



WHEDA

RESERVE DISBURSEMENT REQUEST

This form needs to be completed for all requests of reserve funds held by WHEDASM. The form is used in lieu of submitting invoices. **Please do not attach invoices to this request.** (However, WHEDA may later request copies of invoices.) WHEDA will return a copy of this form with information completed in the box at the bottom.

WHEDA Project Number _____ Date _____
Project Name _____
Owner or Management Agent _____
Fax #: _____ E-Mail Address: _____

We request reimbursement of \$_____ from the Replacement Reserve or Residual Receipts or Capital Needs escrow (circle one) account of the subject property. A breakdown of the services or material purchased is:

VENDOR NAME	DESCRIPTION OF WORK OR PURCHASE	LOCATION (i.e. UNIT #)	INVOICE # AND DATE	CHECK # AND DATE	AMOUNT
Total Amount Requested					

It is the responsibility of the Owner or Managing Agent to determine that all repairs have been completed satisfactorily and in accordance with applicable building codes and ordinances, and all lien waivers have been obtained. Additionally, all goods and services purchased from individuals or companies with which the Owner or Managing Agent has an identity-of-interest must be purchased at costs not in excess of those that would be incurred in making arms-length purchases on the open market. All discounts, rebates, or commissions must be credited to the property. **Any reserves released for expenditures that are later determined by WHEDA to be ineligible must be repaid to the property's Reserve Fund.**

For WHEDA Use Only				
Amount Approved	\$ _____	Check	ACH Transfer	Disbursement Date _____
Amount Denied	\$ _____	Reason for Denied Request _____		
Signature _____				