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. <u>AHFC will be conducting periodic quality reviews to monitor compliance with these requirements</u>.