



**RESIDENTIAL HOUSING INFRASTRUCTURE ASSISTANCE PROGRAM (RIF)
DISBURSEMENT FORM**

PARTICIPANT INFORMATION:					
Participant Name:					
RIF Loan:			Request Number:		
Mailing Address:					
City:		State:		Zip Code:	
Contact Person:			Phone Number:		
Authorized Representative:			Phone Number:		
Bank Name (Wires Only):			Bank ABA Number:		
Account Name:			Account Number:		
LOAN INFORMATION:					
Description of Work:					
Is any part of this claim funded by an alternate funding source?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Source:			Amount:		\$
Has the participant paid the request, and is now seeking reimbursement?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Participant requests:		<input type="checkbox"/> Check mailed to Participant at address above		<input type="checkbox"/> Wire sent to Participant using instructions above	
LOAN FINANCIAL INFORMATION:					
Please indicate funding source (RIF, Local Funds, READI, etc.)					
Original Loan Amount:					\$
Total Amount of Previous Disbursements:					\$
Amount to Contractor for this Request:					\$
CONTRACTOR INFORMATION:					
Contractor Name:					
Mailing Address:					
City:		State:		Zip Code:	
Bank Name (Wires Only):			Bank ABA Number:		
Account Name:			Account Number:		
RETAINAGE INFORMATION:					
Retainage Amount of this Request:					\$
Participant requests retainage to be held by RIF:					<input type="checkbox"/>
Participant requests retainage to be sent to the Participant:					<input type="checkbox"/>
If yes, Participant requests:		<input type="checkbox"/> Check mailed to Participant at address above		<input type="checkbox"/> Wire sent to Participant using instructions above	
Participant requests retainage to be sent to the Contractor's Escrow bank:					<input type="checkbox"/>
Bank Name (Wires Only):			Bank ABA Number:		
Account Name:			Account Number:		
TOTAL AMOUNT OF THIS REQUEST:					\$
Balance Available After this Disbursement:					\$
The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement(s) and is in compliance with the Residential Housing Infrastructure Assistance Program.					
AUTHORIZED REPRESENTATIVE SIGNATURE:				DATE:	
IFA APPROVAL (For Internal Use Only):				DATE:	