

## NSP1 Drawdown Request Form

TO: DELAWARE STATE HOUSING AUTHORITY

DATE:

REQUESTER NAME & ADDRESS: Kent County Levy Court  
555 Bay Road  
Dover, DE 19901

DSHA USE ONLY

APPROVED BY:

DATE:

VOUCHER #:

### SECTION 1 – REQUEST FOR PAYMENT

NSP # 01-08

Federal E.I. Number: 51-6000145

Request Number:

**Amount Requested:**

### SECTION 2 – ITEMIZATION OF AMOUNT REQUESTED

ACTIVITY TYPE(s)	AMOUNT
<b>Program Costs:</b>	
<u>Use B (purchase and rehab 51%-120% AMI):</u>	
	Total Use B:
<u>Use B LH (purchase and rehab &lt;50% AMI):</u>	
	Total Use B LH:

TOTAL PROGRAM ACTIVITY REQUEST		ADMINISTRATIVE COSTS	
LESS PROGRAM INCOME		LESS ADMIN PROGRAM INCOME	
NET <u>PROGRAM ACTIVITY</u> REQUEST		NET <u>ADMIN</u> REQUEST	
<b>TOTAL FUNDS REQUESTED (NET PROGRAM ACTIVITY + NET ADMIN) **Should match "Amount Requested"***</b>			

Program Activity PI Remaining After This Draw:	
Admin PI Remaining After This Draw:	
Total Program Income Remaining After This Draw:	

Notes:

**NOTE: Program income must be used to reduce the NEXT drawdown submitted after it is received.**

**DELAWARE STATE HOUSING AUTHORITY  
 NEIGHBORHOOD STABILIZATION PROGRAM  
 SCHEDULE OF PAYMENTS**

Contract Number: NSP1 #01-08

Drawdown Number: \_\_\_\_\_

<b>Program Activity</b>	<b>Authorized Budget</b>	<b>Draws to Date</b>	<b>This Draw**</b>	<b>Total Draws</b>	<b>Balance</b>
<b>Administration</b>					
<b>Program Activities:</b>					
<b>TOTAL DRAW REQUEST</b>					

CERTIFICATION: *I certify that this Request for Payment has been in accordance with the terms and conditions of the Contract Award cited and that the amount requested is proper for payment to the drawer. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs.*

NOTE: *An approved change order (DSHA-16) must accompany any Request for Drawdown that indicates transfer of funds not exceeding 5% of the total funds approved for all contracted NSP program activities, excluding administration. When an individual transfer, or the cumulative amount of all such transfers, exceeds 5% of the total funds approved for all contracted NSP program activities, excluding administrative costs, a Contract Amendment reflecting the transfer must be executed prior to drawdown.*

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\* NOTE: This column should reflect NET PROGRAM REQUESTS and TOTAL FUNDS REQUESTED from Page 1.