

## Recommendation for Disbursement of Replacement Reserves

To: AHFC Servicing Department AHFC No.: \_\_\_\_\_

From: \_\_\_\_\_ Servicer No.: \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Property Location: \_\_\_\_\_

Requesting withdrawal of reserve funds to reimburse the expenses incurred for the following items. An invoice of charges, and if paid, evidence of payment, is attached.

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

Reserve Balance: \$ \_\_\_\_\_ Amount of Draw Requested: \$ \_\_\_\_\_

Monthly Deposit: \$ \_\_\_\_\_ Percentage of Draw Request: \_\_\_\_\_ %

It is recommended that the above withdrawal be approved and it has been verified that the requested items are: (check appropriate response):

Requested replacement expenses are items identified on the origination loan documents.

Requested replacement expenses are not items that fall within the description of qualified replacement items identified on the origination loan documents, but should be considered as necessary and acceptable due to this project's needs. Justification is attached.

Servicer certifies that replacement reserve balance has been analyzed. Servicer recommends recapture:

Yes      No

A visit to the project to verify these replacement items has been completed:

Check the appropriate response:

Was done on \_\_\_\_\_

Will be done on \_\_\_\_\_

Will not be done for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

**For AHFC Use:**

Check appropriate response:

- Disbursement of reserve funds is authorized by AHFC *subject to the following conditions:*

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- Disbursement of reserve funds is not authorized because:

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_