

## Housing Counseling Program REQUEST FOR PAYMENT FORM

### A. GENERAL INFORMATION

Grantee Name: \_\_\_\_\_ Program Year: 2019

Contact Person: \_\_\_\_\_ Request #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Contract #: 69252

### B. BILLABLE COUNSELORS

1.	4.	7.
2.	5.	8.
3.	6.	9.

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

ACTIVITY	DESCRIPTION	HCP REQUEST
Salaries		\$
Employee Benefits		\$
Travel		\$
Training		\$
Marketing		\$
Outreach		\$
Indirect Costs		\$
Items over \$5000		\$
Other		\$
<b>TOTAL THIS REQUEST</b>		\$

### D. CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section [1001](#) and Title 31, Sections [3729-3730](#) and [3801- 3812](#)).

Date:

Signature:

Date:

Signature:

### FOR THDA USE ONLY:

Approval of Request for Payment -- Grant Quarter: _____			
Initial Review:	Date:	Final review:	Date: