



replacement reserve request

project information

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

management agent information

Management Agent Name		
Management Address (send checks here)		
City	State	Zip
Phone Number	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 any)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
<input type="checkbox"/> Approved - Amount Approved: \$	<input type="checkbox"/> Disapproved - Reason: