

TO: DELAWARE STATE HOUSING AUTHORITY  FROM: City of Wilmington  RE: REQUEST FOR DRAWDOWN  DATE:	DSHA USE ONLY  APPROVED  DATE	
<b>SECTION I      REQUEST FOR PAYMENT</b>		
Name and Address of Requester  City of Wilmington Department of Real Estate and Housing 800 N. French Street City/Council Bldg Wilmington, DE 19801	Contract No.  NSP #04-08	Federal E.I. No.  #51-0176414
	Amount Requested	Request No.
<b>SECTION II      ITEMIZATION OF AMOUNT REQUESTED</b>		
<b>TYPE OF ACTIVITY</b>	<b>AMOUNT</b>	
PROGRAM COSTS (LIST FOR PAYEE AND TYPE ACTIVITY)		
TOTAL PROGRAM ACTIVITY REQUEST LESS: PROGRAM INCOME  NET PROGRAM REQUEST		
ADMINISTRATIVE COSTS		
TOTAL FUNDS REQUESTED		
<b>SECTION III      REMARKS (Explanation of Program Income if applicable)</b>		

NOTE: Program Income must be used to reduce the NEXT drawdown submitted after it is received. Indicate under REMARKS the program activity to which program income will be applied.

DELAWARE STATE HOUSING AUTHORITY  
 EMERGENCY SHELTER GRANTS PROGRAM  
 SCHEDULE OF PAYMENTS

Contract Number: NSP #04-08

Drawdown Number:

Program Activity	Authorized Budget	Draws to Date	This Draw **	Total Draws	Balance
Administration	\$280,000.00				
Program Activities					
Financing Mechanisms	\$465,000.00				
Purchase and rehabilitation	\$4,656,250.00				
Demolition	\$198,750.00				
<b>Total Draw Request</b>	<b>\$5,600,000.00</b>				

CERTIFICATION: I certify that this Request for Payment has been in accordance with the terms and conditions of the Contract Award cited and that the amount requested is proper for payment to the drawer. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs.

NOTE: An approved change order (DSHA-16) must accompany any Request for Drawdown that indicates transfer of funds not exceeding 5% of the total funds approved for all contracted NSP program activities, excluding administration.

When an individual transfer, or the cumulative amount of all such transfers, exceeds 5% of the total funds approved for all contracted NSP program activities, excluding administrative costs, a Contract Amendment reflecting the transfer must be executed prior to drawdown.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

\*\* NOTE: This column should reflect NET PROGRAM REQUESTS and TOTAL FUNDS REQUESTED from Page 1.