



# residual receipts request

## project information

Project Name		
CHFA Loan Number	FHA Project Number (if applicable)	
Address of Project		
City	State	Zip
Management Agent Contact		

Is any documentation more than one year old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please justify the age of documentation:		
Are there any unresolved management review findings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has annual audit been submitted for most recent fiscal year end?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any unresolved audit findings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the required CHFA reports and fees been submitted? (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount of Funds Requested from Residual Receipts Account:		

Signature of Requestor

Date

### for chfa use only

Reviewed by CHFA AMO:	Date
<input type="checkbox"/> Approved - Amount Approved: \$	<input type="checkbox"/> Disapproved - Reason: