

**BLIGHT ELIMINATION PROGRAM  
 CLAIMS CLOSING FORM**

**This form should only be used to close claims for a specific property if you intend to roll over the remaining balance of the property budget.** ALL claims (except in cases where maintenance fees are retained) must be submitted, approved, and funds disbursed BEFORE submitting this form. DO NOT submit a form if you have ANY pending claims for the property.

**RECIPIENT INFORMATION AND PROPERTY INFORMATION**

Recipient Name: \_\_\_\_\_ Recipient Award #: \_\_\_\_\_  
 BEP Property Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

**RETENTION OF MAINTENANCE FEES**

Recipient shall retain maintenance for the above property.

Recipient shall retain \$ \_\_\_\_\_ for Year 1.

Recipient shall retain \$ \_\_\_\_\_ for Year 2.

Recipient shall retain \$ \_\_\_\_\_ for Year 3.

Any/all maintenance fees not retained shall be rolled over.

\_\_\_\_\_ ⇐ INITIAL HERE IF RETAINING

**OR**

**ROLLOVER OF MAINTENANCE FEES**

Recipient shall rollover **all** remaining maintenance funds for the above property. Recipient acknowledges it is relinquishing maintenance for the above property and that no additional claims may be filed.

\_\_\_\_\_ ⇐ INITIAL HERE IF ROLLING OVER

**ASSIGNMENT OF FUNDS TO NEW PROPERTY**

New Property Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

If Multiple Address Check Here (Attach List) ⇨

If Address Not Yet Identified Check Here ⇨

**CLAIMS TOTAL VERIFICATION**

Line Item	Total Amount Claimed
ACQUISITION	\$ _____
LEGAL	\$ _____
TITLE	\$ _____
APPRAISAL	\$ _____
DEMOLITION	\$ _____

Line Item	Total Amount Claimed
GREENING	\$ _____
PRE-DEMO INSPECTION	\$ _____
MAINTENANCE YEAR 1	\$ _____
MAINTENANCE YEAR 2	\$ _____
MAINTENANCE YEAR 3	\$ _____

**CLAIMS TOTAL ⇨ \$ \_\_\_\_\_**

I \_\_\_\_\_, being a representative for the Recipient verify that **ALL** outstanding claims have been submitted for the above property and that payment has been received into the Recipient's BEP bank account. I acknowledge that the information above is true and complete to the best of my knowledge. I hereby state that no future claims for this property (except maintenance if fees were retained) shall be submitted. I further acknowledge any claim filed after the submission of this form will be automatically declined.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

----- IHCDA Use Only Below This Line -----

Claims Discrepancy? Yes  No

Form Verified By: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

CC Form Released With 18-111

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