

## NHHFA ATTACHMENT B

### PART I

**DIRECTIONS:** Owner/Agent completes Part I for prior approval of funds. If this request is for ordinary turnover or a request under \$5,000 NHHFA pre-approval is not required. Please complete Part II and submit for payment to Housing Program Specialist [assetmanagement@nhhfa.org](mailto:assetmanagement@nhhfa.org). For all other requests please email request with estimate of work to be completed to the assigned Asset Manager.

Project Name:		<input type="checkbox"/> Check box if building is Pre-1978	Date:
Management Agent:		Total Amount Requested:	\$
Description of Repairs:			Funding Source: <input type="checkbox"/> Replacement Reserve <input type="checkbox"/> Operating <input type="checkbox"/> Other restricted account

### DISCLOSURE OF IDENTITY OF INTEREST

Please indicate if this award is being made to a contractor or vendor with an identity of interest.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe the relationship:		
Signature of Agent:		
<input type="checkbox"/> Ordinary Turnover	<input type="checkbox"/> Request Under \$5,000	<input type="checkbox"/> Request \$5,000 - \$19,999
		<input type="checkbox"/> Request over \$20,000

### \*\*\*NHHFA USE ONLY\*\*\*

<input type="checkbox"/> Approved <input type="checkbox"/> N/A <input type="checkbox"/> Declined	Signature:	Date:
Comment:		
NHHFA will not advance funds for materials and/or for work not completed.		

### PART II

**DIRECTIONS:** For release of payment Owner/Agent must complete Part II within 90-days of the approval of Part I. Part II must be completed with Payee information (property or vendor). If payment is to be released to a vendor, please submit a W-9 with the request.

Payee			
Address			
City, State ZIP Code			
Amount			
Check Stub Comment			

### \*\*\*NHHFA USE ONLY\*\*\*

Approved Amount:	\$	Loan #	
Special Comments or Notes:			
Approved by Signature:			
Type Name:			
Date:			