



HELPING HAND PROJECT VERIFICATION
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 60406 (07/24)

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

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