**INVOICE - REQUEST FOR PAYMENT**

**DEPARTMENT OF HOUSING**

TO**:** DECD/DOH, Office of Finance & Administration

FROM**:** DOH, Office of Policy, Research and Housing Support

REQUISITION NUMBER **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** AMOUNT REQUESTED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM: \_\_\_\_\_\_\_\_\_\_**ELDERLY RENTAL ASSISTANCE (ERAP)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECIPIENT**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FEDERAL ID (FEIN)/ SS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCORPORATED: Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

**FOR DOH USE ONLY**

FUND/SID #: **46900-16084**\_\_\_\_\_ 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: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Agent/ Specialist/ Coordinator**

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

**Administrator (Designee)**

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Payment Requisition

**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 \_\_\_**ELDERLY RENTAL ASSISTANCE (ERAP)**\_\_\_\_\_\_.

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 dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that all payments from this account will be by check for items directly chargeable to this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name & Title