

**ADMINISTRATION & PROPERTY MAINTENANCE CLAIM FORM**  
 Mississippi Home Corporation  
 April 2017

Grantee: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Amount: \_\_\_\_\_

Grantee acknowledges and has verified that the following tasks have been completed at the demolition site:

TASK	Quarterly Property Maintenance			
	March 31	June 30	September 30	December 31
Site has been cleared of all debris				
Site has been maintained (cut, raked, cleaned-up)				
<b>VERIFIED BY</b>				
<b>DATE</b>				

Invoice issued by (Grantee/Contractor): \_\_\_\_\_  
 Invoice date: \_\_\_\_\_  
 Invoice number: \_\_\_\_\_  
 Date received by MHC: \_\_\_\_\_

Photographs of the property have been provided to MHC:  
 \_\_\_\_\_ A photograph showing the property has been maintained (cut, rake, cleaned-up)

\_\_\_\_\_  
 Grantee

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date