**FORM 5**

**Request for Payment Form – TN Housing Trust Fund Competitive grants**

**A. general information:**

|  |  |  |
| --- | --- | --- |
| 1. Grantee: | 2. Contact Person: | 3. Telephone Number: |
| 4. Request Number: | 5. THTF Contract Number: | 6. Housing Type:  Permanent Rental  Transitional Rental |

1. **program beneficiary information:**

|  |  |
| --- | --- |
| 1 Beneficiary (Tenant) Name: | |
| 2. Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City Zip Code County | |
| 3. Number in Household: | 4. Special Needs  Elderly |
| 5. Percent of Area Median Income: At or Below 30%  At or Below 50%  At or Below 80% | |
| 6. Head of Household Hispanic? Yes  No | |
| 7. Head of Household Race: White  Black/African American  Asian  American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander  Other | |
| 8. Source of Match: Weatherization  USDA Rural Development  CDBG  Household  Local Non-profit  Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. **line items for which thda funds are requested:**

|  |  |  |  |
| --- | --- | --- | --- |
| **activity** | **THDA request** | **Matching Funds** | **Total** |
| acquisition |  |  |  |
| rehabilitation |  |  |  |
| new construction |  |  |  |
| other (list) |  |  |  |
| administration/Developer fee |  |  |  |
| **total request** | **$** | **$** | **$** |

1. **certification:**

|  |  |
| --- | --- |
| I hereby state that I have included and attached all required documentation to support this request. I have satisfied all related terms and conditions of the above cited contract. I also state that the data reported above is correct. | |
| Date: | Signature: |
| Date: | Signature: |

1. **for thda use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Initial Reviewer: | Date: | Second Reviewer: | Date: |