

**Housing Trust Fund Corporation
Local Program Administrator (LPA) Disbursement Request Form**

Program Name:
Resilient Retrofit

Name of LPA:

SHARS ID:

Name & phone number of person completing this form:

Date:

Mailing Address:

City:

State:

Zip Code:

FINANCIAL INFORMATION

Total amount of this request: \$

Payee certification: By signing below, I certify that all representations and warranties contained in all documents executed in conjunction with this grant agreement remain true and correct; that there are no valid liens which are or can be filed against the project site in connection with work completed or materials supplied; that the information and expenditures for which the entity named above (LPA) is seeking payment and/or reimbursement in this submission are true and correct, comply with the program requirements, are eligible expenses; and that the payment and/or reimbursement of expenditures identified in the attached materials does not duplicate reimbursement for costs and/or expenses from any other source.

Signature 1 → _____

Date: _____

Print Name of Signatory 1: _____

Title: _____

Signature 2 → _____

Date: _____

Print Name of Signatory 2: _____

Title: _____

Project Delivery Funds Detail Sheet(s)

of Project Set-Up/Completion Form(s)

Identify the documents included
with the disbursement request.

- Project Set-Up & Completion Form(s)
- HTFC EAU Determination Letters
- Invoices in Support of Program Delivery / Professional Services
- Copy of Recorded Covenant
- Elevation Certificates
- Loan Closing documents
- Before / After Photographs of Property
- Additional Information (specify below)