



RESERVE ACCOUNT WITHDRAWAL FORM

I. Account Information

Project Name: _____ Loan Account Number: _____

Project Street Address: _____ City: _____

II. Withdrawal Information

Reserve Account: _____

If Other please specify: _____

Withdrawal Amount: _____

IRS Form W-9 previously provided

IRS Form W-9 included

Payee: _____

Supporting Documentation:

- Invoices
- Proof of Payment (reimbursement only)
- Schedule of Expenses
- Work Scope

Compliance Information:

- Current Insurance Certificates on file with IHDA
- Current Financial Statements on file with IHDA
- Current Budget on file with IHDA (If applicable)

Replacement Reserve Requests only:

If request is for greater than \$25,000.00 to a single vendor, the following are to be included:

- Bid Review Approval Attached
- IHDA Bid review Waiver Attached
- Capital Inspection Approval Attached

Is replacement reserve balance over \$1,500.00/unit after request? _____

III. Fund Transfer Instructions

Please Select One (1) Of The Options Listed Below:

| Automated Clearing House (ACH) |
|---------------------------------------|
| IHDA Loan Account Previously Enrolled |
| ACH Number*: _____ |
| ACH Enrollment Form Attached |
| <small>*for IHDA Use Only</small> |

- OR -

| Mailed Check |
|-----------------------|
| Recipient: _____ |
| Street Address: _____ |
| City/State/Zip: _____ |

IV. Withdrawal Certification & Authorization

By signing this form, I certify that:

Funds expended have been or will be used for the costs indicated in this request. All contract materials, supplies, and services, if applicable, have been obtained at the most reasonable cost on terms most advantageous to the property. All discounts, rebates, and commissions have been credited to the property. Any expenditures that are determined to be ineligible, as a result of IHDA review, will result in an immediate void of the request.

I assert that the signature below is an authorized signatory with the Illinois Housing Development Authority to withdraw funds from the above listed reserve account.

The statements contained in this request have been examined by me, and to the best of my knowledge and belief are true, correct, and complete.

Request Authorized By:

| | | |
|---|----------------|------------------|
| _____ | _____ | _____ |
| Contact Person (person completing form) | E-mail Address | Telephone Number |
| _____ | _____ | |
| Authorized Signature | Date | |
| _____ | | |
| Name, Title, and Company | | |

V. IHDA Review & Approval (for IHDA use only)

Request Number: _____ Date Received: _____ IE #: _____

Request Approved Amount Approved: _____ Void or Denied Reason: _____

_____ Review _____ Date

_____ Authorization _____ Date

_____ Director, Asset Management _____ Date