REQUEST FOR FUNDS FORM

CHDO Name: BREAKTHRO	OUGH COMMU	JNITY SEI	RVICES::Prep	ared by:	AH	
Contact Phone Number: 601		ontract Date: July 5, 2017				
Payment Request Number: 0		HDO Activity: 709 Highland Avenue Hattiesburg				
Estimated percentage (%) cor			100 111	india 111	chae Hattiesburg	
Request for reimbursement of	expense incurre	ed between	01/17/2017	and <u>01/</u>	17/2019	
Funds requested are for (check the appropriate choice) CHDO Operating Cost New Construction V. Behavilitation						
Developer Fee Opera	ting Cost De	ing Cost New Const Development C				
Payment Request Breakdown						
Item Description			Amount requested			
1) Request retention funds			\$ 6,425.65			
			\$			
			\$			
		\$				
Project Cost Breakdown						
HOME funds	1 Toject C	ost Dreakt				
		Other project funds				
This section to be completed	This se	This section to be completed by Developer				
Total Amount Requested for	6,425.65	Total A	mount Reque	\$ -0-		
this Draw	is Draw this Dr		aw			
This section to be completed by City						
Original Contract Amount	\$64,690.05	Origina	l Contract Am	\$ -0-		
Total Change order amounts	\$-0-	Total C	hange order a	\$ -0-		
Prior payments to date	\$57,829.31	Prior pa	nyments to dat	\$ -0-		
Contract balance	\$-0-		t balances	\$ -0-		
Total amount approved	\$-0-	Total ar	nounts approv	\$ -0-		
10% withheld-FINAL	\$-0-	0_%	withheld if a	\$ -0-		
DRAW						
This Payment Amount	\$-0-		payment amou	\$ -0-		
New Contract balance	\$-0-		ontract balance	\$ -0-		
Total retainage held to date	\$6,425.65		tainage held to	\$ -0-		
Clausting of Andrei 1000	Authorize	ed Signatu	res			
Signature of Authorized Officer Requesting Funds		Print Nan	Print Name		Date	
(Mthur) d. Dia	AZH	ASTRION. S. YARRE		2-18-19		
Signature of City Housing Special	Print Nan	Print Name		Date		
Plick	Kta	Klanden		2/11/19		
Signature of City Official Approving	Print Nam	Print Name		Date		
Mune butting	Clar	encolitin	11.70.2	0 11 10		