

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 A CHFA DAP, THE DAP 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: <i>(Processor or Closer)</i> _____		<small><i>(Type/Print Name)</i></small>	
Contact Email: _____		Phone: _____	
Confirm Contact Name: _____		Fax: _____	
<small><i>(Type/Print Name)</i></small>			
LOAN INFORMATION	1 st MORTGAGE	2 nd MORTGAGE <i>(if applicable)</i>	
Servicer Loan #			
Interest Rate			
Closing Date			
First Due Date			
Maturity Date			
Loan Amount			
P&I Amount			
Odd Days Interest			
Taxes		<i>only applies if mortgage is service released</i>	
Insurance(s)		<i>only applies if mortgage is service released</i>	
Aggregate Adjustment		<i>only applies if mortgage is service released</i>	
Other Description:		<i>only applies if mortgage uses additional funding</i>	
LENDER CERTIFICATION			
<i>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.</i>			
Duly Authorized Signatory: _____			
Print Name: _____		Title: _____	
THIS SECTION TO BE COMPLETED BY CHFA ONLY			
CHFA Purchase Date:		Entered By:	
Comments:			