

**NHHFA
ATTACHMENT B**

PART I

Date			
Project Name		Total Amount Requested	
Management Agent		Funding Source Check appropriate source	<input type="checkbox"/> Replacement Reserve <input type="checkbox"/> Operating <input type="checkbox"/> Other restricted account _____
Description of Repairs			

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	

*****NHHFA USE ONLY*****

Approved by		Declined by	
Date		Date	
Comment			

Failure to submit this form for payment within 90 days of approval will result in denial of payment request. NHHFA will not advance funds for materials and/or for work not completed.

PART II

(To be completed by Owner/Agent and submitted with backup documentation for payment.)

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			

Instructions:

- **Owner/Agent** will complete Part I and submit to NHHFA for approval
- **NHHFA Asset Manager** will approve or decline and return form to Owner/Agent
- If approved and after work has been completed **Owner/Agent** will complete Part II and submit along with necessary backup documentation to NHHFA for payment. (Note: All “new” vendors must submit a W9)
- **NHHFA Asset Manager** will review the request for payment. Complete the “Approved Amount”, add any special instructions, sign, date and forward to M&D Admin Assistant for payment process.