

Neighborhood Improvement Development Corporation
 Department of City Development
 809 N. Broadway, Milwaukee, Wisconsin 53202

PAYMENT REQUEST
 TS-81

Print legibly in ink.
 This form replaces all previous editions.

Contractor Name	Owner's Name
DBA	Owner's Address
Address	Owner's City, State, Zip
City, State, Zip	Project Address
Fed. Tax ID or SS #	Invoice Amount (invoice attached) \$

OWNER STATEMENT: I authorize NIDC and the City of Milwaukee to pay this invoice amount to the Contractor from my loan/grant/escrow funds. I inspected the work and it was completed in accordance with the Contract and to my satisfaction. I agree that all contingencies for release of the payment are noted:

CONTINGENCIES: None As Follows

Indicate RR Payee: Contractor Contractor already paid. Payee is Owner Owner over paid match. Payee is Owner

Owner Signature _____ Date _____

TO BE COMPLETED BY REHAB SPECIALIST

Adjusted Payment Amount \$ _____ Reason: _____

I. CONTRACT AND PAYMENT HISTORY

	A. THIS CONTRACT			B. ALL CONTRACTS		
	NIDC Loan	Owner Cash	TOTAL	NIDC Loan	Owner Cash	TOTAL
Original Amount			\$			\$
Change Orders			\$			\$
Adjusted Total			\$			\$
Previous Payments	\$	+ \$	\$	¹ \$	³ +	\$
This payment amount	\$		\$	² \$		\$
Balance Owed after this payment			\$			⁴

II. RENTAL REHABILITATION ONLY

Original NIDC loan, plus supplemental loans (if any)	⁵ \$
If this payment is approved, the total that will be paid from the NIDC account (line 1 + line 2)	⁶ \$
Amount left in NIDC loan account (line 5 – line 6)	⁷ \$

Is the "Amount left in the NIDC Account" (line 7) greater than or equal to the "Balance Still Owed ON ALL CONTRACTS" (line 4) ? Yes No
 Is the amount on line 3 greater than or equal to the amount on line 6? Yes No

If the answer to both questions is YES, the payment request is approved.

III. PAYMENT APPROVAL

APPROVED: I inspected the invoiced work and it meets the requirements of the Contract. The amount left in the NIDC account, after this payment is released, is sufficient to complete ALL CONTRACTS. This payment may be released when the contingencies listed above are met. **MAIL CHECK** YES NO **CLOSE OUT** YES NO

Rehab Specialist _____ Date _____ Other if Required _____ Date _____

TO BE COMPLETED BY FISCAL

Funding Source	AMOUNT	
HOME	\$	Balance in NIDC Account After Payment \$
CDBG	\$	
Other	\$	Check Number
GL#		
TOTAL PAYMENT	\$	APPROVED (Fiscal staff reviewer) _____ Date _____