

Draw Request

U.S. Department of Housing and Urban Development

OMB Approval No. 2502-0527 (exp. 04/30/2011)

Conventional

Office of Housing

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information collection involves an expanded information requirement for lenders that originate and service Section 203(k) mortgages. The purpose of the information is to help mitigate program abuses. The expanded information focuses on the loan origination process and requires increased documentation and strengthened internal control procedures. Periodic reporting of the information is not required. The information also includes information that was voluntarily accepted by the 203(k) lending community. The information provides a more comprehensive basis for evaluating lender underwriting practices and thereby improves risk management of the 203(k) loan portfolio. Responses are required to obtain benefits under Section 203(k) of the National Housing Act (12 U.S.C. 1703). No assurance of confidentiality is provided.

Borrower's Name & Property Address Jane Johnson 7802 Any St. Any Town, US. 55555	Lender's Name & Address Bank of America	FHA Case Number	
		This Draw Number Initial	Date

I certify that I have carefully inspected this property for compliance with the general acceptability requirements (including health and safety) in Handbook 4905.1. I have reviewed the attached architectural exhibits and the estimated rehabilitation costs listed in column 1 below; they are acceptable for the rehabilitation of this property. I have no personal interest, present or prospective, in the property, applicant, or proceeds of the mortgage. To the best of my knowledge, I have reported all items requiring correction and that the rehabilitation proposal now meets all HUD requirements for 203(k) Rehabilitation Mortgage Insurance.

HUD-Accepted Consultant / Plan Reviewer's Signature & Date	Suggested Contingency Reserve Amount
X Prairie State Inspections Inc.	\$4,272.00 10%

	Construction Item	Total Escrow Col. 1	Total Cost of Rehabilitation				Inspector/Lender Adjusted Amounts		
			Previous Draw Totals Col. 2	%	Request for This Draw Col. 3	%	Col. 4	%	
1 .	Masonry	\$3,200.00							1 .
2 .	Siding	\$0.00							2 .
3 .	Gutters/Downspouts	\$750.00							3 .
4 .	Roof	\$1,800.00							4 .
5 .	Shutters	\$0.00							5 .
6 .	Exteriors	\$1,250.00							6 .
7 .	Walks	\$450.00							7 .
8 .	Driveways	\$0.00							8 .
9 .	Painting (Ext.)	\$1,600.00							9 .
10 .	Caulking	\$225.00							10 .
11 .	Fencing	\$310.00							11 .
12 .	Grading/Landscaping	\$200.00							12 .
13 .	Windows	\$2,200.00							13 .
14 .	Weatherstrip	\$0.00							14 .
15 .	Doors (Ext.)	\$525.00							15 .
16 .	Doors (Int.)	\$800.00							16 .
17 .	Partition Wall	\$1,000.00							17 .
18 .	Plaster/Drywall	\$2,500.00							18 .
19 .	Decorating	\$1,500.00							19 .
20 .	Wood Trim	\$0.00							20 .
21 .	Stairs	\$0.00							21 .
22 .	Closets	\$225.00							22 .
23 .	Wood Floors	\$1,500.00							23 .
24 .	Finished Floors	\$1,250.00							24 .
25 .	Ceramic Tile	\$0.00							25 .
26 .	Bath Accessories	\$3,000.00							26 .
27 .	Plumbing	\$1,825.00							27 .
28 .	Electrical	\$4,000.00							28 .
29 .	Heating	\$5,550.00							29 .
30 .	Insulation	\$0.00							30 .
31 .	Cabinetry	\$2,000.00							31 .
32 .	Appliances	\$4,000.00							32 .
33 .	Basements	\$0.00							33 .
34 .	Cleanup	\$560.00							34 .
35 .	Miscellaneous	\$500.00							35 .
36 .	Totals	\$42,720.00							36 .

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.(18 U.S.C. 1001,1012;31 U.S.C. 3729,3802)

This draw request is submitted for payment. All completed work has been done in a workmanlike manner. I hereby certify to the actual cost of rehabilitation as shown above in column 3. I understand that I cannot obtain additional monies from the rehabilitation account without the approval of the lender. I also understand that a 10% holdback will not be released until all work is complete and it is determined that no mechanic's and materialmen's liens have been placed on the property. After the final inspection, the monies in escrow account will be distributed as required by the 203(k) program procedures.

Borrower's Signature Owner-Occupied Investor-Builder **X** _____ Date _____

This draw request is submitted for payment. All completed work has been done in a workmanlike manner. I understand that a 10% holdback will not be released until all work is completed and it is determined that no mechanic's and materialmen's liens have been placed on the property.

General Contractor's Signature (If any) **X** _____ Date _____

I certify that I have carefully inspected this property on this date. The draw amounts are acceptable except as modified in column 4. I further certify that I have not accepted any work that is not yet completed in a workmanlike manner and I recommend that the rehabilitation escrow funds be released for the completed work.

Inspector's Signature **X** _____ I.D. Number **A0901** _____ Date _____

Approved for Release	This Draw	Totals to Date	The Lender is hereby authorized to release the following funds from the escrow account.	
Total from Above	\$	\$	Payable to the Borrower	Payable to the Fee Inspector
			\$	
Less 10% Holdback	\$	\$	Payable To	\$
Net Amount Due Borrower	\$	\$	Signature & Date	
			<input type="checkbox"/> Lender-Authorized Agent <input type="checkbox"/> DE Underwriter X	

Lender Holding Rehabilitation Escrow Account (name, address, & phone number)

- Originating Lender Sill Retains Funds
 Rehab Funds Transferred to:

Rehabilitation Inspection Report _____ FHA Case Number _____

I. Inspection of On-Site Repairs and/or Improvements Reveals:

- | | |
|--|--|
| 1. <input type="checkbox"/> Unable To Make Inspection. (explained Below) | 3. <input type="checkbox"/> No noncompliance observed. |
| 2. <input type="checkbox"/> Correction essential as explained below. | 4. <input type="checkbox"/> Acceptable variations as described below. |
| a. <input type="checkbox"/> Will examine at next inspection. | 5. <input type="checkbox"/> On-site improvements acceptably completed. |
| b. <input type="checkbox"/> Do not conceal until reinspected. | |

II. Explanation of statements checked above.

- Draw Inspection Contingency Reserve Inspection Final Inspection Change Order Other (explain)

Inspection Number _____

No.		No.	

Certification: I certify that I have carefully inspected this property on this date. I have no personal interest, present or prospective, in the property, applicant, or proceeds of the mortgage. To the best of my knowledge, I have reported all noncompliance, work requiring correction, and unacceptable work. I also certify that this Draw Request is for completed work and I have not accepted any work that is not properly installed in a workmanlike manner.

Signature & Date **X** _____ Consultant/Inspector _____ Inspector Fee _____ ID Number **A0901**
 Fee Inspector _____
 DE Staff Inspector _____