



**MISSION DEVELOPMENT CERTIFICATE PROGRAM**

P.O. Box 423, Seahurst, WA 98062

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# Loan Draw Request Form

## 1. LOAN INFORMATION

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Draw Request Number: \_\_\_\_\_

Approved Loan Balance: \$ \_\_\_\_\_

Previous Request: \$ \_\_\_\_\_

Current Request: \$ \_\_\_\_\_

Remaining Loan Balance: \$ \_\_\_\_\_

*TO THE BEST OF THE OWNERS KNOWLEDGE, INFORMATION AND BELIEF, THE OWNER CERTIFIES TO THE LENDER THAT (1) THE LABOR, SERVICES AND MATERIAL COVERED BY THIS PAYMENT REQUEST HAVE BEEN PERFORMED UPON OR FURNISHED TO THE PROJECT SITE; (2) ALL CONSTRUCTION TO DATE HAS BEEN PERFORMED IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS AND THERE HAVE BEEN NO CHANGES IN THOSE PLANS AND SPECIFICATIONS EXCEPT THOSE APPROVED BY THE OWNER IN WRITING; (3) THERE HAVE BEEN NO CHANGES IN THE SCOPE OR TIME OF PERFORMANCE OF THE WORK, NOR ANY EXTRA WORK, LABOR OR MATERIAL ORDERED OR CONTRACTED FOR, NOR ARE ANY SUCH CHANGES CONTEMPLATED EXCEPT AS MAY BE EXPRESSLY PERMITTED BY THE OWNER IN WRITING. OWNER REPRESENTS TO THE LENDER AND CONTRACTOR(S) CERTIFIES TO THE OWNER THAT ALL AMOUNTS PREVIOUSLY DISBURSED TO THE CONTRACTOR(S) FOR LABOR, SERVICES, AND MATERIALS FOR THE WORK HAVE BEEN PAID TO THE ENTITLED PARTIES THERETO; AND ALL CONDITIONS TO THE DISBURSEMENT OF THE FUNDS REQUESTED HAVE BEEN FULFILLED.*

*LENDER RESERVES THE RIGHT TO REQUIRE RECEIPTS OR INVOICES RELATED TO THIS PAYMENT REQUEST. THE LENDER MAKES THIS DISBURSEMENT SOLELY UPON THE RELIANCE OF THE CERTIFICATION OF THE BORROWER.*

## 2. ACKNOWLEDGMENT

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

Printed Name: \_\_\_\_\_

Mail to: Mission Development Certificate Program, P.O. Box 423, Seahurst, WA 98062-0423

Or Email to: [invest@mdcprogram.org](mailto:invest@mdcprogram.org)