**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: |