

**TENNESSEE HOUSING DEVELOPMENT AGENCY
REQUEST FOR PAYMENT FORM – REBUILD AND RECOVER PROGRAM**

A. GENERAL INFORMATION

1. Administrator	2. Contact Person:	3. Telephone Number:
------------------	--------------------	----------------------

B. PROGRAM BENEFICIARY INFORMATION:

1. Beneficiary Name:			
2. Property Address: _____ Street			
_____		_____	
City		Zip Code	County
3. Number in Household:		4. Gross Annual Household Income: \$	
5. Percent of Area Median Income: <input type="checkbox"/> At or Below 50% <input type="checkbox"/> At or Below 60% <input type="checkbox"/> At or Below 80%			
6. Head of Household Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Head of Household Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other			
8. Source of Match: <input type="checkbox"/> Weatherization <input type="checkbox"/> USDA Rural Development <input type="checkbox"/> Household <input type="checkbox"/> Local Non-profit <input type="checkbox"/> FHLB <input type="checkbox"/> Other (Describe): _____			

C. LINE ITEMS FOR WHICH THDA FUNDS ARE REQUESTED:

ACTIVITY	THDA REQUEST	MATCHING FUNDS	TOTAL
Housing Rehabilitation			
Reconstruction			
Demolition			
Relocation			
Soft Costs			
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:
-----------------	-------	---------------	-------