

LOAN PURCHASE REQUEST - FORM 066-408

FAX TO: FINANCE PURCHASE DEPARTMENT (860) 721-9244

~ or ~

EMAIL: Fin-Fax-Purchases@CHFA.org

FORWARD THE EXECUTED NOTE/S AND COMPLETED LOAN PURCHASE REQUEST FORM 066-408 TO CHFA.
(THE NOTE, COMMITMENT LETTER AND LOAN PURCHASE REQUEST 066-408 INFORMATION MUST MATCH AND BE ACCURATELY STATED)

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

(IF DISCREPANCIES ARE NOTED, OR FORMS ARE INCOMPLETE, OR FAX 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 THESE LOANS INCLUDE CHFA DOWN PAYMENT ASSISTANCE. DOWN PAYMENT ASSISTANCE FUNDING WILL OCCUR ONE BUSINESS DAY FOLLOWING THE 1ST MORTGAGE LOAN PURCHASE. 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) _____ <small>(Type/Print Name)</small>	
Contact Email: _____	Phone: _____
Confirm Contact Name: _____ <small>(Type/Print Name)</small>	Fax: _____

Loan Information	1 st Mortgage	Down Payment Assistance Program (DAP) (if applicable)	Time To Own Program (if applicable)
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	<i>Applies to Service Released Mtg only</i>	N/A	N/A
Insurance(s)	<i>Applies to Service Released Mtg only</i>	N/A	N/A
Aggregate Adjustment	<i>Applies to Service Released Mtg only</i>	N/A	N/A
Other Description:	<i>Applies if Additional Mtg Funding used</i>	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: _____	Entered By: _____
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Comments: _____