

Modification Request Form – Owner Occupied Project

Project #:	Project name:	
Date:	Project address:	
Member name:		
Member contact:		
Address:		Location:
Phone:	Fax:	Email:

Type of Modification requested:

- Resident family income targeting
 Number of units

Other: _____

Description of modification being requested – “good cause” explanation why request is being made:

Is this modification being requested in connection with a disbursement request? Yes / No

Has documentation justifying this been reviewed? Please attach. Yes / No

Is there good cause for this modification? Yes / No

I have reviewed the requested modification and certify that the above is true. I have attached supportive documentation for each point identified above.

If AHP funds have not been disbursed to this point, please provide the following:

- | | |
|---|---|
| 1.) Updated Sources and Uses | 2.) Commitment letters for other Sources of funds |
| 3.) Updated Construction/Rehab Budget | 4.) Other support documents where score changes occur |
| 5.) Updated project completion timeline | |

Member contact signature

Date

Printed member contact name

Title

Project sponsor signature

Date

Printed sponsor contact name

Title