

## EXHIBIT 3-D

### REQUEST FOR PAYMENT - SINGLE FAMILY PILOT PROGRAM

#### PART 1 – REQUEST FOR PAYMENT

GRANTEE NAME & ADDRESS:	IDIS #:	FUNDS SHOULD BE PROVIDED BY	TOTAL AMOUNT REQUESTED (14D + 15D)
	DRAW #:	<input type="checkbox"/> RETURN MAIL  <input type="checkbox"/> DIRECT DEPOSIT	
	DISTRICT #:		\$ -
MDOC CONTRACT NO:  GRANTEE TAX ID NO:	MAKE DEPOSIT PAYABLE TO:  ACCOUNT NO:  NAME OF BANK:		

#### PART 2 – STATUS OF FUNDS

MATCH ACTIVITY:	B. AMOUNT COMMITTED 5% MINIMUM REQUIRED	C. AMOUNT CERTIFIED TO DATE:	D. AMOUNT CERTIFIED THIS DRAW:	E. MATCH BALANCE REMAINING: (B-C-D)
MATCH CONTRIBUTION SUMMARY:	\$ -	\$ -	\$ -	\$ -
<b>SOFT COSTS</b> (SPECIFY)	B. AMOUNT RESERVED	C. BALANCE REMAINING PRIOR TO THIS DRAW	D. AMOUNT REQUESTED THIS DRAW	E. SOFT COSTS BALANCE REMAINING: (C-D)
1.	\$ -	\$ -	\$ -	\$ -
2.	\$ -	\$ -	\$ -	\$ -
3.	\$ -	\$ -	\$ -	\$ -
4.	\$ -	\$ -	\$ -	\$ -
5.	\$ -	\$ -	\$ -	\$ -
<b>6. TOTAL SOFT COSTS</b> (SUM OF ROWS 1 THROUGH 5)	\$ -	\$ -	\$ -	\$ -
<b>PROJECT ACTIVITY COSTS</b> (SPECIFY)	B. AMOUNT RESERVED	C. BALANCE REMAINING PRIOR TO THIS DRAW	D. AMOUNT REQUESTED THIS DRAW	E. PROJECT BALANCE REMAINING: (C-D)
7.	\$ -	\$ -	\$ -	\$ -
8.	\$ -	\$ -	\$ -	\$ -
9.	\$ -	\$ -	\$ -	\$ -
10.	\$ -	\$ -	\$ -	\$ -
11.	\$ -	\$ -	\$ -	\$ -
12.	\$ -	\$ -	\$ -	\$ -
<b>13. TOTAL PROJECT COSTS</b> (SUM OF ROWS 7 THROUGH 12)	\$ -	\$ -	\$ -	\$ -
<b>14. SUM OF SOFT COSTS AND PROJECT ACTIVITY COSTS</b>	TOTAL AMOUNT (6D+13D)			\$ -
<b>PROGRAM INCOME SUMMARY</b>	B. AMOUNT RECEIVED TO DATE	C. AMOUNT EXPENDED TO DATE	D. PROGRAM INCOME ON HAND: (15B - 15C)	
<b>15. TOTAL PROGRAM INCOME</b>	\$ -	\$ -	\$ -	
<b>HOME USE ONLY: TOTAL AMOUNT APPROVED:</b>			<b>\$</b>	

**PART 3 - CONTRACT REPORTING**

1. DOES THE REQUEST FOR PAYMENT INCLUDE PAYMENT TO A CONTRACTOR?

YES \_\_\_ NO \_\_\_ IF YES, GO TO NUMBER 2.

2. HAS THE GRANTEE COMPLETED **EXHIBIT 3-H (ECONOMIC OPPORTUNITIES FOR LOW- AND VERY LOW-INCOME PERSONS IN CONNECTION WITH ASSISTED PROJECT)** **AND EXHIBIT 3-I (CONTRACT REPORTING FORM)** FROM THE ADMINISTRATIVE MANUAL?

YES \_\_\_ NO \_\_\_

**THESE FORMS MUST BE INCLUDED FOR APPROVAL OF THE REQUEST FOR PAYMENT.**

**PART 4 - LOCAL CERTIFICATION**

TYPED NAME AND TITLE	DATE ____/____/____	SIGNATURE
TYPED NAME AND TITLE	DATE ____/____/____	COUNTERSIGNATURE

**PART 5 - MDOC CERTIFICATION**

EXPENDITURES ARE REASONABLE AND APPROPRIATE	DATE ____/____/____	APPROVED BY HOME PROGRAM OFFICER
FINANCIAL NUMBERS, SIGNATURES CORRECT	DATE ____/____/____	APPROVED BY HOME PROGRAM MANAGER/BUREAU CHIEF
CONSISTENT WITH PREVIOUS DRAW	DATE ____/____/____	
OTHER COMMENTS:		DRAWDOWN ENTERED INTO IDIS / VOUCHER #
		APPROVED BY MDOC ACCOUNTING

<b>PART 6 - PROGRAM INCOME / RECAPTURED FUNDS CERTIFICATION</b>	
<i>(Must be completed and submitted by all Grantees and accompany all Request for Payment forms submitted to the HOME Program)</i>	
<b>GRANTEE NAME &amp; ADDRESS:</b>	<b>DRAW #:</b>
	<b>IDIS #(s)</b>
<b>MDOC CONTRACT NO:</b>	

By requesting the disbursement of Federal HOME funds (*insert name of grantee*), the representatives of the grantee signing this form certifies that he/she is authorized to execute the certifications set forth herein, and, on behalf of the Grantee, further certifies that, in accordance with HUD's regulations at 24 CFR Part 92: (*insert name of grantee*) has no funds in its accounts, or in accounts held by others on its behalf, that constitute program income or recaptured funds; **and**

(*insert name of grantee*) has not drawn and will not draw HOME Investment Partnerships Program funds until after all program income or recaptured funds have been expended; **and**

(*insert name of grantee*) has complied with and will comply with all of the financial reporting responsibilities required by HUD's regulations and the applicable uniform administrative requirements at 24 CFR Part 85

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Typed Name & Title

\_\_\_\_\_  
Countersignature Date

\_\_\_\_\_  
Typed Name & Title

<b>PROGRAM INCOME (PI) AND RECAPTURED FUNDS (RF) SUMMARY</b>				
<b>(A)</b> Total PI &/or RF Received to Date	<b>(B)</b> Total Amount PI &/or RF Expended to Date	<b>(C)</b> PI &/or RF on Hand	<b>(D)</b> PI &/or RF Expended this Draw	<b>(E)</b> PI &/or RF Ending Balance
		0.00		0.00