Notification for Disbursement of Replacement Reserves
(Delegated)

To: AHFC Servicing Department AHFC No.: _____

From: _____ Servicer No.: _____

Borrower Name: _____

Property Location: _____

Notification of withdrawal of reserve funds to reimburse the expenses incurred for the following items.

Item		Expense		Item		Expense	
1.		$		5.		$	
2.		$		6.		$	
3.		$		7.		$	
4.		$		8.		$	

Reserve Balance: $ _____ **Amount of Draw Requested: $** _____

Monthly Deposit: $ _____ Percentage of Draw Request: _____ %

- The above withdrawal(s) has/have been approved by the Servicer.
- Servicer has verified the requested items are replacement expenses as identified on the origination loan documents.
- Servicer certifies the above expense(s) meet(s) the reserve disbursement requirement.
- Servicer certifies that replacement reserve balance has been analyzed. Servicer recommends recapture: ◯ Yes ◯ No

A visit to the project to verify these replacement items (check appropriate response):

☐ Was done on _____

☐ Will be done on _____

☐ Will not be done for the following reasons: _____

_____

_____

Servicer: _____ Date: _____

Servicer will maintain copies of invoices reflecting charges and all documentation supporting disbursement in the loan file, including property inspections completed for disbursement. AHFC will be conducting periodic quality reviews to monitor compliance with these requirements.