**EXHIBIT F**



**State Housing Trust Fund**

**Payment Request Form**

**Grantee Name and Address**:

Pursuant to, and in accordance with, the provisions of Section 1.03 “Disbursement and Use of Proceeds” of the Grant Agreement for Project #      under the Program, dated as of      , 20      (the “Agreement”), between the Iowa Finance Authority (the “Authority”), and       (the “Grantee”), the Authority is hereby requested to pay to the Grantee the following sum, which amount is to be used pursuant to the Application submitted by the Grantee to the Authority, and in accordance with the Authority’s Rules concerning the Program.

Payment Request Form #:

|  |  |
| --- | --- |
| Total amount requested: | $      |

**IT IS HEREBY CERTIFIED THAT:**

(a) None of the items for which disbursement is requested has formed the basis for any disbursement heretofore made under the Agreement;

(b) The obligation with respect to which this disbursement is being requested has been properly incurred in accordance with the Agreement after the date of the Authority's approval of the Application (or with proper Authority consent) with respect to the Project (as defined in the Agreement) and is a proper charge under the Agreement;

(c) No Event of Default is continuing under the Agreement; and

(d) Attached hereto are, as applicable, copies of invoices and other necessary documents in connection with this Payment Request Form.

**SIGNATURE OF AUTHORIZED GRANTEE REPRESENTATIVE**

*Send payment request to:*

*Iowa Finance Authority*

*Attn: State Housing Trust Fund*

*1963 Bell Avenue, Suite 200*

*Des Moines, IA 50315*

*Email: Terri.Rosonke@IowaFinance.com*

Name, Title

Date