

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

By requesting the disbursement of Federal HOME funds, the representatives of (*insert name of grantee*) who are signing this form certify 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

**PROGRAM INCOME (PI) AND RECAPTURED FUNDS (RF) SUMMARY**

Total PI &/or RF Received to Date	Total Amount PI &/or RF Expended to Date	PI &/or RF on Hand	PI &/or RF Expended this Draw	PI &/or RF Ending Balance
		0.00		0.00