

INSTRUCTIONS:

Please complete this form and attach the applicable required documentation below with each Request for Funds:

- **Staffing of Disaster Loan Outreach Center (DLOC):** Documentation identifying date, time and hours worked for each DLOC;
- **Mileage:** Documentation identifying the purpose of travel (e.g., DLOC, inspection, etc.), date of travel, starting location to end location, total mileage each day;
- **Inspections:** Documentation noting how many inspections completed and identifying the address(s) of the property or properties inspected, the name(s) of the borrower(s), the purpose of inspection, and the date(s) of inspection.

Email this Request for Funds form and the required documentation to Jeremiah.Townsend@state.mn.us and Tonya.Taylor@state.mn.us. If any of the documentation provided will include private data (e.g., social security numbers, etc.), please contact Minnesota Housing for instructions on how to securely upload the private data.

Incomplete requests will not be processed. Complete requests are generally processed within ten days.

LENDER INFORMATION

Lender (Organization) Name

Lender Street Address

City

State

Zip

Lender Contact Name

Phone

Contact e-mail

REQUEST FOR FUNDS

Item	Funds Requested
Staffing of DLOC:	\$
Mileage ¹ :	\$
Inspections:	\$
Total:	\$

¹ Reimbursement rate is based on the IRS Mileage Rate at the time of travel.

DISBURSEMENT INSTRUCTIONS

Check one method below:

Electronic Fund Transfer (EFT) (On file at Minnesota Housing)

Mail Check Mail to address below (if different than Lender’s address noted above):

Lender Street Address City State Zip

LENDER SIGNATURE

By signing below, Lender certifies that this Request for Funds is made in accordance with the Disaster Recovery Loan Program Participation Agreement and all funds received will be or have been used in accordance with the Agreement.

Authorized Signature Date

Print Name

Minnesota Housing Use Only
Funds to be disbursed from the following source

Disaster Recovery Contingency Fund: \$ _____

Approved by²:

Agency Staff Signature Date

Print Agency Staff Name

² Approval may be provided electronically in lieu of a signature above.