

**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

<i>Line Item</i>	<i>Total Amount Claimed</i>
ACQUISITION	\$ _____
DEMOLITION	\$ _____
GREENING	\$ _____
TITLE	\$ _____
LEGAL	\$ _____

<i>Line Item</i>	<i>Total Amount Claimed</i>
APPRAISAL	\$ _____
MAINTENANCE YEAR 1	\$ _____
MAINTENANCE YEAR 2	\$ _____
MAINTENANCE YEAR 3	\$ _____
PRE-DEMO INSPECTION	\$ _____

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 _____