

**TENNESSEE HOUSING DEVELOPMENT AGENCY
REQUEST FOR PAYMENT FORM –EMERGENCY REPAIR PROGRAM**

A. GENERAL INFORMATION

1. Administering Agency:	2. Contact Person:	3. Telephone Number:
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B. PROGRAM BENEFICIARY INFORMATION:

1. Beneficiary Name:	Disabled	Elderly
2. Property Address:		
Street		
City	Zip Code	County
3. Number in Household:	4. Gross Annual Household Income:	
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
American Indian/Alaska Native	Native Hawaiian/Other Pacific Islander	Asian
		Other

C. LINE ITEMS FOR WHICH THDA FUNDS ARE REQUESTED:

ACTIVITY	THDA REQUEST	ACTIVITY	THDA REQUEST
ROOF		SEPTIC SYSTEMS	
PLUMBING		STRUCTURAL REPAIRS TO FLOORS & WALLS	
ELECTRICAL		OTHER	
HVAC		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 Review:	Date:	Final Review:	Date:
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