

## **RESERVE ACCOUNT WITHDRAWAL FORM**

I. Account Information							
Project Name:					Loan Account Number:		
Project Street Address:				City:			
II. Withdrawal Information							
				er, please select:			
Withdrawal Amount: If Ot					ot listed,	please specify:	
rayee.							
DECLUBED DOCUMENTATION: Bloom	vorify an	nlicable decuments listed hele	w are includ	od			
EQUIRED DOCUMENTATION: Please verify applicable documents listed below are includ  Supporting Documentation:  Compliance Information:				Replacement Reserve Requests only:			
Invoices	<u> </u>				If request is greater than \$25,000 to a single vendor, the following are to be included:		
Proof of Payment (reimbursement only)	_	nt Insurance Certificates on file		Bid Review Approval Attached			
Schedule of Expenses	Editoric Financial Statements on the With FIDA						
Work Scope	Scope Current Budget on the With InDA				IHDA Bid Review Waiver Attached		
☐ IRS Form W9	(If applicable)		Capital Inspection Approval Attached				
				Is replacemen	t reserve b	palance over \$1,500/unit after request?	
III. Fund Transfer Instructions Ple	ase select	t one (1) of the options listed b	elow:				
Automated Clearing House (ACH)	- OR -	Mailed Check			- OR -	Wire Transfer	
	IHDA Loan Account Previously Enrolled Recipient:					Bank Name:	
- <b>OR</b> -  ACH Enrollment Form Attached		Street Address:				Routing Number:	
7.011 Elliolinoitt i oliii 7.tttaalioa		City/State/Zip:					
	_				J	Account Number:	
						Account Name:	
						Account Name.	
						Reference:	
						Wire instructions from bank attached.	
IV. Withdrawal Certification & Author	ization						
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							
Authorized Signature							

Name, Title, and Company