		
Address		
City	State	ZIP Code
Telephone Number	Email Address (if available)	

**PROJECT INFORMATION**

The applicant identified above hereby confirms that the Helping HAND project, as per my application, has been completed. The applicant also certifies that the household for whom the assistance was obtained meets program guidelines.

Project Description	
Project Completion Date	Was the project completed to your satisfaction? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, provide additional comments below)

Comments
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The information stated above is true and correct to the best of my knowledge.

Applicant Signature	Date
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I declare and affirm under the penalties of perjury, to the best of my knowledge and belief, that the above referenced project is complete and operable.

Contractor Signature	
Company	Date