

# REQUEST FOR PAYMENT & CERTIFICATION

## Trust Fund Program Project Draw



**SECTION 1.** Request #: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

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

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

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

Program Type: Community Impact Fund--Round 4 (STF-51528)

Mitas Commitment #: \_\_\_\_\_

### SECTION 2. STATUS OF PROGRAM GRANT FUNDS

Total Program Grant Amount: \_\_\_\_\_

(Payouts Requested to Date for this Program): ( \_\_\_\_\_ )

(Administrative Funds Payouts to Date): ( \_\_\_\_\_ )

(Amount of this Request): ( \_\_\_\_\_ )

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

### SECTION 3. REQUESTED PROJECT FUNDS

Name of Homeowner(s)	Project Address	Amount of This Request
Total Trust Fund Request:		

### SECTION 4. GRANTEE 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: **TFCIFinfo@ihda.org**  
Illinois Housing Development Authority  
Community Affairs Dept.  
Suite 1000  
111 E. Wacker Dr.  
Chicago, IL 60601

### SECTION 5. FOR OFFICIAL IHDA USE ONLY

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