



Warranty Claim Resolution Form

Application ID:	Claim Submitted Date:	
Applicant Name:		
Award Type:		
General Contractor:		
Damaged Property Address:		
Warranty Issue 1	Valid Issue (Y/N)	Issue Resolved (HO Initial)
Warranty Issue 2	Valid Issue (Y/N)	Issue Resolved (HO Initial)
Warranty Issue 3	Valid Issue (Y/N)	Issue Resolved (HO Initial)
Warranty Issue 4	Valid Issue (Y/N)	Issue Resolved (HO Initial)

All warranty claims have been resolved per programmatic standards.

Applicant Signature

Date

General Contractor Representative Signature

Date

Transform386 Representative Signature

Date