|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Trust Fund Corporation - NYS HOME Program**  **Small Rental Development Initiative (SRDI)**  **Disbursement Request Cover Sheet** | | | |
| SRDI Contract SHARS ID #: | Date: | | Disbursement Request Identifier: |
| Name of Developer/owner: | | | |
| Address: | | | |
| City: | State: | Zip: | Tax ID #: |
| SRDI Project Name: | | | |
| Name and contact of person completing this form: | | | |
| **FINANCIAL INFORMATION** | | | |
| Total SRDI contract amount: | | $ | |
| Total amount of this disbursement request: | | $ | |
| **PAYEE CERTIFICATION** | | | |
| I certify that the above disbursement request is just, true and correct and that no part thereof has been paid except stated and that the balance is due and owing, and that taxes from which the State is exempt are excluded. I attest that funds are being requested under federal CFDA number 14.239 for the HOME Program.  Signature of Payee, Date:  Payee Name, Title (print): | | | |
| **HTFC USE ONLY** | | | |
| OCR approval: | | Date: | |
| HTFC Finance approval: | | Date: | |
| Disbursement #: | | IDIS Voucher #: | |