

Housing Trust Fund Corporation  
Rural Preservation Program  
**Final Disbursement Request**

Name of Grantee:

SHARS ID:

Name of Person Completing this Form:

Phone Number :

Address of Grantee:

City:

Zip:

County:

Federal ID #:

Email Address:

**Financial Information**

Contract Amount:

\$ 89,827.59

Current Request:

**\$ 44,913.79**

Progress payment.

Payee certification: I certify that the above information 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

Printed Name of Signatory

Title