

FORM 5
REQUEST FOR PAYMENT FORM – CREATING HOME INITIATIVE -2 PROGRAM

Interim Draw _____%

Final Draw

A. GENERAL INFORMATION:

1. Grantee Name:	2. Program Year:	3. Contract Number:
4. Request Number:	5. Contact Person:	6. Contact Number:
7. Property Address:		

B. MATCHING FUNDS INFORMATION:

Source of Match: Grant(s) <input type="checkbox"/> Federal Sources <input type="checkbox"/> HOME funds <input type="checkbox"/> Cash Contributions <input type="checkbox"/>
Bank Loan(s) <input type="checkbox"/> Supportive Services <input type="checkbox"/> Other (Describe): _____
Matching funds documentation must be included with the draw request packet and must be clearly labeled as matching funds documentation.

C. LINE ITEMS FOR WHICH THDA FUNDS ARE REQUESTED:

ACTIVITY	THDA REQUEST	MATCHING FUNDS	TOTAL
ACQUISITION			
REHABILITATION			
NEW CONSTRUCTION			
SOFT COSTS			
OTHER (LIST)			
DEVELOPER FEE			
TOTAL REQUEST	\$	\$	\$

D. GRANTEE 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:
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