

**Exhibit D. Draw Request Form**

**MHTF Draw Request Form**

Date of Closing: \_\_\_\_\_  
This payment is requested for the following: \_\_\_\_\_  
Draw Request Amount: \_\_\_\_\_  
Loan Agreement #: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ SC Zip: \_\_\_\_\_  
Beneficiary Name (if applicable): \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ SC Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_  
(Authorized Representative)  
Date: \_\_\_\_\_

**For MHTF use only - do not write below this line**

**LOAN**  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  Wire  Check #  
MHTF Program Account from Bank Account: #  
to Bank Account: #  
Year/Program/Source: \_\_\_\_\_  
**FEES**  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  Wire  Check #  
MHTF Program Account from Bank Account: #  
MHTF Operating Account to Bank Account: #  
Year/Program/Source: \_\_\_\_\_  
Total Disbursement: \_\_\_\_\_  
Total Loan Amount: \_\_\_\_\_  
Funds Remaining to be disbursed to Recipient:  Forgivable  Repayment

Executive Director \_\_\_\_\_ Date \_\_\_\_\_ Bookkeeper \_\_\_\_\_ Date \_\_\_\_\_

**Use to record loan repayment ONLY - do not write below this line**

**REPAYMENT**  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  Wire  Check #  
MHTF NSP Account from Bank Account: #  
MHTF Program Account to Bank Account: #  
Note: \_\_\_\_\_

Executive Director \_\_\_\_\_ Date \_\_\_\_\_ Bookkeeper \_\_\_\_\_ Date \_\_\_\_\_

