



Sweat Equity Tracking Form

Partner Family: _____

Lot Address: _____

Turn in Sweat Equity Forms by the 5th of the following month

TO: Family Services Coordinator By Mail: 921 Midway Rd. Menasha, WI 54952

FAX: 920-954-8390 Email: StephanieL@foxcitieshabitat.org

*****PLEASE COMPLETELY FILL OUT FORM OR HOURS MAY NOT BE COUNTED!*****

Month: _____

Sweat Equity Performed By	Date	Household Member	Friend/Relative	Time In	Time Out	Total
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Task Performed	Location			Supervisor Signature		
_____	_____			_____		

Sweat Equity Performed By	Date	Household Member	Friend/Relative	Time In	Time Out	Total
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Task Performed	Location			Supervisor Signature		
_____	_____			_____		

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