Rental Housing Development **HOME** Program Payment Request

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Request #: |  | | Amount Requested | | $ | | **Contract#:** | | | |  |
| Period covered by this request: from | | | | | (mm/dd/yy) | | to | | | (mm/dd/yy) | |
| CHDO OPERATING | |  | | ACTIVITY DOLLARS | | | | |  | | |
| Agency/Activity Name: | |  | | | | | | | | | |
| Address: | |  | | | | email | |  | | | |
| Contact Person: | |  | | | | phone | |  | | | |

**STATUS OF HOME FUNDS Activity** Funds **CHDO Operating**

|  |  |  |
| --- | --- | --- |
| Funds Authorized per Contract | $ | $ |
| LESS: Requests Paid To Date | $ | $ |
| LESS: Amount Per This Request | $ | $ |
| Remaining Balance To Date | $ | $ |

**ACTIVITY DOLLARS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Number | Activity Address | Amount of Request | Type of Payment  1=Progress 2=Final | Reviewed |
|  |  | $ |  |  |

**CHDO OPERATING**

□ **required documentation attached:**

* pictures (if 1st or last RFP)
* lien waivers
* Inspecting Architect certification

|  |  |  |
| --- | --- | --- |
| Amount of Request | Type of Payment  1=Progress 2=Final | Reviewed |
| $ |  |  |

**CERTIFICATION**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objects set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (original signature required) Date

# *Print Name and Title:*

For DEHCR Use Only

Reviewed By:

Date:

HOME RHD Program

Department of Administration

Division of Energy, Housing & Community Resources

P.O. Box 7970

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