NOTE: Program income must be used to reduce the NEXT drawdown submitted after it is received.
DELWARE STATE HOUSING AUTHORITY
NEIGHBORHOOD STABILIZATION PROGRAM
SCHEDULE OF PAYMENTS

Contract Number: NSP1 #03-08

Drawdown Number: __________

<table>
<thead>
<tr>
<th>Program Activity</th>
<th>Authorized Budget</th>
<th>Draws to Date</th>
<th>This Draw**</th>
<th>Total Draws</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

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.

SIGNATURE: ___________________________ TITLE: ___________________________ DATE: ___________________________

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