



STATE OF CONNECTICUT  
DEPARTMENT OF HOUSING



**INVOICE - REQUEST FOR PAYMENT – SFY 2021-2022**  
**DEPARTMENT OF HOUSING**

TO: DECD/DOH, Office of Finance & Administration  
FROM: Office of Policy, Research and Housing Support

REQUISITION NUMBER#: \_\_\_\_\_ AMOUNT REQUESTED \$ \_\_\_\_\_  
PROGRAM: \_\_\_\_\_ CONGREGATE FACILITIES OPERATION COSTS \_\_\_\_\_  
RECIPIENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

FEDERAL ID (FEIN)/ SS #: \_\_\_\_\_  
INCORPORATED: Yes \_\_\_\_\_ No \_\_\_\_\_

**FOR DOH USE ONLY**

FUND/SID #: 46900-16068 General Fund \_\_\_\_\_ Federal \_\_\_\_\_  
Bond Fund \_\_\_\_\_ Small Cities \_\_\_\_\_

DOH PROJECT ID#: \_\_\_\_\_  
CONTRACT#: \_\_\_\_\_  
ACCOUNT# (TEPF, SC) (If applicable): \_\_\_\_\_  
BOND COMMISSION APPROVAL DATE: (If Applicable) \_\_\_\_\_  
GRANT/SUBSIDY AMOUNT: \$ \_\_\_\_\_  
LOAN AMOUNT: \$ \_\_\_\_\_ 0 \_\_\_\_\_  
AMOUNT REQUESTED TO DATE: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

*This project/activity is eligible for payment under a fully executed contractual agreement approved by the attorney general. This agreement is on file in the Finance & Administration division. This requisition has been prepared and approved in accordance with DOH programmatic procedures, based upon the recipient's budgetary requirements.*

APPROVALS: \_\_\_\_\_  
**Agent/ Specialist/ Coordinator**

DATE: \_\_\_\_\_

\_\_\_\_\_  
**Administrator (Designee)**

DATE: \_\_\_\_\_

**CERTIFICATION OF LITIGATION:**

As Chairman/Executive Director for the \_\_\_\_\_  
 of \_\_\_\_\_, having knowledge of its affairs, I am  
 of the opinion that as of this date (check one of the following):

- ( ) 1. There is no litigation involving the **Congregate Facilities Operation Costs**  
 Program
- ( ) 2. There is litigation involving the \_\_\_\_\_ and a  
 description of the litigation is attached.

I hereby certify that all funds received or to be received from the Department of Housing (DOH) or any other source in connection with the program have been or will be deposited in a separate bank account designed as Expenditures Account No. \_\_\_\_\_ covered by Administration Fund Agreement stated in the Master Assistance Agreement and that all payments from this account will be by check for items directly chargeable to this program.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print Name & Title

**Supporting Information**

	<b>Approved Budget Amount:</b>	<b>Requesting this Quarter</b>	<b>Total Requested YTD including this Quarter</b>
<b>1. Rental Assistance</b>	_____	_____	_____
<b>2. Core Services</b>	_____	_____	_____
<b>3. Expanded Core</b>	_____	_____	_____
<b>4. Assisted Living</b>	_____	_____	_____
<b>Total</b>	_____	* _____	_____

\* Carry this figure to page one