



**REHABILITATION LOAN PROGRAM**

**203(k) Limited / RD  
Final Contractor's Loan  
Disbursement Affidavit**

TO: New Hampshire Housing Finance Authority

DATE: \_\_\_\_\_ 20\_\_\_\_\_

FROM: \_\_\_\_\_

RE: BORROWER NAME: \_\_\_\_\_

LOAN AMOUNT: \$ \_\_\_\_\_

MORTGAGED PREMISES: \_\_\_\_\_,  
New Hampshire

Under oath and penalties of perjury, the undersigned hereby certifies as follows with respect to the above-referenced rehabilitation loan (the Loan) and this loan requisition:

1. The undersigned is the Contractor, or the duly authorized agent of Contractor, of the land and improvements located as noted above, which are subject to the lien of a mortgage securing the above-referenced loan (Mortgaged Premises).
2. The undersigned individual is personally familiar with the planning and construction work being performed on the Mortgaged Premises under the Loan, and with the particular contractors, subcontractors, and suppliers of materials and labor in connection with the work on the Mortgaged Premises, the work done and materials supplied by each, the amounts charged by them for such labor and materials, and the payments made to them for the same.
3. All work on the Mortgaged Premises to which this disbursement applies and for which disbursement will be made has been completed in accordance with the Homeowner/Contractor Agreement dated \_\_\_\_\_ and all subcontractors and suppliers of labor or materials will be paid out of such disbursement.
4. The Notice of Construction Mortgage was posted at the job site (pursuant to NH RSA 447:12-b, I) on \_\_\_\_\_ at \_\_\_\_\_ am/pm and will remain posted until the job has been completed.

The undersigned understands that New Hampshire Housing Finance Authority will rely on the truthfulness of the statements contained in this Affidavit in connection with the decision to advance funds. The undersigned agrees to fully indemnify New Hampshire Housing against any loss or damage may suffer on account of any untrue statement contained herein.

\_\_\_\_\_  
Contractor

By \_\_\_\_\_

Its \_\_\_\_\_  
Duly Authorized

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared the above signed, known to me or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged that they executed the same for the purposes therein contained.

Before me,

\_\_\_\_\_  
Notary Public/Justice of the Peace  
My Commission Expires: \_\_\_\_\_