



# Habitat for Humanity Job Completion Form



**Note:** Please submit this form within 90 days of job completion to receive full credit.

## CONTRACTOR INFORMATION

COMPANY NAME			CERTIFICATION #
STREET ADDRESS			CITY & STATE/TERRITORY <b>OR</b> PROVINCE
ZIP/POSTAL CODE	COUNTRY	CONTACT NAME	CONTACT PHONE

## PROJECT ADDRESS

PROJECT ADDRESS		
STREET ADDRESS		CITY & STATE/TERRITORY <b>OR</b> PROVINCE
ZIP/POSTAL CODE	COUNTRY	BUILDING DETAILS

## OWNER INFORMATION (if different from above)

FIRST NAME		LAST NAME	
STREET ADDRESS		CITY & STATE/TERRITORY <b>OR</b> PROVINCE	
ZIP/POSTAL CODE	COUNTRY	PHONE	EMAIL

## BUILDING TYPE

<input type="checkbox"/>	 SINGLE FAMILY	<input type="checkbox"/>	 MULTI-FAMILY
<input type="checkbox"/>	 COMMERCIAL	<input type="checkbox"/>	 CONDO/HOA

## PROJECT DETAILS

DATE OF INSTALLATION (within 1 year of registration)	STEEP-SLOPE SQUARES	PREDOMINANT ROOF PITCH (Over 12)	
\$	ESTIMATED COST OF LABOR DONATED	USD	CAD
PLEASE INDICATE THE TYPE OF JOB PERFORMED	<input type="checkbox"/> NEW CONSTRUCTION	<b>OR</b>	<input type="checkbox"/> RE-ROOF – CLEAN DECK
			<input type="checkbox"/> RE-ROOF – RE-COVER

## PROGRAMS

### HFH Programs Involved

<input type="checkbox"/>	Aging in Place
<input type="checkbox"/>	Disaster Recovery
<input type="checkbox"/>	Home Builder Blitz
<input type="checkbox"/>	Neighborhood Revitalization
<input type="checkbox"/>	Repair Program

### HFH Programs Involved (continued)

<input type="checkbox"/>	Veteran Build
<input type="checkbox"/>	Women's Build
<input type="checkbox"/>	Other
<input type="checkbox"/>	

# Contractor: Indicate product(s) used in each of the following categories

## SHINGLES

### Shingle Type

<input type="checkbox"/>	Royal Sovereign®
<input type="checkbox"/>	Timberline® NS
<input type="checkbox"/>	Timberline® HDZ™

### StainGuard® Application

<input type="checkbox"/>	StainGuard®
<input type="checkbox"/>	StainGuard® Plus™
<input type="checkbox"/>	Non-StainGuard®

### Nails per Shingle

<input type="checkbox"/>	4
<input type="checkbox"/>	5
<input type="checkbox"/>	6

### Color

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## QUALIFYING ACCESSORIES

### Leak Barrier

<input type="checkbox"/>	WeatherWatch®	<input type="checkbox"/>	StormGuard®
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### Roof Deck Protection

<input type="checkbox"/>	Deck-Armor™
<input type="checkbox"/>	Tiger Paw™
<input type="checkbox"/>	Shingle-Mate™
<input type="checkbox"/>	RoofPro™
<input type="checkbox"/>	VersaShield®
<input type="checkbox"/>	FeltBuster®
<input type="checkbox"/>	<b>Alternate:</b> Full deck leak barrier <sup>2</sup>

### Attic Ventilation

<input type="checkbox"/>	Cobra IntakePro®
<input type="checkbox"/>	Cobra® RidgeRunner®
<input type="checkbox"/>	Cobra® Rigid Vent 3™
<input type="checkbox"/>	Cobra® SnowCountry®
<input type="checkbox"/>	Cobra® SnowCountry® Advanced
<input type="checkbox"/>	Master Flow® Aluminum Ridge Vent
<input type="checkbox"/>	Master Flow® Roof Louvers
<input type="checkbox"/>	Other

### Ridge Cap Shingles

<input type="checkbox"/>	Other
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### Starter Strip

<input type="checkbox"/>	Pro-Start®
<input type="checkbox"/>	WeatherBlocker™
<input type="checkbox"/>	QuickStart®

### What is it installed on?

<input type="checkbox"/>	Rakes	<input type="checkbox"/>	Eaves
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### Ridge Cap Shingles

<input type="checkbox"/>	TimberTex®
<input type="checkbox"/>	Ridglass®
<input type="checkbox"/>	Seal-A-Ridge®
<input type="checkbox"/>	Z®Ridge

CONTRACTOR SIGNATURE	DATE
HABITAT AUTHORIZATION SIGNATURE	DATE
HABITAT AFFILIATE LOCATION	

## MAIL TO:

**GAF Contractor Services, 1 Campus Drive, Parsippany, NJ 07054**

ccp@gaf.com or (877) 432-7663 options 3, 2

M – F, 7:30 a.m. – 6:00 p.m. ET

We protect what matters most™

