



# FVA Home Modification Form

Required for Reimbursement of Home Modification Expenses. Submit one completed form for each home modification project. \* Required Fields

## PROJECT INFORMATION

Grantee Name*		Grant ID Number*	
Beneficiary Name*			
Project Address*			
City*		County*	

Is the Veteran/Surviving Spouse the owner of the house that is being modified/repaired? (Circle one)\* Yes No

## PROJECT MILESTONES

Pre-Inspection Date*		Start Date*	
Final Inspection Date*		Completion Date*	

## COST OF COMPLETED MODIFICATION OR REPAIR WITH FVA FUNDS

Completed Home Modification or Repair (Short description of major task performed):*	Cost*
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total Cost*	

## BENEFICIARY CERTIFICATION:

I agree that the information on this form is true, and the work has been completed.

Beneficiary Comments: <i>(Please provide comments about the completed work)</i>			
Beneficiary Signature*		Date*	

## GRANTEE CERTIFICATION:

I agree that the information on this form is true, and the work has been completed and accepted by the client.

Grantee Representative Signature*		Date*	
-----------------------------------	--	-------	--