**THTF-4**

**TENNESEEE HOUSING TRUST FUND**

**REQUEST FOR PAYMENT FORM**

1. **GENERAL INFORMATION**

|  |
| --- |
| 1. Grantee Name:  |
| 2. Request Number: | 3. Contract Number:  | 4. Program Year:  |
| 5. Contact Person: | 6. Telephone Number: |

1. **LINE ITEMS FOR WHICH FUNDS ARE REQUESTED**

|  |  |  |
| --- | --- | --- |
| **ACTIVITY** | **THTF REQUEST** | **LEVERAGE RAISED PER ATTACHED DOCUMENTATION** |
| 1.  | $ | $ |

Attach documentation of match raised. Documentation must meet or exceed 300% of the Grant Award.

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: |

**FOR THDA USE ONLY: Approval of Request for Payment**

|  |  |  |  |
| --- | --- | --- | --- |
| Initial Review: | Date: | Final Review: | Date |