

### Replacement Reserve Request

**Project Name** \_\_\_\_\_  
**CHFA Loan No.** \_\_\_\_\_  
**FHA Project No. (if applicable)** \_\_\_\_\_  
**Reserve Account No.** \_\_\_\_\_  
**Address of Project** \_\_\_\_\_  
\_\_\_\_\_  
**Management Agent Name** \_\_\_\_\_  
**Management Agent Address** \_\_\_\_\_  
\_\_\_\_\_  
**Phone No.** \_\_\_\_\_  
**Management Agent Contact** \_\_\_\_\_

Is any documentation more than one year old? Yes  No   
If yes, please justify the age of documentation: \_\_\_\_\_

Are there any unresolved Management Review findings? Yes  No

Has annual audit been submitted for most recent fiscal year end? Yes  No

Are there any unresolved audit findings? Yes  No

Have the required CHFA reports and fees been submitted? (if any) Yes  No

Monthly Deposit to Reserve Account	\$ _____
Required Minimum Balance (monthly deposit x 12 mos.)	\$ _____
Balance in the Reserve Account (prior to this request)	\$ _____
Amount Requested from Reserve	\$ _____

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**For CHFA Use Only:**

**Reviewed by CHFA AMO:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved - Amount Approved:** \$ \_\_\_\_\_

**Disapproved - Reason** \_\_\_\_\_