

LOAN PURCHASE REQUEST – FORM 066-0408

FORWARD COPIES OF THE FULLY EXECUTED NOTE/S (1ST 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> ~ or ~ FAX: Finance Purchase Dept. at (860) 721-9244

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) Contact Email: Phone:				
Confirm Contact Name: Fax:				
Loan Information	1 st Mortgage	Down Payment Assistance Program (DAP) (<i>if applicable</i>)	Time To Own Program (<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 Servic Released Mtg on		N/A	
Insurance(s)	Applies to Servic Released Mtg on	N// A	N/A	
Aggregate Adjustment	Applies to Servic Released Mtg on		N/A	
Other Description:	Applies if Addition Mtg Funding use		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:		Entered By:		
Comments:				
CHFA Form #066-0408-F Rev 5-12-23				