

TRLP Document Submission Draw Request Form

TRLP Loan Number: _____ Date: _____

Property Address: _____

DRAW REQUEST	PLEASE CHECK ITEMS ATTACHED	COSTS <i>(For THDA Use)</i>
<input type="checkbox"/> <u>DRAW 1</u>	<u>REQUIRED DOCUMENTS:</u>	
	<input type="checkbox"/> Copy of signed Note	
	<input type="checkbox"/> Copy of signed Deed of Trust	
	<input type="checkbox"/> Copy of recorded Affidavit of Affixation (Manufactured Homes only)	
	<input type="checkbox"/> Copy of signed Settlement Statement (or Closing Disclosure)	
	<input type="checkbox"/> Revised Loan Estimate (if applicable)	
	<input type="checkbox"/> Final 1003 (Loan Application)	
	<input type="checkbox"/> Hazard Insurance Policy (Dec page reflecting THDA as insured)	
	<input type="checkbox"/> Name Affidavit (if applicable)	
	<input type="checkbox"/> Rescission Notice	
	<input type="checkbox"/> THDA Loan Conditions (if applicable)	
	<i>INVOICES (For THDA use only):</i>	
	<input type="checkbox"/> Pre-repair inspection invoice (if applicable)	\$
	<input type="checkbox"/> Copy of accepted bid (disburse ½)	\$
	TOTAL	\$
<input type="checkbox"/> <u>DRAW 2</u>	<u>REQUIRED DOCUMENTS:</u>	
	<input type="checkbox"/> Post-repair inspection report & pictures	
	<i>INVOICES (For THDA use only):</i>	
	<input type="checkbox"/> Post inspection invoice (if applicable)	\$
	<input type="checkbox"/> Repair Costs – Final Invoice for all repairs (disburse 2 nd ½)	\$
	<input type="checkbox"/> Explanation of amended fee schedules (disburse 2 nd ½)	\$
	TOTAL	\$
<input type="checkbox"/> <u>DRAW 3</u>	<u>REQUIRED DOCUMENTS:</u>	
	<input type="checkbox"/> Final Lien Waiver	
	<input type="checkbox"/> Notice of Completion	
	<i>INVOICES (For THDA use only):</i>	
	<input type="checkbox"/> Certificate of Counseling	\$ 250.00
	<input type="checkbox"/> Admin Fee -no invoice required	\$ 2,500.00
	<input checked="" type="checkbox"/> Loan Charges -no invoice required	\$
	<input type="checkbox"/> Other _____	\$
	TOTAL	\$

Submitted by:

TRLP Participant Name: _____
By: _____ Date: _____

Reviewed by THDA Closing Specialist:

Closing Specialist: _____ Date: _____

Disbursement Requested & Approved By:

THDA Payment Staff Date _____

THDA Management Date _____

Please submit to SFSPAsk@THDA.org or through EDT site.