

**Pennsylvania Housing Finance Agency
Philadelphia Family Resource Center Initiative**

Quarterly Request for Payment (Form B)

The Quarterly Request for Payment form should only reflect PHFA funds. Do not include Match Funds.

For the Period _____ to _____

PHFA #: _____

Property Name: _____

Service Provider's Name: _____

Contact Person: _____ Telephone: _____

Address to which check should be mailed: _____

a. Annual Approved Budget (Column 1) _____

b. PHFA Payments Received to Date (Column 3) _____

c. Remaining PHFA Budgeted Funds Available (a-b) _____

d. Expenses for Current Quarter/
Request for Payment (Column 2) _____

For PHFA Use Only: Approved Amount for Payment _____ Initials _____
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