

**INSTRUCTIONS:**

Please complete this form and provide the required documentation for each reimbursement request.

- **Disaster Recovery Center (DRC) Staffing:** Document the location, date staffed, start time, end time and total hours.
- **Mileage:** Document the purpose of travel (DRC or final inspection), date of travel, departure location address, arrival location address, and mileage for each trip. Include the loan number for final inspection mileage. The reimbursement rate is based on the IRS mileage rate at the time of travel.
- **Final Inspection:** This form should only be completed when a final inspection is not required by the Program Manual. Written approval by Minnesota Housing is required prior to the inspection. Supporting documentation must include the loan number, Minnesota Housing inspection approval date, final inspection date and property address.

Securely email this form and the required documentation to [drfp.mhfa@state.mn.us](mailto:drfp.mhfa@state.mn.us)

Requests are generally processed within ten days.

**LENDER INFORMATION**

\_\_\_\_\_  
Lender (Organization) Name

\_\_\_\_\_  
Lender Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Lender Contact Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Contact e-mail

**REQUEST FOR FUNDS**

| Item              | Funds Requested |
|-------------------|-----------------|
| DRC Staffing:     | \$              |
| Mileage:          | \$              |
| Final Inspection: | \$              |
| Total:            | \$0.00          |

**DISBURSEMENT INSTRUCTIONS**

Check one method below:

☐ Electronic Fund Transfer (EFT) (On file at Minnesota Housing)

☐ Mail Check      Mail to address below (if different than Lender's address noted above):

\_\_\_\_\_  
Lender Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**LENDER SIGNATURE**

*By signing below, Lender certifies that this Request for Funds is made in accordance with the Disaster Recovery Loan Program Participation Agreement and all funds received will be or have been used in accordance with the Agreement. Approval may be provided electronically in lieu of a signature below.*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Minnesota Housing Use Only  
Funds to be disbursed from the following source

|                                     |    |
|-------------------------------------|----|
| Disaster Recovery Contingency Fund: | \$ |
|-------------------------------------|----|

Approved by

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Agency Staff Name