

This Office has approved (Check (X) appropriate boxes.) This is your authority to adjust the Reserve requirements accordingly. This authority is revocable upon written notice from HUD.

A suspension of Deposits to the Reserve from the date of (mm/dd/yyyy) _____ to the date of (mm/dd/yyyy) _____.

A suspension of Deposits to the Reserve as long as a balance of \$ _____ is maintained.

A change in the Monthly Deposit to the Reserve from \$ _____ to \$ _____ effective the date of (mm/dd/yyyy) _____ through the date (mm/dd/yyyy) _____.

I, _____, certify that: Funds expended **have been or will be** used for the work indicated in this request; I **have inspected/will inspect** the work and **have determined/will determine** that the damaged area(s) or equipment have been restored to as good or better condition; No mechanic's or material man's liens **have been or will be** attached to the property as a result of the repair; The repairs **have been or will be** completed in accordance with all applicable building codes and ordinances; all contract materials, supplies, and services, as applicable, have been obtained at the most reasonable costs and on terms most advantageous to the property; all discounts, rebates, and commissions have been credited to the property; any expenditures that are determined in a review by HUD (or the Mortgagee) to be ineligible, will be repaid (from non-project funds) to the property's Reserve Fund.

All goods and services purchased from individuals or companies with which the Borrower, Operator or Management Agent has an identity-of-interest were or will be purchased at costs not in excess of those that would have been incurred in making arms-length purchases on the open market. (All identity of interest transactions must be specifically identified in the project's annual financial statements.)

Request Initiated and Certified by:

Request Submitted and Reviewed by Mortgagee:

(Please check all that apply)

Borrower Operator Lessee
 Management Agent

(Please include entity name and contact name)

Check here if any address, telephone number, fax or email updates

Check here if approved under delegated processing

Signature: _____

Signature: _____

Name and Title (authorized agent): _____

Name and Title: _____

This is your authority to release the following amounts from the reserve: _____

To be signed by ORCF only if not delegated to the Lender or Approved through the HUD Portal

ORCF Account Executive: (please type or print Name): _____ Signature: _____ Date (mm/dd/yyyy): _____