

## Claim Approval Form - 2016 CDBG OOR Funds

Claim Approval Form  
 City of Gothenburg 2016 Housing Rehab Program  
 Date: June 15, 2021

RA/A

\_\_\_\_\_ Randy Alexander, Housing Rehabilitation Specialist  
 (Initials) (Verification all work has been done, inspected and approved)

**Comments:**

Homeowner(s): - App # GOTH-05

Mailing Address: , Gothenburg, NE 69138

The contractors who provided labor and / or materials are listed below. The last two columns reflect the amount due and to whom check(s) is to be made payable.

Contractor / Supplier	Amount Due Payees Contractor / Homeowner(s)	Amount Due Payee Homeowner(s) Only
Franzen, Inc.	\$618.29	
<b>Sub-Totals</b>	\$618.29	\$0.00
<b>Grand Total</b>	\$618.29	

Total Amount Approved for Homeowner(s)	Balance Remaining After These Payments
\$25,000.00	\$0.00

Vote to approve work and payment by City of Gothenburg

Yeas \_\_\_\_\_ Nays \_\_\_\_\_

Board Final Approval: \_\_\_\_\_

**Signature**

Date: \_\_\_\_\_