

## NHTF PROGRAM - REQUEST FOR PAYMENT FORM

Interim Draw \_\_\_\_\_%

Final Draw

### A. PROJECT INFORMATION

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

### B. LINE ITEMS FOR WHICH FUNDS ARE REQUESTED

ACTIVITY	NHTF REQUEST	OTHER FUNDS	TOTAL FUNDS
New Construction	\$	\$	\$
Acquisition	\$	\$	\$
Rehabilitation	\$	\$	\$
Site Improvements	\$	\$	\$
Soft Costs	\$	\$	\$
Developer Fee	\$	\$	\$
<b>Total this Request</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### C. 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:

### FOR THDA USE ONLY:

### Approval of Request for Payment

Initial Review:	Date:	Final Review:	Date:
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