

## **LOAN PURCHASE REQUEST – FORM 066-0408**

FORWARD COPIES OF THE FULLY EXECUTED NOTE/S (1<sup>ST</sup> MTG., DAP & TTO, IF APPLICABLE), COMMITMENT LETTER/S (FOR DAP & TTO ONLY),

AND THE FULLY COMPLETED LOAN PURCHASE REQUEST FORM TO CHFA.

(THE NOTE/S, COMMITMENT LETTER/S AND LOAN PURCHASE REQUEST INFORMATION MUST MATCH AND BE ACCURATELY STATED)

EMAIL: <u>Fin-Fax-Purchases@chfa.org</u>

## DOCUMENTS MUST BE RECEIVED BY 12:00PM EST FOR SAME DAY FUNDING

(IF DISCREPANCIES ARE NOTED, FORMS ARE INCOMPLETE, OR REQUEST IS RECEIVED AFTER 12:00PM EST - LOAN WILL NOT FUND THE SAME DAY)

NOTE: EXTRA PROCESSING TIME IS REQUIRED FOR GNMA / FNMA / FHLMC LOANS. IF FIRST MORTGAGE INCLUDES CHFA DOWN PAYMENT ASSISTANCE PROGRAM LOAN/S, FUNDING MAY OCCUR SAME DAY, NEXT BUSINESS DAY OR LATER PER PROGRAM TYPE. CHFA DISCLAIMS ANY AND ALL LIABILITY FOR FAILURE TO FUND

CHFA Loan #:	CHFA Originator Code:		
Borrower Last Name:			
Originating Lender:			
Contact Name: (Processor or Closer)			
(Type/Print Name)			
		Phone:	
Confirm Contact Name:		<i>une)</i> <b>Fax:</b>	
Loan Information 1 <sup>st</sup> Mo	rtgage	<b>Down Payment Assistance Program</b> ( <b>DAP</b> ) ( <i>if applicable</i> )	<b>Time To Own Program</b> ( <i>if applicable</i> )
Servicer Loan #			
Interest Rate			0.00%
Closing Date			
First Due Date			N/A
Maturity Date			
Loan Amount			
P&I Amount			N/A
Odd Days Interest			N/A
Taxes	Applies to Service Released Mtg only	N/A	N/A
Insurance(s)	Applies to Service Released Mtg only	N/A	N/A
Aggregate Adjustment	Applies to Service Released Mtg only	N/A	N/A
Other Description:	Applies if Additional Mtg Funding used	l N/A	N/A
LENDER CERTIFICATION			
I certify that the loan closed on the date indicated above and to the best of my knowledge all of the information provided herein is accurate. I understand that if this loan did not close on the date indicated above, there will be a penalty of \$250. I further understand that false certification or any circumstances requiring the repurchase of a loan by the lender will also result in a penalty of \$250.			
Duly Authorized Signatory:			
Print Name: Title:			
***THIS SECTION TO BE COMPLETED BY CHFA ONLY***			
CHFA Purchase Date: Ent		Entered By:	
Comments:			