

# REQUEST FOR PAYMENT & CERTIFICATION

## Trust Fund Program Project Draw



### SECTION 1.

Request #: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

Grantee Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Program Type: Habitat for Humanity: Community Impact Fund Program (Round 3) STF #: 51371

### SECTION 2. STATUS OF PROGRAM GRANT

FUNDS Total Program Grant Amount: \$1,000,000.00(All Pay-Outs Requested to Date for this Program): ( )(Amount of this Request): ( )

Program Grant Funds Remaining: \_\_\_\_\_

### SECTION 3. REQUESTED PROJECT FUNDS

Name of Homebuyer	Project Address	Amount of this Request
Total Trust Fund Request:		

### SECTION 4. AGENCY CERTIFICATION

I certify that the funds requested for the above project will be used in accordance with the applicable requirements of the Trust Fund Program and the IHDA Grant Agreement. I further certify that the funds in the project file have proper documentation and are subject to monitoring and audit procedures by IHDA.

Signature of Authorized Signatory \_\_\_\_\_ Name & Title \_\_\_\_\_ Date \_\_\_\_\_

Submit electronically to: **TFHAPinfo@ihda.org**  
Illinois Housing Development Authority  
Community Affairs Department  
111 E. Wacker Dr, Suite 1000  
Chicago, IL 60601

### SECTION 5. FOR OFFICIAL IHDA USE ONLY

Authorized IHDA Signature \_\_\_\_\_ Reviewed/Approved By \_\_\_\_\_