

**Lexington-Fayette Urban County Government  
Office of Affordable Housing  
Affordable Housing Fund Draw Request Form**

Name and Address of Development
Draw Number----

Description of work and associated costs, supporting documentation must be attached.  
(include unit number, street address, etc.)

Work Performed	Cost

TOTAL FUNDS REQUESTED                      \$ \_\_\_\_\_

I certify that all work described above, along with the corresponding and attached invoices, reflect work performed for the development described in Section 1.2 (Eligible Activity) of the Affordable Housing Fund Agreement dated \_\_\_\_\_ regarding the development of \_\_\_\_\_. Further, I certify that all payments due to contractors and/or sub-contractors for materials and labor have been made and there are no outstanding liens related to the development of \_\_\_\_\_.

_____ SIGNATURE OF APPLICANT/AGENT OF APPLICANT	_____ PRINTED NAME
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\* \* \* \* \*

**Affordable Housing Manager Approval**

I have reviewed the supporting documentation and inspection report (if applicable) for the Housing Fund Agreement dated \_\_\_\_\_ regarding the development of \_\_\_\_\_.

Based on this review I am authorizing the disbursement of funds totaling \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Affordable Housing Manager

\_\_\_\_\_  
Printed Name