Commonwealth of Massachusetts

DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

Charles D. Baker, Governor ◆ Karyn E. Polito, Lieutenant Governor ◆ Chrystal Kornegay, Undersecretary

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:	$	0.00	
Maximum Operating Reserve:	$	0.00	*(50% of Account 4000 from Current Approved Budget)*

Projected OR Balance prior to Request:	$	0.00	For quarter ending:	
Percent (%) of Maximum OR prior to Request:		0.0	%	
Projected OR Balance after Request:	$	0.00		
Percent (%) of Maximum OR after Request:		0.0	%	

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 *does not* 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 (use additional pages as necessary)	**Credit Operating Budget Account(s):**		**Amount Requested**		**DHCD Approved Amount**
	Acct. #	**Account Name**			
			$	0.00	$
			$		$
			$		$
			$		$
			$		$
			$		$
			$		$
			$		$
Print, sign and submit form and attachments to your HMS		**TOTAL:**	**$**	0.00	**$**

☒

LHA Authorized Signature	**Name/Title**	**Date**

DHCD USE ONLY

Request Approved:	❒	Yes	❒	No	Amount Approved:	$	
Request Approved Conditional upon DHCD Inspection:			❒	Yes	❒	No DHCD Inspection Required	
Reason(s) if Not Approved:							

DHCD Authorized Signature	Name/Title	Date