

Disbursement Request #:

Housing Trust Fund Corporation New York State HOME Program Local Recipient Disbursement Request			
Name of state recipient/subrecipient:		SHARS ID:	
Name, phone number and extension of person completing this form:		Date:	
Address of state recipient/subrecipient:			
City:	State:	Zip Code:	Tax ID:
FINANCIAL INFORMATION			
Total contract amount:			
Total requested to date:			
Total amount of this request:			
Number of Detail Sheets attached: Administrative Funds Detail Sheet _____ Home Buyer Project Detail Sheet _____ Rehabilitation Project Detail Sheet _____ TBRA Detail Sheet _____			
Payee certification: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded. Payee signature: _____ Date: _____			
Name of Signatory (Please print or type): _____		Title: _____	
HTFC use only			
OCD approval:		Date:	
Finance approval:		Date:	
Disbursement number (HTFC use only):		IDIS Voucher Number:	