



Commonwealth of Massachusetts
**EXECUTIVE OFFICE OF HOUSING &
 LIVABLE COMMUNITIES**

Maura T. Healey, Governor ◆ Kimberley Driscoll, Lieutenant Governor ◆ Edward M. Augustus, Jr., Secretary

**LOCAL HOUSING AUTHORITY REQUEST TO
 RELEASE AND EXPEND OPERATING RESERVE (OR) FUNDS**

LHA Name:		Date of Request:	
Development # (if applicable):		Person completing this form:	

Amount of Request:	\$		
Maximum Operating Reserve:	\$		(50% of Account 4000 from Current Approved Budget)

Projected OR Balance prior to Request:	\$		For quarter ending:	
Percent (%) of Maximum OR prior to Request:				%
Projected OR Balance after Request:	\$			
Percent (%) of Maximum OR after Request:				%

TYPE OF ITEM *(submit separate request for each item)*

Capital Improvement / Replacement		Operating or Maintenance / Extraordinary Maintenance	
Item addresses a Health and Safety Issue		Item <i>does not</i> address a Health and Safety Issue	
Item was	Anticipated	Unanticipated	

Description of Item & Justification for Expending OR Funds *(attach scope of work, specs and bids)*:

Identify Expense(s) Associated with Item <small>(use additional pages as necessary)</small>	Credit Operating Budget Account(s):		Amount Requested	DHCD Approved Amount
	Acct. #	Account Name		
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Print, sign and submit form and attachments to your HMS	TOTAL:	\$		\$
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LHA Authorized Signature **Name/Title** **Date**

DHCD USE ONLY

Request Approved:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Amount Approved:	\$	
Request Approved Conditional upon DHCD Inspection:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No DHCD Inspection Required			
Reason(s) if Not Approved:							

DHCD Authorized Signature **Name/Title** **Date**