



# Operating Deficit Reserve, Reserve for Replacement, Tax & Insurance Escrow Certification

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

**Project Address:** \_\_\_\_\_

**Developer:** \_\_\_\_\_

**Management Company:** \_\_\_\_\_

### **Operating Deficit Reserve (ODR):**

**Who will control the ODR account?** (KHC, Syndicator, Perm Lender, HUD, RD, Other) \_\_\_\_\_

Source of Operating Deficit Reserve funds: \_\_\_\_\_

Account held by (financial institution name): \_\_\_\_\_

Financial Institution Address & Phone Number: \_\_\_\_\_

Contact Name and Email: \_\_\_\_\_

Upfront Deposit Amount: \$ \_\_\_\_\_ (If ODR funded by KHC, amount will be withheld from final draw)

### **Reserve for Replacement (R4R):**

**Who will control the R4R account?** (KHC, Syndicator, Perm Lender, HUD, RD, Other) \_\_\_\_\_

Source of Reserve for Replacement funds: \_\_\_\_\_

Account held by (financial institution name): \_\_\_\_\_

Financial Institution Address & Phone Number: \_\_\_\_\_

Contact Name and Email: \_\_\_\_\_

Annual  Monthly (check one) amount: \$ \_\_\_\_\_  Upfront Deposit Amount: \$ \_\_\_\_\_

### **Tax and Insurance Escrows:**

**Who will control the escrow accounts?** (KHC, Syndicator, Perm Lender, HUD, RD, Other) \_\_\_\_\_

Account held by (financial institution name): \_\_\_\_\_

Financial Institution Address & Phone Number: \_\_\_\_\_

Contact Name and Email: \_\_\_\_\_

***If not maintained by KHC, I hereby certify that the ODR/R4R reserve and tax/insurance escrow accounts have been established for the project at the financial institution(s) identified above. I understand and agree to adhere to KHC's policies regarding the maintenance and disbursement of funds from the above reserve accounts and agree to notify KHC if any of the account locations change.***

Ownership Entity: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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