

**MHSA Housing Program
Requisition for Disbursement of Ongoing
Operating Subsidy Reserve Funds**

California Housing Finance Agency (CalHFA)
and Department of Mental Health (DMH)

Project Name:		Covers Period from:	
CalHFA Development No.:		CalHFA Loan #:	
Property Address (include city, state and zip code):			
Total number of MHSA Housing Units for which Operating Subsidy Reserve is available:			
Total number of Units in the Development:			
This is a request for the release of the following amounts from the:			
☒ COSR - Capitalized Operating Subsidy Reserve			
☐ MOESR - MHSA (Units) Operating Expense Subsidy Reserve			
☐ SCOSR - Supplemental Capital Operating Subsidy Reserve			
Year	Purpose	Amount	
	Budget Disbursement		
	Audit Reconciliation		
Total:			
The undersigned owner/management agent hereby requests that CalHFA disburse funds as provided by the Operating Subsidy Reserve Agreement and MHSA Regulatory Agreement. To the best of our knowledge, information and belief, the sum requested is required as Operating Subsidy Reserve assistance. The undersigned hereby certifies that the fund will be used to cover the shortfall in Operating Expenses for the subsidized MHSA Housing Units.			
Owner/Management Agent:	Signature of Authorized Owner/Agent Official:	Date:	
For CalHFA Use Only:			
CalHFA Asset Manager:	Signature of Asset Manager:	Date:	Approved COSR Disbursement: To Project _____ To RFR _____
Original Years Projected: _____ Projected Years Remaining: _____ Year Requested: _____ Projected Balance: \$ _____			