

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
CHIP PROJECT DRAWDOWN REQUEST FORM**

State Recipient/Sub-Recipient Name: _____

Grant Number: _____ Federal Tax ID#: _____

Name and telephone number of the person to contact if there are questions: (PRINT)

Names: _____ Phone: _____

SETUP INFORMATION

DCA Project Number (ie, CH13XATLA-07) : _____ Final Draw YES NO

DRAWDOWN INFORMATION

PROJECT ONLY

Homebuyer/Homeowner Name: _____ DCA Request Number for this Project: _____
Homebuyer/Homeowner Name: _____

| Activity Type DPA/Rehab/PDC | Amount Allocated | Amount Drawn To Date | Balance Available for Drawdown | Amount of Drawdown Requested | Balance Remaining after Drawdown |
|--------------------------------|------------------|----------------------|--------------------------------|------------------------------|----------------------------------|
| | | | | \$ | |
| | | | | \$ | |
| Total | | | | \$ | |

BANK WIRE/EFT INSTRUCTIONS

| | |
|---|---|
| State Recipient or Sub-Recipient's Bank: Depository Name: _____ ABA#: _____ Account#: _____ | Intermediary Bank (if applicable): Depository Name: _____ ABA#: _____ Account#: _____ |
|---|---|

RECIPIENT - I certify that the data above is correct and that this request is in accordance with the terms and conditions of the above referenced grant. I further acknowledge that any disbursements attempted by DCA that fail to be deposited in the State Recipient or Sub-recipient's bank account as a result of inaccurate wiring instructions provided by the State Recipient or Sub-recipient at time of draw will result in a \$40 reduction in the administrative funds paid to the State Recipient or Sub-recipient for the activity and a corresponding reduction in the administrative grant available to the State Recipient or Sub-recipient.

| | |
|---|---|
| Authorized Signatures: Name: _____ Title: _____ Date: _____ | 2nd Authorized Signatures: Name: _____ Title: _____ Date: _____ |
|---|---|

FOR DCA USE ONLY

| | |
|--|--|
| CHIP Program Staff Reviewed: _____ Date: _____ | Approved by Office Director: _____ Date: _____ |
| CHIP Program Staff Reviewed: _____ Date: _____ | Approved by Division Director: _____ Date: _____ |
| Approved by CHIP Manager: _____ Date: _____ | (If Over \$25,000) _____ Date: _____ |

IDIS & MITAS CONFIRMATION (DCA ONLY)

Entered By: _____ HUD IDIS (Project) NUMBER: _____
HUD IDIS Voucher #: _____ PROJECT TRANSACTION NUMBER: _____

FOR ACCOUNTING USE ONLY (DCA)

| | |
|--|--|
| DRAWDOWN APPROVED ON: _____ WIRED BY: _____ APPROVED BY: _____ | WIRE CONFIRMATION CODE: _____ DATE: _____ |
|--|--|