



**Fax Repair Draw Request to your Local Marketing Representative or ILS Headquarters**

**Each Repair Item Must Be 100% Complete Before Draw For That Item Is Released**

**If Property Repairs Are Not 100% Complete At Last Draw, Final Repair Funds (10%) Will Not Be Released**

## REPAIR DRAW REQUEST

Company Name: _____	Borrower Name: _____
Address: _____	City: _____ State: _____
Zip: _____	Phone: _____ Fax: _____

<b>REPAIR FUNDS will be wired to Borrower (not to contractor performing repairs)</b>	
Funds requested should be:    wired _____    mailed _____    or picked up _____	
Bank name: _____	ABA No.: _____
Bank Address: _____	
Account Name: _____	Account Number: _____

<b>PROPERTY LOCATION</b>	
Address: _____	City/State/Zip: _____
Access to property instructions: _____	
Date Property is to be inspected: _____	

LIST OF REPAIRS TO BE PAID - EACH REPAIR ITEM MUST BE 100% COMPLETE	
Description of Repairs	Scheduled Cost
1	
2	
3	
4	
5	
6	
7	
8	
<b>TOTAL DRAW AMOUNT</b>	
<b>LESS DRAW INSPECTION FEE (charged for each Draw Inspection)</b>	
<b>LESS OTHER FEE(S) (describe)</b>	
<b>NET DRAW AMOUNT</b>	

<i>Office Use Only</i> Repair Complete (Y/N) Amount Approved
<i>Inspector Initials</i>
<i>Date of Inspection</i>
<i>% House Is Complete</i>

**I certify the above listed repairs will be completed in a safe, sound and sanitary manner prior to inspection. I authorize ILS to deduct my upcoming monthly interim payment(s) and/or any Past Due Amounts from my Repair Draw funds if the Repair Draw Request is submitted on, or after, the 20th of this month.**

Signed \_\_\_\_\_ Date \_\_\_\_\_