Georgia Department of Community Affairs – Neighborhood Stabilization Program Program Income Remittance Form

NSP Grantee Number:	Grantee Name:
Grantee Contact Name:	Contact #:
NSP Project Number:	
Date of Loan Closing:	
Total Program Income Earned from Sale	:\$
DCA Portion Earned (4%): \$	
Amount Remitted to DCA (should be san	me amount listed above): \$
Check Check #: _	Date of Wire: Date of Check:
WIRE: GA Dept. of Community Affairs JP M	Organ Chase Bank Routing #: 021000021 Acct#: 523037601 Organ Chase Bank Routing #: 044000037 Acct#: 523037601
DCA Office Use Only	
Date Received:	Amount Received: \$
NSP Sign-off: CFD Sig	gn-off: Finance Sign-off: