

**Forward Completed Forms To:**

**CHFA – Finance Dept.  
999 West Street  
Rocky Hill, CT 06067**



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**LOAN PURCHASE REQUEST – LENDERS AUTHORIZED SIGNERS**

*I, the undersigned Officer, delegate authority to the following individuals that may sign as an Authorized Signatory on the CHFA Loan Purchase Request Form #066-0408, certifying that loan closing information is accurate and if a loan does not close on the date indicated on the form, there will be a penalty of \$250. Furthermore, false certification or any circumstances requiring the repurchase of a loan by the lender will also result in a penalty of \$250.*

**DATE:** \_\_\_\_\_

**CHFA PARTICIPATING LENDER NAME:**

\_\_\_\_\_

**AUTHORIZED SIGNER(S):**

1.	_____	(Signature)	_____
		/	
	(Print Name)		(Title)
2.	_____	(Signature)	_____
		/	
	(Print Name)		(Title)
3.	_____	(Signature)	_____
		/	
	(Print Name)		(Title)
4.	_____	(Signature)	_____
		/	
	(Print Name)		(Title)
5.	_____	(Signature)	_____
		/	
	(Print Name)		(Title)

**Authorized By:** \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print Name)

**Officers Title:** \_\_\_\_\_

*Please notify the CHFA Finance Dept. of additions to the list of authorized signers promptly by forwarding an updated form and notifying the Finance Dept. in writing, of the removal of any authorized signers.*