



Blight Elimination Program Claims Closing Form

Recipient, _____, has verified that all outstanding claims have been submitted for _____ (property address). Recipient is requesting to roll over the following sum of BEP dollars to a new property: \$_____.

Keeping Maintenance Fees on Property Above _____ Initial

Or

Relinquishing Maintenance Fees on Property Above _____ Initial

New Property type: Tier One: \$15,000 With Maintenance Fees \$18,000
 Tier Two: \$25,000

New Property Address: _____.

Recipient acknowledges and has verified that the following claims have been submitted for the closing property address:

Line Item Description	Total Dollar Amount	Recipient Receipt of Funds (Y/N)

Claims Total: \$_____

I acknowledge that the information above is true and complete and I hereby state that no future claims for this property will be submitted. Any claim filed after the Claims Closing Form will be automatically denied.

 Name of Recipient's Representative

 Date

 Representative's Signature

IHCDA use only below this line _____

Claims Discrepancy Exists: Yes No

Claims Total Verified by _____ Printed Name _____ Date _____