



## NEW HAMPSHIRE HOUSING ATTACHMENT B

### PART I

**INSTRUCTIONS:** Owner/Agent completes Part I for prior approval of funds, *before work commences*. If this request is for ordinary turnover, or a request under \$5,000, pre-approval is not required; complete Part I and Part II then submit to the Housing Program Specialist at [assetmanagement@nhhfa.org](mailto:assetmanagement@nhhfa.org) for payment. For all other requests please email the request with an estimate/scope of work to be completed to [assetmanagement@nhhfa.org](mailto:assetmanagement@nhhfa.org). \*NH Housing **will not** advance funds for materials and/or work that has not yet been completed.

**Property Name:** \_\_\_\_\_ **Pre-1978?**  Yes  No **Date:** \_\_\_\_\_

**Management Agent:** \_\_\_\_\_ **Total Amount Requested:** \_\_\_\_\_

**Type of Request:** Ordinary Turnover      Under \$5,000      \$5,001 - \$19,000      Over \$20,000

**Funding Source:** Replacement Reserve      Operating Account      Other Restricted Account: \_\_\_\_\_

### DISCLOSURE OF IDENTITY OF INTEREST

Is this award being made to a contractor or vendor with an identity of interest?  Yes  No

If yes, describe the relationship: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

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Approved  Declined    N/A    **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PART II

**INSTRUCTIONS:** For release of payment Owner/Agent must complete Part II within 90-days of the approval of Part I or within 90-days of payment for requests that do not require prior approval. 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 Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Payee Address:** \_\_\_\_\_

**Check Stub Comments:** \_\_\_\_\_

### \*\*\*NEW HAMPSHIRE HOUSING USE ONLY\*\*\*

**Loan #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Approved Amount:** \_\_\_\_\_

**Type Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_