

**REQUEST FOR AUTHORIZATION TO WITHDRAW RESERVE FUNDS**  
(PART I)

BORROWER: \_\_\_\_\_ PROJECT: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

CURRENT RESERVE BALANCE AS OF: \_\_\_\_\_ \$ \_\_\_\_\_

PURPOSE AND DESCRIPTION: (Attach invoices or scope of work and cost estimates for items in excess of \$5,000)

Capital Replacement/Improvement  Operating & Maintenance Expense  Recurring

IS THIS REQUEST PART OF AN APPROVED CAPITAL IMPROVEMENT PLAN? YES  NO

WILL A COMPANY WITH AN IDENTITY OF INTEREST WITH THE MANAGEMENT AGENT OR OWNER PERFORM ANY OF THE WORK? YES  NO  If Yes, please identify the company:

\_\_\_\_\_

CHECK  WITHDRAWAL SLIP  IS ENCLOSED WITH THIS REQUEST.

CHECK  WITHDRAWAL SLIP  WILL BE SENT UPON COMPLETION.

If the amount of reserve funds used is more or less than the amount approved by Rural Development, we will advise the Rural Development Servicing Official so the reserve account can be adjusted accordingly.

Signed: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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(PART II)

AMOUNT APPROVED: \$ \_\_\_\_\_

DISAPPROVED:  (See attachment for appeal rights and reasons for denial.)

INSPECTION REQUIRED: Advise Rural Development when work is complete.

Approval Official: \_\_\_\_\_

Name and Title: \_\_\_\_\_

(DATE)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0189. The time required to complete this information collection is estimated to average 30 minutes 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.