

**Attachment 6-  
Claim form and Participant Invoice (with support documentation)**

<p><b>PARTICIPANT NAME &amp; ADDRESS</b> <i>(Payments will be made payable to "Participant" and mailed to the following address.)</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**SSN or  
E.I.N.:** \_\_\_\_\_

**Answer these questions to determine eligibility for payment:**

1. Do you currently own or have a written lease for the property referenced in the Participant contract?

Y N

2. Have you submitted all Reports and allowed all Data Collection as required by contract?

Y N

3. Are you in compliance with all other provisions required by this contract?

Y N

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