Funds Authorizations

U.S. Department of Housing and Urban Development

Office of Housing Federal Housing Commissioner

For Instructions, Public Burde	n Statement, and Privacy Act re	quirements: See Page 2.				
Reserve for Replacements Fund	Residual Receipts Fund	Project Number:				
Is this withdrawal request to replace appliances and/or major components with energy efficient products/systems?		Mortgagee Loan Number: (Optional)				
		Property Address: (Include City, State, and Zip Code)				
∐ Yes						
To: (Mortgagee)		Comments: (Optional)				
						
This is your authority to release the Purpose:	he following amounts from the res	erve:	Amount			
			\$			
				\$		
				\$		
				\$ \$		
			\$ \$			
			\$			
			\$			
			\$			
		Total A	Amount \$			
Check (X) appropriate box: An inspection made on the date of (mm/dd/yyyy) revealed satisfactory replacement and/or installation. An inspection will be made on the next visit to the property. Satisfactory replacement and/or installation will be determined at that time. This Office has approved (Check (X) appropriate boxes.) This is your authority to adjust the Reserve requirements accordingly. This authority is revocable upon written notice from HUD. A suspension of Deposits to the Reserve from the date of (mm/dd/yyyy) to the date of (mm/dd/yyyy) to the date of (mm/dd/yyyy) through the Monthly Deposit to the Reserve from \$ to \$ effective the date of (mm/dd/yyyy) through the date (mm/dd/yyyy) to \$ effective the date of (mm/dd/yyyy) through the date (mm/dd/yyyy) to \$ effective the date of (mm/dd/yyyy) through the date (mm/dd/yyyy) to \$ effective the date of (mm/dd/yyyy) through the date (mm/dd/yyyy) to \$ effective the date of (mm/dd/yyyy) through the date (mm/dd/yyyy) to \$ effective the date of (mm/dd/yyyy) through the date (mm/dd/yyyy) to \$ effective the date of (mm/dd/yyyy) through the date (mm/dd/yyyy) to \$ effective the date of (mm/dd/yyyy) through the date (mm/dd/yyyy) through t						
To: (Mortgagor/Managing Agent)		Name of Hub Director or Progran	n Center Director: (please type	or print)		
To: (Mortgagor/Managing Agent)		Name of Hub Director or Progran	n Center Director: (please type	or print)		

OMB Approval No. 2502-0555

(exp. 2/29/2020)

Funds Authorizations

U.S. Department of Housing and Urban Development

Office of Housing Federal Housing Commissioner

Instructions: Indicate the Fund for the request and provide the information for each section as requested. Owners/Agents must also submit the following with this form:

- (1) A narrative providing a detailed description of the work performed or to be performed;
- (2) Copies of paid invoices if the withdrawal request is for reimbursement for work that has been performed;
- (3) If a bid exceeds \$25,000 than copies of bids may required. Please refer to HUD Handbook 4350.1 Chapter detailed guidance;
- (4) Mortgagor Certification (refer to HUD Handbook 4350.1, REV-1); and,
- (5) A list of appliances and/or major components that will be replaced along with a notation of whether or not the replacement items will be energy efficient products. If replacement items are not energy efficient products, the owner/agent must provide a justification.

Public reporting burden for this collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. This information is required to obtain is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The regulations at 24 CFR Part 880.601 and 24 CFR Part 880.602 authorizes the Secretary of the Department of Housing and Urban Development to effectively monitor withdrawals from the Reserve for Replacements and/or Residual Receipts Funds. This information collection sets forth the information that must be reviewed and approved by HUD in order to withdraw funds from these accounts. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

OMB Approval No. 2502-0555

(exp. 09/30/2016)

Project Name:		As Of: Date:					
HUD-9250. If requesting	nbursement / advance of \$ ng advance , included is a copy of signed cont down of the services or materials purchased/	ract which shows payment schedule ar	acement accound dates. Addi	nt of the subject tional supportin	property.	Attached is a contation listed wi	mpleted forn
Name of Supplier	Description of Item or Work	Location or Unit No.	Invoice date	Invoice No.	Check No.	Amount of Purchase	Energy Sta
			date		1101	\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
Total:						\$	
the work and have det have been or will be a All contract materials, rebates, and commissi non-project funds) to an identity-of-interest of interest transaction	, certify that: F cermined/will determine that the damaged a stached to the property as a result of the repair supplies, and services, as applicable, have been credited to the property. Any of the property's Reserve Fund. All goods and services were or will be purchased at costs not in excess must be specifically identified in the project ements contained in this request have been experienced.	rea(s) or equipment have been restore ir; The repairs have been or will be comeen obtained at the most reasonable expenditures that are determined in a ervices purchased from individuals or cass of those that would have been incur's annual financial statements.) Under	d to as good or pleted in acco costs and on to review by HUD ompanies with red in making the penalties a	r better condition rdance with all a serms most advance (or the Mortgan which the Ownarms-length pur nd provision of the condition of the cond	n; No mech applicable b ntageous t gee) to be i ner, Operat cchases on i Title 18, Ur	nanic's or mater building codes ar o the property. Incligible, will be or or Managem the open marke hited States Cod	ial man's lien nd ordinances All discounts e repaid (fror ent Agent ha t. (All identit

ATTACHMENT 1 – MORTGAGOR CERTIFICATION and REQUEST DETAIL

Name of Supplier	Description of Item or Work	Location or Unit No.	Invoice date	Invoice No.	Check No.	Amount of Purchase	Energy Star
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
						\$	yes no
Total:						\$	