Key Program Operating Assistance:
Supportive Housing/PLP Payment Requisition

NOTE: This form will NOT be accepted for tax credit properties. Tax credit properties must request payment electronically using Rental Compliance Reporting System.

The Agency will process payment within 30 days of receipt providing documentation is complete and accurate.

Fax: (919) 877-5701 or mail to:

Attn: Linda Summa
NCHFA
PO Box 28066
Raleigh, NC 27611

Date: _____ Month: _____ (for which the rent is due)

Project Name: _____ Agency# _____

Management Company: _____ Key Units in Project _____

Unit#	Move-in Date	Tenant Name	Subsidy Amt	Key End Date	Recert
____	_____	_____	_____	_____	☐
____	_____	_____	_____	_____	☐
____	_____	_____	_____	_____	☐
____	_____	_____	_____	_____	☐
____	_____	_____	_____	_____	☐
____	_____	_____	_____	_____	☐
____	_____	_____	_____	_____	☐

Total Requested: $_____

On behalf of the property owner I certify that: 1) the above tenant(s) is expected to occupy the referenced unit(s) for the applicable month, 2) the project did not receive any other rental assistance (such as Section 8), and 3) the representations made in the Key Program Owner Agreement to Participate are accurate.

_____ _____ _____
Signature of Management Representative Date Phone Number

_____ _____
Printed Name of Management Representative E-Mail Address

A complete documentation package must be attached for <u>each new move in and recertification</u>. This includes Letter of Referral (move-in only), income certification, income verifications and file documentation, application/questionnaire, lease, Key lease addendum and rent calculation worksheet and Key waiver letter(s), if applicable. Rent will be pro-rated for the month of move-in and move-out, based on the actual number of days in the month. If subsidy has already been paid for the entire month of move-out, a negative adjustment will be made on the next Payment Requisition processed following the move-out.