



111 E. Wacker Drive  
Suite 1000  
Chicago, IL 60601

## Capital Bill Preservation Program: Limited Rehabilitation Principal Draw Request Form

### Account Information

Project Name: \_\_\_\_\_ Grant Number: \_\_\_\_\_  
Project Street Address: \_\_\_\_\_ City: \_\_\_\_\_

### Withdrawal Information

Withdrawal Amount: \_\_\_\_\_ IRS Form W-9  
Payment Made To: \_\_\_\_\_ Previously Provided to IHDA   Included

### Types of Supporting Documentation Included

Invoices  Schedule of Expenses  Proof of Payment

### Construction Status

Draw Number: \_\_\_\_\_ Anticipated Number of Future Draws: \_\_\_\_\_  
Construction Completion Percentage: \_\_\_\_\_

### Fund Transfer Instructions

<p><u>Wire</u> <input type="checkbox"/></p> <p>Bank Name: _____</p> <p>Routing Number: _____</p> <p>Account Number: _____</p> <p>Account Name: _____</p> <p>Reference: _____</p> <p>Wire Instructions from Bank Attached? <input type="checkbox"/></p>	<p><u>Check</u> <input type="checkbox"/></p> <p>Recipient: _____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p>
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### 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, may 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 grant.

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	Email Address	Telephone Number
Authorized Signature	Name, Title, Company	Date

### IHDA Review (Internal Use Only)

Request Number: _____	Date Received: _____	Asset Servicing Received: _____
Approved? <input type="checkbox"/>	Approved Amount: _____	Capital Inspection Attached: _____
Denied? <input type="checkbox"/>	Denial Reason: _____	
Review: _____		Date: _____
Authorization: _____		Date: _____
Assistant Director Approval: _____		Date: _____