



TN HOUSING TRUST FUND

COMPETITIVE GRANTS PROGRAM PAYMENT REQUEST WORKSHOP

COMMUNITY HOUSING DIVISION

AUGUST 17, 2023

DRAW REQUEST COMPONENTS

| | |
|------------------------------------------------------|------------------------------|
| Start-up Forms & Start-up Forms Checklist | Interim Draw Requests |
| Legal Documents | Matching Funds |
| Contracts/Working Agreements | Administrative Funds |
| Form 5 – Request For Payment Form | Developer Fees |
| Draw Request Checklist Items | Project Completion |

START UP FORMS CHECKLIST

- Identifies documentation and forms needed in order to draw down grant funds.

TN HTF START-UP FORMS CHECKLIST

Grantee:

Grant Year: Winter _____ Summer _____

Grant Amount:

Activity:

No. of Units:

No. of Households:

Form 1: Signature Form

ACH

Voided Check

W-9 Form

Form 3: Reuse of Funds

Form 4: Nondiscrimination

Signed TN-HTF Contract/Working Agreement

Recorded Warranty Deed (if grantee already owns the property)

Legal Documents Request Form for each property

Grant Note for each property

Recorded Deed of Trust for each property

Recorded Restrictive Covenants for each property

Rental Housing Program Policies & Procedures

Insurance Certificate

Start-Up Forms must be returned with in 60 days of the contract start date & must be submitted prior to drawing down on the grant.

FORM 1 – SIGNATURE FORM

- Authorization for at least two, max of four persons authorized to sign off on draw requests.
- The person providing authorization for others, (executing box #6) cannot, him or herself sign off on pay requests.

FORM 1
HOUSING TRUST FUND SIGNATURE FORM

| AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT THE HOUSING TRUST FUND COMPETITIVE GRANT PROGRAM | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Grantee Name: | 2. Address: |
| 3. Contract Number: | 4. Telephone: |
| TWO SIGNATURES ARE REQUIRED ON EACH REQUEST FOR PAYMENT | |
| Signatures of Individuals Authorized to Sign Requests for Payment: | |
| 5. Typed Name and Signature | 5. Typed Name and Signature |
| 5. Typed Name and Signature | 5. Typed Name and Signature |
| I certify that the signatures above are of the individuals authorized to sign Requests for Payment. (NOTE - The person signing in Box 6 cannot sign Pay Requests) | |
| 6. Signature of Chief Elected Officer/Executive Director | |
| Date: | |

A new signature form must be submitted whenever signatories change.

<https://thda.org/pdf/Signature-Form.docx>

FORM 2 – ACH WITH VOIDED CHECK

- Allows THDA Accounting Division to deposit checks into the grantee's bank account.
- Should be accompanied with **W-9 FORM** - Tax payer identification form used to process grant payments.



Tennessee Housing
Development Agency

ACH (AUTOMATED) _____

NAME _____

01/02

John Adams
1234 Main Street
New York, NY 12345-0000

PAY TO THE ORDER OF _____ \$ _____

20 _____

123

12-34/1234

VOID

Checking Savings Investments
New York, NY 12345-0000

FOR _____

1234567891: 1234567899 0123

ACCOUNT NO. _____

(Please print names of authorized account signatory)

SIGNED X _____ SIGNED X _____

PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED WHEN PAYMENTS ARE PROCESSED:

Contact name: _____

Telephone no.: _____

Email Address: _____

<https://thda.org/pdf/THDA-ACH-form.pdf>

FORM 3 – CERTIFICATION FOR REUSE OF FUNDS

- Program income (if any) will be used for housing activities assisting low, very low, or extremely low income households.

https://thda.org/pdf/Reuse-of-Funds_1.docx

FORM 3

REUSE OF FUNDS CERTIFICATION

This is to certify that any program income generated by housing activities assisted through the Tennessee Housing Trust Fund Competitive Grant Program will be used for housing activities benefiting low, very low, or extremely low income populations including low, very low, or extremely low income elderly or special needs populations.

Chief Elected Official/Executive Director Date

FORM 4 – NON-DISCRIMINATION FORM

- Post conspicuously so all recipients, job applicants, contractors, subcontractors and interested parties may see it.

https://thda.org/pdf/Reuse-of-Funds_1.docx

FORM 4
THDA HOUSING TRUST FUND
POLICY OF NON-DISCRIMINATION

The _____ does not discriminate on the basis of race, color, religion, national origin, sex, age, physical or mental handicap, and family status in the admission or access to, or treatment or employment in its housing program or activities funded by the Tennessee Housing Development Agency.

NAME

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's (HUD) regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988), Section 3 (24 CFR Part 135, dated October 23, 1973, Use of Small and Disadvantaged Businesses and Hiring Lower Income Residents of the Project Area), Equal Employment Opportunity Act of 1978 (In House Equal Employment Opportunity), Executive Order 11246, as amended by Executive Order 11375 (Equal Employment Opportunity on Federal Assisted Construction Contracts), and Executive Order 11625 (Minority Entrepreneurship).

START UP FORMS & DOCUMENTS

- **Signed TN HTF Contract/ Working Agreement**
- **Rental Program Policies and Procedures** - Policies and procedures describing the operation of the rental housing program. Sample policies and procedures may be found in the Competitive Grants Manual.
- **Recorded Warranty Deed** (if grantee already owns the property) – Information from the Recorded Warranty Deed is needed for the legal documents.



START UP FORMS & DOCUMENTS

- **Legal Documents Request Form** – Form submitted to THDA Legal for drafting of the legal documents.
- **Insurance Certificate** – Insurance requirements are outlined in the contract.

Start-Up Forms must be returned with in 60 days of the contract start date & must be submitted prior to drawing down on the grant.



CONTRACTS & LEGAL DOCUMENTS

Working Agreements, Legal Documents, & Start-up Forms must be in place before grant funds may be drawn down.

- THTF Contracts or Working Agreements are for a 3 year term.
- Working Agreements are composed of 3 parts:
 - Main body of the contract
 - Attachment A – Describes the activities proposed in the grant application
 - Attachment B – Project Budget showing sources and uses including matching funds
- Executed contracts must be returned within 60 days of the contract start date.



LEGAL DOCUMENTS

- Legal documents include a Grant Note, Restrictive Covenants, and Deed of Trust.
 - must be put in place for **each** property receiving THTF grant assistance.
- THDA will draw up legal documents upon receipt of the **Legal Documents Request Form (LDRF)**.
- Legal Documents Request Form is the official request to draft legal documents for all THTF projects.
- Submit LDRF Early in the Grant Term!!



LEGAL DOCUMENTS

Items to submit

- If the grantee already owns the property:
 - Microsoft Word Version of Property Description
 - Current Derivation Clause

- If the grantee does not already own the property, the closing attorney will take care of the property description and the derivation clause.



LEGAL DOCUMENTS

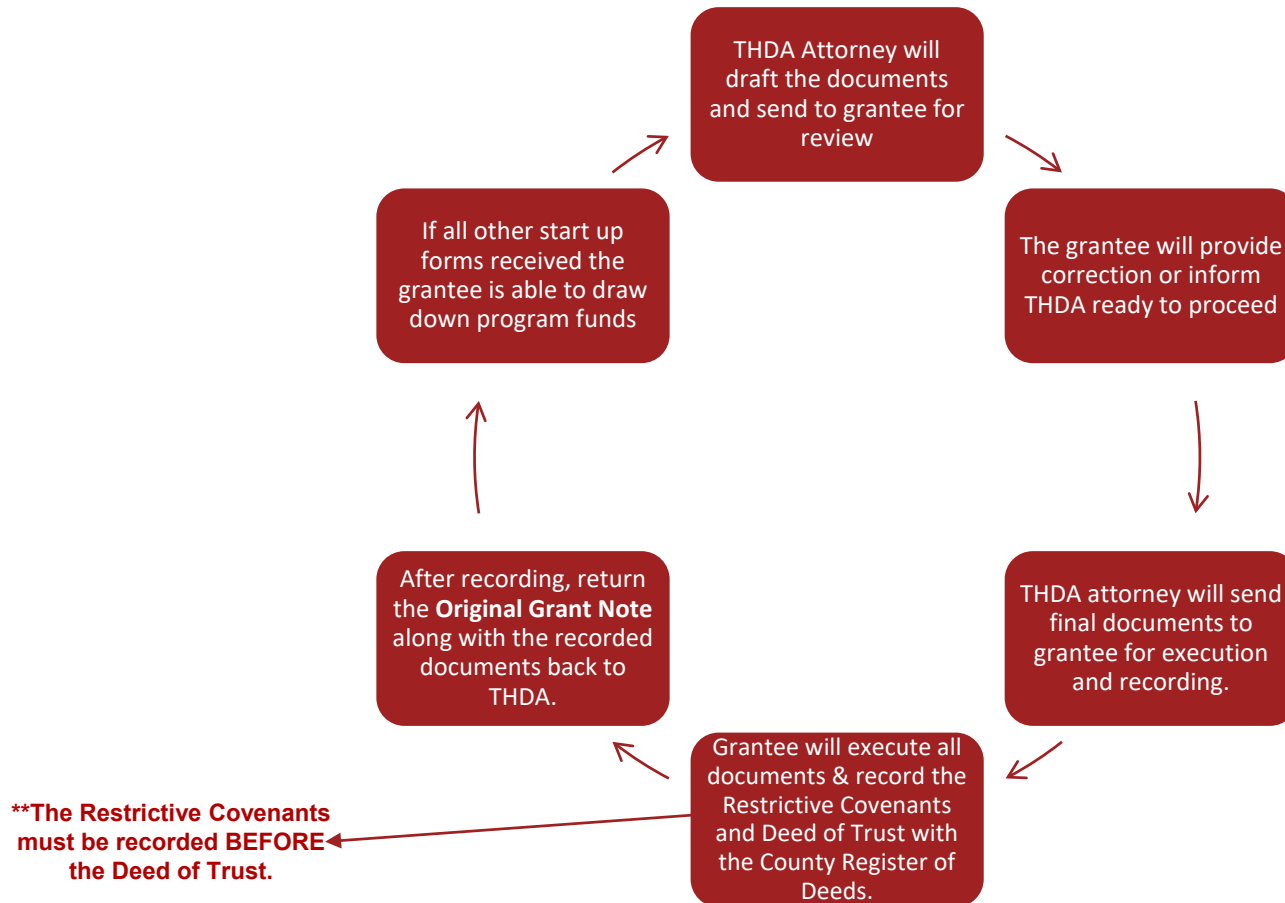
Property Description - The property description can be found on the recorded warranty deed. The Microsoft Word version is needed so that the property description can be incorporated into the legal documents.

Derivation Clause – Usually the last paragraph in the property description area of the recorded warranty deed. The derivation clause describes the property being conveyed from the seller to the buyer.

Example: Being the same property conveyed to ABC Housing Authority by ABC, LLC of record at Instrument No. 19000000 in Book W400, Page 300 in the Register's Office for Any County, Tennessee.



LEGAL DOCUMENTS PROCESS





PROGRAM FORMS – FORM 5

Request for Payment Forms to be used when ready to begin drawing down on the grant as follows:

FORM 5

Request for Payment – Used to request grant funds. Enter all information including beneficiary (if known) and matching funds information. Must be signed by two persons authorized to sign off on draw requests.

FORM 5
REQUEST FOR PAYMENT FORM – HOUSING TRUST FUND COMPETITIVE GRANTS

A. GENERAL INFORMATION:

| | | |
|--------------------|---------------------|----------------------------------------------|
| 1. Grantee: | 2. Contact Person: | 3. Telephone Number: |
| 4. Request Number: | 5. Contract Number: | 6. Homeowner Rental <input type="checkbox"/> |

B. PROGRAM BENEFICIARY INFORMATION:

1. Beneficiary 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%

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): _____

C. LINE ITEMS FOR WHICH THDA FUNDS ARE REQUESTED:

| ACTIVITY | THDA REQUEST | MATCHING FUNDS | TOTAL |
|-------------------------|--------------|----------------|-------|
| ACQUISITION | | | |
| REHABILITATION | | | |
| NEW CONSTRUCTION | | | |
| DOWN PAYMENT ASSISTANCE | | | |
| OTHER (List) | | | |
| ADMINISTRATION | | | |
| TOTAL REQUEST | \$ | \$ | \$ |

D. 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: _____

E. FOR THDA USE ONLY:

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



PROGRAM FORMS – FORM 6

FORM 6

Interim Draw Certification Form or AIA Payment Application

Used to request interim draws on individual projects. Large construction projects under the supervision of an architect often use AIA Forms. AIA Forms are provided by the architect or the contractor.

*Interim Draw Forms **do require** receipts. AIA Forms **do not require** submission of receipts.

FORM 6
INTERIM DRAW APPLICATION

Grantee Name: _____

Property Address: _____

Contractor: _____

Proceed Order Date: _____ Completion Date: _____

| | |
|------------------------------------|----|
| ORIGINAL CONTRACT AMOUNT | \$ |
| NET CHANGE BY CHANGE ORDER TO DATE | \$ |
| CONTRACT SUM TO DATE | \$ |
| AMOUNT PREVIOUSLY PAID | \$ |
| CURRENT PARTIAL PAYMENT AMOUNT | \$ |
| BALANCE DUE UPON COMPLETION | \$ |

This certifies that I agree with the above statement and I am willing to authorize partial payment to said contractor in the amount of \$ _____ which I understand is _____ % of my contract amount with _____.

Property Owner

Date

Witness

Date

I hereby certify that the work is _____ % complete and authorize payment to the contractor in the amount of \$ _____ which is _____ % of the contract amount.

TN HIF Grant Administrator

Date

The undersigned Contractor certifies that the work covered by this Application for Interim Draw has been completed in accordance with the Contract Documents, and that all amounts have been paid or will be paid by the Contractor for all work which this request for payment will be issued.

Contractor

Date

PROGRAM FORMS – FORM 7

FORM 7

Certification of Completion and Final Inspection

Certifies that the work has been properly inspected and completed in accordance with the contract and work-write up or plans & specs. Submit with the final draw request being sure to fill everything in completely and accurately.

Pay close attention to the last two sections indicating whether codes inspections were required and performed.

| FORM 7 TN HOUSING TRUST FUND – COMPETITIVE GRANTS PROGRAM CERTIFICATION OF COMPLETION AND FINAL INSPECTION | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Grantee: _____ | Date of Construction or Rehabilitation Began: _____ |
| Property Address: _____ | Date of Final Inspection: _____ |
| Total Amount of Construction or Rehabilitation Contract: \$ _____ | Final Payment Amount: \$ _____ |
| CONTRACTOR CERTIFICATION: Construction work on the property identified as _____ has been satisfactorily completed in accordance with the contract. A Notice of Completion has been filed with the Register's Office for the County of _____. I further certify that there are no unpaid claims for materials, supplies or equipment, and no claims of laborers or mechanics for unpaid wages in connection with the performance of this contract. | |
| Signature of Contractor _____ | Date _____ |
| OWNER CERTIFICATION: Construction work on my property has been satisfactorily completed in accordance with my contract with Contractor _____ | |
| Signature of Owner/Applicant _____ | Date _____ |
| CERTIFICATION OF FINAL INSPECTION OF ALL REPAIRS NOT REQUIRING A PERMIT: <i>Only complete this section if repair work was completed that did not require a permit.</i> Final inspection has been made of all repair work not inspected as part of a code compliance inspection. The repair work has been completed in accordance with the specifications and contract. | |
| Print/Type Inspector Name: _____ | Inspector # or Inspector Type: _____ |
| Signature of Certified/Approved Inspector _____ | Date _____ |
| CERTIFICATION OF FINAL CODES INSPECTION: All permits were obtained and inspected as required by the local or state jurisdiction. If a local or state permit was obtained, a code compliance inspection was performed at this property by a Tennessee Certified Codes Inspector. The new construction or rehabilitation work has been completed in accordance with code, and the code inspection clearance documentation is attached, if applicable. The following permits were obtained and received final inspection: | |
| <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> No Permits Required | |
| Signature of TN HTF Grant Administrator _____ | Date _____ |

Rev: 09/2018



PROGRAM FORMS – FORM 8

FORM 8

Cost Certification Form – Used to list back up documentation items submitted with the draw request when the Interim Draw Certification Form is used and AIA forms **are not** used.

Also used for reimbursement for materials or labor when the grantee is serving as its own general contractor or with the use of volunteer labor.

FORM 8
COST CERTIFICATION FORM FOR MATERIALS AND LABOR

PAGE 1 of ____ - Cost Certification

GRANTEE: _____ GRANT YEAR: _____
PROPERTY ADDRESS: _____ DRAW #: _____

| INVOICE DATE | MATERIALS/LABOR (No Tools or Appliances) | VENDOR | INVOICE NUMBER | INVOICE AMOUNT (No Tax to be paid) |
|--------------|---------------------------------------------|--------|----------------|---------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I certify that these expenditures are for construction or rehabilitation costs incurred under the Housing Trust Fund Program contract cited above. I further certify that invoices or other substantiating documentation are contained in our program files.

TOTAL THIS REQUEST: \$ _____ DATE: _____

Director or Chief Financial Officer

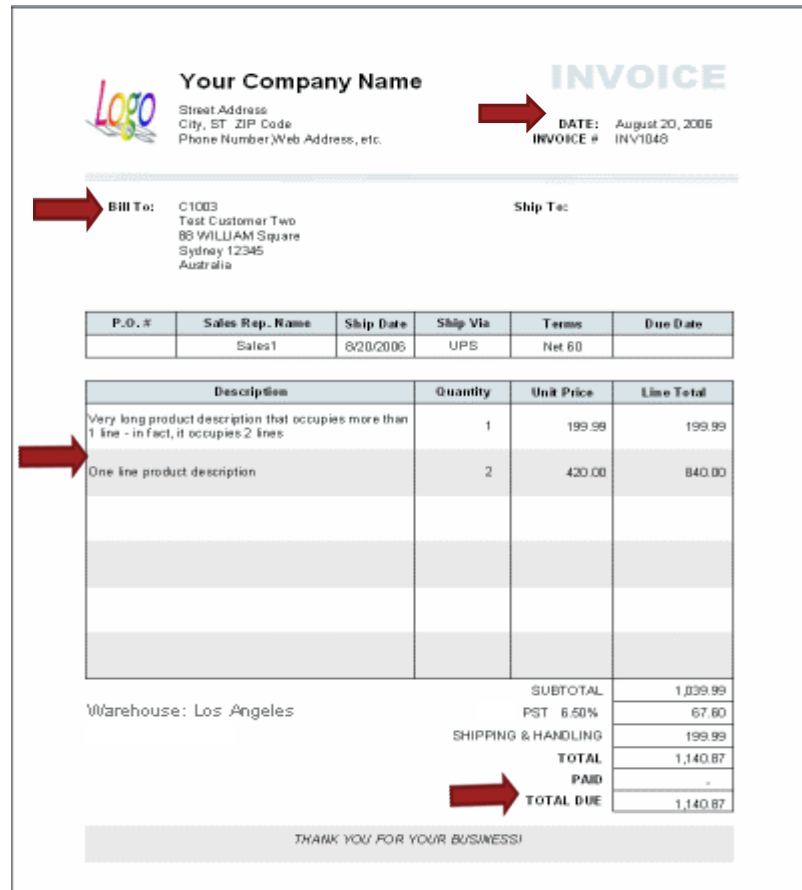
06/2021

PROGRAM FORMS – FORM 8 (Cont.)

FORM 8

Back-up documentation in the form of invoices and receipts should:

- Be dated within grant term
- Clearly identify service location, where applicable
- Clearly legible
- Include line item costs
- Clearly describe the work performed or the materials purchased
- Voided of all ineligible costs



Logo **Your Company Name** **INVOICE**

Street Address
City, ST ZIP Code
Phone Number, Web Address, etc.

DATE: August 20, 2006
INVOICE # INV1048

Bill To: C1003
Test Customer Two
85 WILLIAM Square
Sydney 12345
Australia

Ship To:

| P.O. # | Sales Rep. Name | Ship Date | Ship Via | Terms | Due Date |
|--------|-----------------|-----------|----------|--------|----------|
| | Sales1 | 8/20/2006 | UPS | Net 60 | |

| Description | Quantity | Unit Price | Line Total |
|---------------------------------------------------------------------------------------------|----------|------------|------------|
| Very long product description that occupies more than 1 line - in fact, it occupies 2 lines | 1 | 199.99 | 199.99 |
| One line product description | 2 | 420.00 | 840.00 |
| | | | |
| | | | |
| | | | |

Warehouse: Los Angeles

| | |
|---------------------|-----------------|
| SUBTOTAL | 1,039.99 |
| PST 6.50% | 67.60 |
| SHIPPING & HANDLING | 199.99 |
| TOTAL | 1,140.87 |
| PAID | - |
| TOTAL DUE | 1,140.87 |

THANK YOU FOR YOUR BUSINESS!

PROGRAM FORMS – FORM 9

Form 9

Certificate of Administrative Expenses or Developer Fee Invoice

If administrative or developer fees were included in the grant proposal, these forms are used to request administrative or developer fee funds from the grant as applicable.

Developer fees may be requested beginning with the 2021 Winter grant round.

FORM 9
CERTIFICATION OF ADMINISTRATIVE EXPENDITURES

| Grantee Name: _____ | | Grant Year: Spring 20__ or Fall 20__ | | |
|-----------------------|--------------------|--------------------------------------|---------------------------|---------------------------|
| BUDGET LINE ITEM | TOTAL ADMIN BUDGET | EXPENDITURES ALREADY REQUESTED | EXPENDITURES THIS REQUEST | UNEXPENDED BUDGET BALANCE |
| <i>Direct Costs</i> | | | | |
| SALARIES | | | | |
| FRINGE | | | | |
| TRAVEL | | | | |
| <i>Indirect Costs</i> | | | | |
| COMMUNICATIONS | | | | |
| UTILITIES | | | | |
| SUPPLIES | | | | |
| MAINTENANCE | | | | |
| RENT | | | | |
| STAFF TRAINING | | | | |
| AUDIT | | | | |
| TOTAL | | | | |

TIME FRAME COVERED BY THIS REQUEST: FROM _____ TO _____

TOTAL AMOUNT THIS REQUEST: \$ _____

I certify that the above expenditures have been made in the administration of the THDA Housing Trust Fund grant cited above. I further certify that invoices or other appropriate documentation to substantiate this request are contained in our program file, and attached to this payment request.

Director or Chief Financial Officer

DATE: _____

2010 HTF Manual 4-1



PROGRAM FORMS – FORM 9/ DEV FEES

***Note** - Form 9 is required for Administrative Funds requests.

Form 9 is **not required** for Developer Fee requests.

Developer Fee requests should include a developer fee invoice from the grantee.

- Grantees may use their own invoice when requesting developer fees from the grant.

When requesting admin, grantees are encouraged to submit for direct costs but if indirect costs are requested a **Cost Allocation Plan** must be submitted showing how costs are allocated to the grant.

PROGRAM FORMS

Recorded Notice of Completion

- Recorded by the County Register of Deeds that notifies potential mechanics' and materialman's lien claimants of project completion.
- Submit with final draw request. Contract requires notice of completion be recorded with the County Register of Deeds. Record 30 days prior to submission of final draw request.

Instrument Prepared By and Filed For:

NOTICE OF COMPLETION
T.C.A. Section 66-11-143

(a) Name of owner or owners of land: _____

(b) _____
[Name of person, firm or organization contacted with for the entire job or improvement or demolition.]

(c) Location and description of the property:

(d) _____
[Date of completion of structure, improvement or demolition.]

(e) A transfer of ownership of all or a part of the real property or an interest therein and encumbrance thereon, or a settlement of the claims of parties entitled to the benefits of Tennessee Code Annotated Chapter 11, Title 66, will take place not earlier than thirty (30) days from the day of the filing of this Notice of Completion.

(f) The name and address of the person, firm or organization to which parties entitled to the benefits of the said law may send notice, is as follows:

Dated this _____ day of _____, 20__.

By: _____
Title: _____

STATE OF TENNESSEE)
COUNTY OF _____)

Before me, _____, a Notary Public of the state and county mentioned, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that (s)he is _____ of _____ the within named bargainor and that (s)he, as such _____, executed the foregoing instrument for the purpose therein, by signing the name of _____ executed the foregoing by (her)/himself as _____.

Witness my hand and seal, at office, this _____ day of _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____

(07.07)

PROGRAM FORMS

Close Out Form

Submit upon project completion to close out the grant.

- Provides summary of work completed
- Identifies Property location(s)
- Population breakdown of households served

TN HTF COMPETITIVE GRANTS CLOSE OUT FORM

|

Please Type all information and use additional sheets if necessary.

Grantee Name:

Grantee Address:

Executive Director:

TN HTF Contract Number:

TN HTF Contract Term Dates:

Total Grant Amount Awarded:

Total Grant Amount Expended:

Description of Project Activity:

1. What was the activity proposed in the grant application?

2. Was the activity completed as proposed in the grant application? If not, what changes were made from the activity that was proposed in the grant application?

3. How many total units were acquired, rehabilitated, or newly constructed?

4. Are any of the completed units considered group home units? If yes, how many?

5. Are any of the completed units considered single room occupancy or SRO units? If yes, how many?

6. How many total households are being served?

7. Are any specialized populations being served? If yes, please describe.

Location of Project Activity: Provide the location or locations of the project activity including the address, city, and county. If the project is on scattered sites, list the address for each site.

Page | 1




MATCHING FUNDS

The THTF grant requires a 50 % match of development dollars for all projects.

- The source and amount of matching funds must be indicated on every Form 5 – Request for Payment Form.
- Documentation to support matching funds must be submitted for each payment request.
- If matching funds documentation is submitted on the first draw request and that documentation fulfills the match requirement for the entire grant, it does not need to be submitted again on subsequent draw requests; however notation should be made on each subsequent draw request indicating the previous submission of the matching funds documentation.
- All matching funds documentation included with the draw request should be labeled at 'Match'.



ADMINISTRATIVE FUNDS

THTF Competitive Grant program is in transition. Moving from allowing funds for administration fees  developer fees. During transition period, some grantees will be requesting administrative funds while others will be requesting developer fees.

For those requesting administrative funds:

- Up to 7% of the THTF grant may be used for administrative expenses as long as it is a budget line item in the THTF contract with THDA.
- Administration funds are drawn down in proportion to the draw down of program funds.

ADMINISTRATIVE FUNDS

- If contracting for administration, submit an invoice from the administrator as the back-up documentation with the draw request.
- If administering own grant, a copy of the Certification of Administrative Expenses (Form 9) is submitted.
- Back-up Documentation supporting administrative funds requests must be submitted (*ex. for reimbursement for salaries submit time sheets showing time worked and rate of pay and check stubs*).



ADMINISTRATIVE FUNDS

- Grantees are strongly encouraged to submit for direct costs.
- If requesting reimbursement for indirect costs – submit copy of the current cost allocation plan approved by your cognizant agency.
- The cost allocation plan must include the indirect cost rate and THDA must be able to clearly determine how costs are allocated to the grant.
- If the THTF grant is not included in the cost allocation plan, documentation must be provided showing how costs are allocated to the grant.

DEVELOPER FEES

At the time of application, a developer fee may be requested that is equal to or less than 7 % of the total cost of development less any fees or costs associated with the developer fee, acquisition, and/or permanent financing.

- Developer fees must be requested in proportion to Competitive Grants project funds until 75 % of the grant has been expended.



DEVELOPER FEES

- Final 25 % of the developer fee may be requested upon project completion and submission of the Close Out Form, Recorded Notice of Completion, and all applicable Certificates of Occupancy and/or inspection reports.
- Final 10 % of the overall is grant held until project completion.

SUBMISSION OF PAY REQUESTS

Requests for payment should not be sent via email.

- All Requests for payment must be submitted through the **Web Transfer Client System** also known as the **EDT System**.
- All grantees will be set-up with user names and passwords for EDT submissions.
- Contact the assigned THDA Grant Coordinator for set-up and access to EDT.
- Grantees must log in every 30 days or system lock out will occur and the password will need to be reset.

HOW TO SUBMIT





ACQUISITION

When THTF funds are used toward acquisition of property, the following will apply:

- Submit LDRF to assigned grant coordinator at least two weeks prior to closing. Submit as early as possible!!!
- THDA Attorney will draft the legal documents and send to the closing agent for the documents to be executed at closing.
- After closing, the Restrictive Covenants and Deed of Trust need to be recorded with the County Register of Deeds.
- Restrictive Covenants must be recorded before the Deed of Trust.

ACQUISITION

Draw requests for THTF funds to be used toward acquisition of property must include:

- Form 5 Request for Payment form **with two signatures.**
- Source and amount of match noted on each Form 5.
- Documentation confirming the source of matching funds.
- Clearly label matching funds documentation as ‘Match’.
- Preliminary settlement statement if closing has not occurred. Final fully executed settlement statement if closing has already occurred.
- If closing has not occurred, the amount of the THTF grant going into the property must be indicated on the settlement statement.

ACQUISITION

Additional items to be included with an acquisition draw request:

- Sales contract
- Appraisal to support acquisition cost
- Name and contact information for the Closing Agent
- Wiring Instructions for the Closing Agent
- Close Out Form - Submit upon project completion.

ACQUISITION

Close Out Form – If the project is acquisition only, submit Close Out Form after the sale is complete for all assisted properties.

If the project involves acquisition & rehab or construction, submit Close Out Form upon completion of all assisted activities.

Post Closing - Submit copy of final fully executed settlement statement, original Grant Note, recorded Restrictive Covenants, recorded Deed of Trust, and Insurance Certificate for the property.

***Note** – if THTF funds are requested for reimbursement after the closing has already occurred, the name and contact information for the closing agent and the wiring instructions are not required.



REHABILITATION OR NEW CONSTRUCTION

First draw for rehabilitation or new construction projects must include:

- Project Budget showing sources & uses of funds with EVERY draw
- Zoning Letter or other documentation showing proper zoning for the intended use of the property.
- Building Permit.
- Plans & Specs or Work Write-up. Submit plans & specs in electronic format.
- Construction or Rehabilitation Contract.
- If grantee is acting as its own general contractor & there is no construction or rehab contract, submit a memo to that effect.



REHABILITATION OR NEW CONSTRUCTION

Additional items to be included with a rehab/new construction draw request:

- Form 5 Request for Payment *with two signatures.*
- Source and amount of match noted on each Form 5.
- Documentation confirming the source of matching funds.
- Clearly label matching funds documentation as 'Match'.
- AIA Payment Application Form - **or** - Form 6 Interim Draw Form.

REHABILITATION OR NEW CONSTRUCTION

- Invoices **are not** required if using the AIA Payment Application Form.
- Back-up documentation including invoices &/or receipts **are** required with the Interim Draw Form.
- Invoices and receipts must be clearly legible, indicate line item costs, and clearly describe the work performed or materials purchased.
- Submit Contract Change Orders – if applicable.



REHABILITATION OR NEW CONSTRUCTION

- **Cost Certification for Materials** – List of back-up documentation including invoices & receipts supporting materials or contract labor reimbursement request *(if applicable)*. Only items requested for reimbursement should be listed on this form.

REHABILITATION OR NEW CONSTRUCTION

- **Note:** The final 10% of THTF development funds will be paid when the Certificate of Completion and Final Inspection (Form 7), Certificate of Occupancy & Recorded Notice of Completion are received.



REHABILITATION OR NEW CONSTRUCTION

Items to be submitted with the final draw request:

- Form 7 - Certificate of Completion and Final Inspection.
- Certificate of Occupancy - from the local or state code enforcement office.
- Recorded Notice of Completion – (*recorded by County Register of Deeds*) must be filed at **least 30 days prior** to final draw.
- Close Out Form - Submit with final draw upon completion of all THTF assisted activities.

RESOURCES

Refer to the following checklists to assist with the submission of documents needed for grant reimbursement:

- Start –up Forms Checklist
- Legal Documents Request Form
- Rental Acquisition Checklist
- Rehabilitation – New Construction Checklist
- Cost Certification Form for Materials & Labor

All checklists and Program Forms are on the Competitive Grants page of the THDA website.

RESOURCES

Program Descriptions and Competitive Grants Program Manual available online at www.thda.org

Click on:

- [Government & Nonprofit Partners](#)
- [Tennessee Housing Trust Fund](#)
- [Competitive Grant Administrators \(right hand side of page\)](#)

***Note** – Updated Competitive Grants manual is currently under construction

CONTACT INFORMATION:

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QUESTIONS

