



**HOME-ARP  
REQUEST FOR FUNDS**  
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION  
SFN 62558 (12/24)

Grantee		Request Number	
Prepared By	Telephone Number		Final Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Date	
Instrument Number from Financial Award	Grant Begin Date		Grant End Date

FUND STATUS REPORT			A	B
1. Grant Amount				\$
2. Funds Received to Date		\$		
3. Funds Requested, But Not Yet Received		\$		
4. Amount of This Request		\$		
5. Total Funds Request to Date (2+3+4)				\$
6. Funds Available for Request (lines 1 less line 5)				\$

**Enter the use of the requested project funds as identified on your financial award)**

Administration \$
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McKinney-Vento	Homeless Prevention
Housing Search and Counseling \$	Housing Search and Counseling \$
Legal Services \$	Legal Services \$
Case Management \$	Case Management \$
Mediation \$	Mediation \$
Credit Repair \$	Credit Repair \$
Landlord/Tenant Liaison \$	Landlord/Tenant Liaison \$
Financial Assistance Costs \$	Financial Assistance Costs \$
Rental Assistance \$	Rental Assistance \$
Total (must equal line 4 above)	\$

**CERTIFICATION**

To the best of my knowledge, the data on this form is correct and all disbursements were made in accordance with grant conditions.

Name of Authorized Official	Title
Signature	Date

**NDHFA USE ONLY**

Signature		Date	
Release of Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Conditions Released <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Signature <input type="checkbox"/> Yes <input type="checkbox"/> No	