

# Supportive Housing Program Request for Funds

**Project Sponsor:**  
**Contact Person:**  
**Email:**  
**Request Number:**

**Contract Number:**  
**Telephone:**  
**Fax:**  
**Date Submitted:**

Appropriate documentation (receipts, invoices, timesheets, etc.) must accompany this request. A complete hourly rate calculation form must be on file for all staff salaries paid. Further documentation may be requested and hours may be verified against HMIS.

SHP Cost Category	Allowable Costs Incurred	Program Income	IHFA Amount Approved	Total by SHP Category
<b>Leasing</b>				
<b>Total</b>				\$
<b>Operations/Maintenance</b>				
<b>Total</b>				\$
<b>Supportive Services</b>				
<b>Total</b>				\$
<b>Administrative</b>				
<b>Total</b>				\$
			<b>Total Draw</b>	\$

CERTIFICATION: By signing below, I certify that the above data is correct based on our (sponsor's) official accounting system and records, and the expenditures shown have been made for the purposes stated, and are in accordance with the contract terms and conditions, and conditions of the program. I further certify that the funds requested are for reimbursement of actual expenses and have not been previously requested.

**FOR IHFA USE ONLY**

\_\_\_\_\_  
 Authorized Sponsor Signature      Date

\_\_\_\_\_  
 IHFA Reviewed      Date

\_\_\_\_\_  
 Printed Sponsor Name and Title

\_\_\_\_\_  
 IHFA Approved      Date