

The Key To Affordable Housing

LENDER TRAINING FORMS

Income - Weekly Calculation Calendar



| JAN Image: red bit of the late of the | income - weekly Calculation Calendar | | | | | | | | Iuu | • | | | | | | | | |
|--|--------------------------------------|----|----|----|----|----|----|----|--------|-----|----|----|----|----|----|----|----|--------|
| S | | S | M | Т | W | Т | F | S | Week # | | S | M | T | W | Т | F | S | Week # |
| 12 | JAN | | | | 1 | 2 | 3 | 4 | 1 | JUL | | | | 1 | 2 | 3 | 4 | 27 |
| 19 | | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 28 |
| FEB Colorate | | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 3 | | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 29 |
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| 1 | | 26 | 27 | 28 | 29 | 30 | 31 | | 5 | | 26 | 27 | 28 | 29 | 30 | 31 | | 31 |
| 9 | FEB | | | | | | | 1 | 5 | AUG | | | | | | | 1 | 31 |
| 16 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 32 |
| MAR 1 25 26 27 28 29 9 23 24 25 26 27 28 29 36 MAR 1 2 3 4 5 6 7 10 SEP 1 2 3 4 5 36 MAR 1 2 3 4 5 6 7 10 SEP 1 2 3 4 5 36 MAR 1 2 3 4 5 6 7 10 SEP 1 2 3 4 5 36 MAR 1 1 13 14 11 6 7 8 9 10 11 2 3 4 10 2 2 3 4 10 2 2 3 4 10 11 12 3 4 10 11 12 3< | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 7 | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 33 |
| MAR 1 2 3 4 5 6 7 10 SEP | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 8 | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 34 |
| MAR 1 2 3 4 5 6 7 10 SEP B 1 2 3 4 5 36 8 9 10 11 12 13 14 11 6 7 8 9 10 11 12 37 15 16 17 18 19 20 21 12 13 14 15 16 17 18 19 38 22 23 24 25 26 27 28 13 20 21 22 23 24 25 26 39 29 30 31 3 4 14 OCT 30 4 14 OCT 40 <td></td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>9</td> <td></td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>35</td> | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 9 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 35 |
| 8 9 10 11 12 13 14 11 6 7 8 9 10 11 12 37 15 16 17 18 19 20 21 12 13 14 15 16 17 18 19 38 22 23 24 25 26 27 28 13 20 21 22 23 24 25 26 39 29 30 31 | | | | | | | | | | | 30 | 31 | | | | | | 36 |
| 15 | MAR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 10 | SEP | | | 1 | 2 | 3 | 4 | 5 | 36 |
| 22 23 24 25 26 27 28 13 20 21 22 23 24 25 26 39 APR Image: square sq | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 11 | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 37 |
| APR 30 31 31 31 40 41 0CT 50 50 70 80 90 10 11 15 40 50 60 70 80 90 10 11 15 40 50 60 70 80 90 10 41 10 11 12 13 14 15 16 17 18 16 11 12 13 14 15 16 17 42 19 20 21 22 23 24 25 17 18 19 20 21 22 23 24 43 26 27 28 29 30 18 25 26 27 28 29 30 31 44 MAY 10 11 12 18 NOV 1 2 3 4 5 6 7 45 10 11 12 13 14 15 16 20 15 16 17 18 19 <t< th=""><td></td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>12</td><td></td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>38</td></t<> | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 38 |
| APR Image: square large la | | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 13 | | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 39 |
| 5 6 7 8 9 10 11 15 4 5 6 7 8 9 10 41 12 13 14 15 16 17 18 16 11 12 13 14 15 16 17 42 19 20 21 22 23 24 25 17 18 19 20 21 22 23 24 43 26 27 28 29 30 18 NOV 1 2 3 4 5 6 7 45 MAY 1 1 2 18 NOV 1 2 3 4 5 6 7 45 3 4 5 6 7 8 9 19 8 9 10 11 12 13 14 46 10 11 12 13 14 15 16 20 15 16 17 18 19 20 21 | | 29 | 30 | 31 | | | | | 14 | | 27 | 28 | 29 | 30 | | | | 40 |
| 12 13 14 15 16 17 18 16 11 12 13 14 15 16 17 42 19 20 21 22 23 24 25 17 18 19 20 21 22 23 24 43 26 27 28 29 30 18 NOV 1 2 28 29 30 31 44 MAY 1 2 18 NOV 1 2 3 4 5 6 7 45 3 4 5 6 7 8 9 19 8 9 10 11 12 13 14 46 10 11 12 13 14 15 16 20 15 16 17 18 19 20 21 47 40 10 11 12 13 21 22 23 24 25 26 27 <td>APR</td> <td></td> <td></td> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>14</td> <td>OCT</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>40</td> | APR | | | | 1 | 2 | 3 | 4 | 14 | OCT | | | | | 1 | 2 | 3 | 40 |
| 19 20 21 22 23 24 25 17 18 19 20 21 22 23 24 43 MAY 26 27 28 29 30 30 44 18 25 26 27 28 29 30 31 44 MAY 3 4 5 6 7 8 9 19 8 9 10 11 12 13 14 46 10 11 12 13 14 15 16 20 15 16 17 18 19 20 21 47 17 18 19 20 21 22 23 21 22 23 24 25 26 27 28 48 24 25 26 27 28 29 30 22 29 30 30 30 30 4 5 49 31 3 4 5 6 23 DEC 30 30 <td></td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>15</td> <td></td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>41</td> | | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 15 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 41 |
| MAY 26 27 28 29 30 18 25 26 27 28 29 30 31 44 MAY 1 2 18 NOV 1 2 3 4 5 6 7 45 3 4 5 6 7 8 9 19 8 9 10 11 12 13 14 46 10 11 12 13 14 15 16 20 15 16 17 18 19 20 21 47 17 18 19 20 21 22 23 21 22 23 24 25 26 27 28 48 24 25 26 27 28 29 30 22 29 30 2 20 23 20 23 20 23 20 20 23 20 20 20 23 4 5 49 JUN 1 2 3 | | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 16 | | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 42 |
| MAY Image: red black color of the color of | | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 17 | | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 43 |
| 3 4 5 6 7 8 9 19 8 9 10 11 12 13 14 46 10 11 12 13 14 15 16 20 15 16 17 18 19 20 21 47 17 18 19 20 21 22 23 21 22 23 24 25 26 27 28 48 24 25 26 27 28 29 30 22 29 30 10 10 10 49 JUN 1 2 3 4 5 6 23 DEC 11 2 3 4 5 49 JUN 1 2 3 4 5 6 23 DEC 1 1 2 3 4 5 49 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <td< th=""><td></td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td></td><td></td><td>18</td><td></td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>44</td></td<> | | 26 | 27 | 28 | 29 | 30 | | | 18 | | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 44 |
| 10 11 12 13 14 15 16 20 15 16 17 18 19 20 21 22 23 21 22 23 24 25 26 27 28 48 24 25 26 27 28 29 30 22 29 30 20 27 28 49 31 31 4 5 6 23 50 20 | MAY | | | | | | 1 | 2 | 18 | NOV | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 45 |
| 17 18 19 20 21 22 23 21 22 23 24 25 26 27 28 48 24 25 26 27 28 29 30 22 29 30 <t< th=""><td></td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>19</td><td></td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>46</td></t<> | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 19 | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 46 |
| 24 25 26 27 28 29 30 22 29 30 1 1 1 1 49 31 1 2 3 4 5 6 23 DEC 1 1 2 3 4 5 49 1 7 8 9 10 11 12 13 24 6 7 8 9 10 11 12 50 14 15 16 17 18 19 20 25 13 14 15 16 17 18 19 51 21 22 23 24 25 26 27 26 20 21 22 23 24 25 26 52 | | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 20 | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 47 |
| JUN 1 2 3 4 5 6 23 DEC 3 1 2 3 4 5 49 7 8 9 10 11 12 13 24 6 7 8 9 10 11 12 50 14 15 16 17 18 19 20 25 13 14 15 16 17 18 19 51 21 22 23 24 25 26 27 26 20 21 22 23 24 25 26 52 | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 48 |
| JUN 1 2 3 4 5 6 23 DEC 3 1 2 3 4 5 49 7 8 9 10 11 12 13 24 6 7 8 9 10 11 12 50 14 15 16 17 18 19 20 25 13 14 15 16 17 18 19 51 21 22 23 24 25 26 27 26 20 21 22 23 24 25 26 52 | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 22 | | 29 | 30 | | | | | | 49 |
| 7 8 9 10 11 12 13 24 6 7 8 9 10 11 12 50 14 15 16 17 18 19 20 25 13 14 15 16 17 18 19 51 21 22 23 24 25 26 27 26 20 21 22 23 24 25 26 52 | | 31 | | | | | | | 23 | | | | | | | | | |
| 14 15 16 17 18 19 20 25 13 14 15 16 17 18 19 51 21 22 23 24 25 26 27 26 20 21 22 23 24 25 26 52 | JUN | | 1 | 2 | 3 | 4 | 5 | 6 | 23 | DEC | | | 1 | 2 | 3 | 4 | 5 | 49 |
| 21 22 23 24 25 26 27 26 20 21 22 23 24 25 26 52 | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 24 | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 50 |
| | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 25 | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 51 |
| 28 29 30 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 26 | | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 52 |
| | | 28 | 29 | 30 | | | | | 27 | | 27 | 28 | 29 | 30 | 31 | | | 1 |
| | | | | | | | | | | | | | | | | | | |

CHFA Form #064-0450 Rev. 1-1-2020



INCOME ANALYSIS WORKSHEET

| Acct #: | | | | | | | |
|----------------------------|-------------------|---------------|-----|--------------------|-------------------|---|------|
| Rate: | | Completed By: | | | Date: | | |
| Borrower | ; | | | | | | |
| PAYSTUB: | | | | | | | |
| | Gross Pay: | | _ X | | → 12 mnths | = | |
| *Pay Period Ending Date | Year-to-Date: | | _ ∻ | (# weeks) | _ X 52 ÷ 12 mnths | = | mit) |
| // | W | 72 | _ | (" weeks) | ∻ 12 mnths | = | |
| | (Year) W | 72 | _ | | ∻ 12 mnths | = | |
| | (Year) | | _ | | AMOUNT USED | | |
| | | | | | AMOUNT USED | | |
| Co-Borrov | wer: | | | | | | |
| PAYSTUB: | | | | | | | |
| *Pay Period | Gross Pay: | | _ X | | → 12 mnths | = | |
| Ending Date | Year-to-Date: | | - ∻ | (# weeks) | _ X 52 ∻ 12 mnths | = | mit) |
| // | | 72 | _ | (11 1) | ∻ 12 mnths | = | |
| | | 72 | | | ∻ 12 mnths | = | |
| | (Year) | | _ | | AMOUNT USED | | |
| | | | | | AMOUNT USED | | |
| Borrower | (s) Other Income: | | | | | | |
| (B/CB) | (Descri | ription) | _ | (Monthly Amt.) | X(factor) | = | |
| (B/CB) | (Descri | ription) | _ | (Monthly Amt.) | X (factor) | = | |
| (B/CB) | (Desci | ription) | _ | (Monthly Amt.) | _ X(factor) | = | |
| | | | _ | | _ x | = | |
| (B/CB) | (Desci | ription) | | (Monthly Amt.) | (factor) | | |
| Comment | <u>S:</u> | | | Qualifying Calcu | lations: | | |
| *Pay Period I | Ending/ / is wee | ek | | Repayment = \$ | /\$ | | |
| Income Limit | t: | | | Income Limits = \$ | / \$ | | |

Connecticut Housing Finance Authority - INCOME LIMITS - Eff. Oct. 7, 2019



The Home of Your Own - Homeownership - Reverse Annuity Mortgage Programs use "Statewide" Income Limits: \$100,400 (1 or 2 persons) \$115,460 (3 or more persons)

All other Programs use "Town" Income Limits as shown with the exception of loans with CHFA DAP and HFA Preferred™ loans in Targeted Areas

Targeted Area Income limits are not waived for HFA Preferred™(See FNMA "AMI Limits") or CHFA Conv. AMI Loan Program (CALP) or HFA Advantage® Program

| "Town" Income Limits | HOUSE | HOLD SIZE | "Town" Income Limits | HOUSEHOLD SIZE | | "Town" Income Limits | HOUSEF | IOLD SIZE |
|-----------------------------|--------------------|--------------------|------------------------------|--------------------|--------------------|--|---------------------------|--------------------|
| Fairfield County | 1 or 2 | 3 or more | Litchfield County, cont. | 1 or 2 | 3 or more | New Haven County, cont. | 1 or 2 | 3 or more |
| Bethel | 129,720 | 149,180 | Goshen | 100,900 | 116,035 | Prospect | 100,900 | 116,035 |
| Bridgeport *All Areas | 123,120 | 143,640 | Harwinton | 100,900 | 116,035 | Seymour | 104,900 | 120,635 |
| Brookfield | 129,720 | 149,180 | Kent | 100,900 | 116,035 | Southbury | 100,900 | 116,035 |
| Danbury | 129,720 | 149,180 | Litchfield | 100,900 | 116,035 | Wallingford | 100,900 | 116,035 |
| *Targeted Areas | 135,960 | 158,620 | Morris | 100.900 | 116.035 | Waterbury * All Areas | 121.080 | 141.260 |
| Darien | 144,300 | 165,945 | New Hartford, New Milford | 100,900 | 116,035 | West Haven | 100,900 | 116.035 |
| Easton | 123,120 | 143,640 | Norfolk, North Canaan | 100,900 | 116,035 | Wolcott, Woodbridge | 100,900 | 116,035 |
| Fairfield | 123,120 | 143,640 | Plymouth | 100,900 | 116,035 | | | |
| Greenwich | 144,300 | 165,945 | Roxbury | 100,900 | 116,035 | New London County | 1 or 2 | 3 or more |
| Monroe | 123,120 | 143,640 | Salisbury, Sharon | 100,900 | 116,035 | Bozrah | 100,900 | 116,035 |
| New Canaan | 144,300 | 165,945 | Thomaston | 100,900 | 116,035 | Colchester | 112,400 | 129,260 |
| New Fairfield, Newtown | 129,720 | 149,180 | Torrington | 100,900 | 116.035 | East Lyme | 100,900 | 116.035 |
| Norwalk *Targeted areas | 144,300 | 165,945 | *Targeted Areas Warren | 121,080 | 141,260 | Franklin Griswold | 100,900 | 116,035 |
| Redding, Ridgefield | 173,160 | 202,020 | Washington, Watertown | 100,900 | 116,035 | Groton | 100,900 | 116,035 |
| Shelton | 129,720 123,120 | 149,180 143,640 | Winchester, Woodbury | 100,900 100,900 | 116,035 116,035 | *Targeted Areas | 100,900 121,080 | 116,035 |
| Sherman | | | Willichester, Woodbury | 100,900 | 110,055 | Lebanon | | 141,260 |
| Stamford | 129.720 144,300 | 149.180 165,945 | Middlesex County | 1 or 2 | 3 or more | Ledyard, Lisbon, Lyme | 112.400 100,900 | 129.260 116,035 |
| *Targeted Areas | 173,160 | 202,020 | Chester | 100,900 | 116,035 | Montville | 100,900 | 116,035 |
| Stratford | 123,120 | 143,640 | Clinton | 110,900 | 127,535 | New London *All Areas | 121.080 | 141.260 |
| Trumbull | 123,120 | 143.640 | Cromwell | 100.900 | 116.035 | North Stonington | 100.900 | 116.035 |
| Weston, Westport, Wilton | 144,300 | 165,945 | Deep River | 110,900 | 127,535 | Norwich | 100,900 | 116,035 |
| Trocton, Troctport, Timen | 1,500 | 100,5 .0 | Durham | 100,900 | 116,035 | *Targeted Areas | 121,080 | 141,260 |
| Hartford County | 1 or 2 | 3 or more | East Haddam, East Hampton | 100,900 | 116,035 | Old Lyme | 100,900 | 116,035 |
| Avon | 100,900 | 116,035 | Essex | 110,900 | 127,535 | Preston | 100,900 | 116,035 |
| Berlin, Bloomfield | 100,900 | 116,035 | Haddam | 100,900 | 116,035 | Salem, Sprague, Stonington | 100,900 | 116,035 |
| Bristol, Burlington | 100,900 | 116,035 | Killingworth | 110,900 | 127,535 | Voluntown | 100,900 | 116,035 |
| Canton | 100,900 | 116,035 | Middlefield | 100,900 | 116,035 | Waterford | 100,900 | 116,035 |
| East Granby | 100,900 | 116,035 | Middletown | 100,900 | 116,035 | 114.6.16.14 | 100,500 | 110,000 |
| East Hartford | 100,900 | 116,035 | *Targeted Areas | 121,080 | 141,260 | Tolland County | 1 or 2 | 3 or more |
| *Targeted Areas | 121,080 | 141,260 | Old Saybrook | 110,900 | 127,535 | Andover | 100,900 | 116,035 |
| East Windsor, Enfield | 100,900 | 116,035 | Portland | 100,900 | 116,035 | Bolton | 100,900 | 116,035 |
| Farmington | 100,900 | 116,035 | Westbrook | 110,900 | 127,535 | Columbia, Coventry | 100,900 | 116,035 |
| Glastonbury, Granby | 100,900 | 116,035 | | | | Ellington | 100,900 | 116,035 |
| Hartford | 100,900 | 116,035 | New Haven County | 1 or 2 | 3 or more | Hebron | 100,900 | 116,035 |
| *Targeted Areas | 121,080 | 141,260 | Ansonia | 104.900 | 120.635 | Mansfield | 100,900 | 116.035 |
| Hartland | 100,900 | 116,035 | *Targeted Areas | 125,880 | 146,860 | *Targeted Areas | 121,080 | 141,260 |
| Manchester | 100,900 | 116,035 | Beacon Falls | 104,900 | 120,635 | Somers, Stafford | 100,900 | 116,035 |
| *Targeted Areas | 121,080 | 141,260 | Bethany | 100,900 | 116,035 | Tolland | 100,900 | 116.035 |
| Marlborough | 100,900 | 116,035 | Branford | 100,900 | 116,035 | Union | 100,900 | 116,035 |
| New Britain | 100,900 | 116,035 | Cheshire | 100,900 | 116,035 | Vernon | 100,900 | 116,035 |
| *Targeted Areas | 121,080 | 141,260 | Derby | 104,900 | 120,635 | Willington | 100,900 | 116,035 |
| Newington | 100,900 | 116,035 | *Targeted Areas | 125,880 | 146,860 | , and the second | | |
| Plainville | 100,900 | 116,035 | East Haven | 100,900 | 116,035 | Windham County | 1 or 2 | 3 or more |
| Rocky Hill | 100,900 | 116,035 | Guilford | 100,900 | 116,035 | Ashford | 100,900 | 116,035 |
| Simsbury, Southington | 100,900 | 116,035 | Hamden | 100,900 | 116,035 | Brooklyn | 100,900 | 116,035 |
| South Windsor, Suffield | 100,900 | 116,035 | Madison | 100,900 | 116,035 | Canterbury, Chaplin | 100,900 | 116,035 |
| West Hartford, Wethersfield | 100,900 | 116,035 | Meriden | 100,900 | 116,035 | Eastford | 100,900 | 116,035 |
| Windsor, Windsor Locks | 100,900 | 116,035 | *Targeted Areas | 121,080 | 141,260 | Hampton | 100,900 | |
| Willusof, Willusof Locks | 100,900 | 110,033 | | | | · · | | 116,035 |
| Litchfield County | 1 0 2 | 2 or more | Middlebury Milford | 100,900 | 116,035 | Killingly Plainfield, Pomfret, Putnam | 100,900 | 116,035 |
| | 1 or 2 | 3 or more | Maugatuck | 104,900 | 120,635 | Scotland, Sterling | 100,900 | 116,035 |
| Barkhamsted | 100,900 | 116,035 | | 100,900 | 116,035 | | 100,900 | 116,035 |
| Bethlehem Bridgewater | 100,900 | 116,035 | New Haven *Targeted Areas | 100,900 | 116,035 | Thompson Windham | 100,900 | 116,035 |
| | 100,900 | 116,035 | | 121,080 | 141,260 | | 100,900 | 116,035 |
| Calabrack Corporall | 100,900 | 116,035 | North Branford, North Haven | 100,900 | 116,035 | *Targeted Areas | 121,080 | 141,260 |
| Colebrook, Cornwall | 100,900 | 116,035 | Orange | 100,900 | 116,035 | Woodstock | 100,900 | 116,035 |
| | | | Oxford | 104,900 | 120,635 | | | |
| | | | 1 | | | | | |

*TARGETED AREA - CENSUS TRACTS

Targeted areas are denoted with an (*). If the property being purchased is located in a Targeted Area, please note that in these areas, only your income can be higher than what is listed, providing you do not request down payment assistance from CHFA.

| Ansonia | 1252, 1253, 1254 | Middletown | 5411, 5415, 5416, 5417 |
|---------------|--------------------------------------|-------------|--|
| Bridgeport | ALL CENSUS TRACTS | New Britain | 4153, 4155, 4156, 4157, 4158, 4159, 4160, 4161, 4162, 4163, 4166, 4171 |
| Danbury | 2101, 2102, 2107.01, 2107.02 | New Haven | ALL CENSUS TRACTS EXCEPT FOR 3614.02 |
| Derby | 1202 | New London | ALL CENSUS TRACTS |
| East Hartford | 5104, 5106, 5113 | Norwalk | 0434, 0437, 0438, 0440, 0441, 0442, 0444, 0445 |
| Groton | 7025, 9800 | Norwich | 6964, 6967, 6968 |
| Hartford | ALL CENSUS TRACTS EXCEPT FOR 5245.02 | Stamford | 0201, 0214, 0215, 0216, 0217, 0221, 0222, 0223 |
| Manchester | 5147 | Torrington | 3101, 3102, 3103, 3108.01, 3108.03, 3108.04 |
| Mansfield | 8812 | Waterbury | ALL CENSUS TRACTS |
| Meriden | 1701, 1702, 1703, 1709, 1710, 1714 | Windham | 8003, 8006 |

Connecticut Housing Finance Authority - SALES PRICE LIMITS



EFFECTIVE: APRIL 23, 2020

| Fairfield County | Evicting | Now | Litchfield County, cont. | Evicting | New | New Haven County, cont. | Evicting | New |
|-----------------------------|----------|---------|---------------------------------|----------|---------|-----------------------------|----------|---------|
| | Existing | New | , | Existing | | | Existing | |
| Bethel | 534,080 | 534,080 | Goshen | 317,590 | 317,590 | Prospect | 294,600 | 294,600 |
| Bridgeport * All Areas | 652,765 | 652,765 | Harwinton | 317,590 | 317,590 | Seymour | 294,600 | 294,600 |
| Brookfield | 534,080 | 534,080 | Kent | 317,590 | 317,590 | Southbury | 294,600 | 294,600 |
| Danbury | 534,080 | 534,080 | Litchfield | 317,590 | 317,590 | Wallingford | 294,600 | 294,600 |
| *Targeted Areas | 652,765 | 652,765 | Morris | 317,590 | 317,590 | Waterbury * All Areas | 360,065 | 360,065 |
| Darien | 534,080 | 534,080 | New Hartford, New Milford | 317,590 | 317,590 | West Haven | 294,600 | 294,600 |
| Easton | 534,080 | 534,080 | Norfolk, North Canaan | 317,590 | 317,590 | Wolcott, Woodbridge | 294,600 | 294,600 |
| Fairfield | 534,080 | 534,080 | Plymouth | 317,590 | 317,590 | | | |
| Greenwich | 534,080 | 534,080 | Roxbury | 317,590 | 317,590 | New London County | Existing | New |
| Monroe | 534,080 | 534,080 | Salisbury, Sharon | 317,590 | 317,590 | Bozrah | 294,600 | 294,600 |
| New Canaan | 534,080 | 534,080 | Thomaston | 317,590 | 317,590 | Colchester | 294,600 | 294,600 |
| New Fairfield, Newtown | 534,080 | 534,080 | Torrington | 317,590 | 317,590 | East Lyme | 294,600 | 294,600 |
| Norwalk | 534,080 | 534,080 | *Targeted Areas | 388,165 | 388,165 | Franklin | 294,600 | 294,600 |
| *Targeted areas | 652,765 | 652,765 | Warren Washington, Watertown | 317,590 | 317,590 | Griswold | 294,600 | 294,600 |
| Redding, Ridgefield | 534,080 | 534,080 | | 317,590 | 317,590 | Groton | 294,600 | 294,600 |
| Shelton | 534,080 | 534,080 | Winchester, Woodbury | 317,590 | 317,590 | *Targeted Areas | 360,065 | 360,065 |
| Sherman | 534,080 | 534,080 | | | | Lebanon | 294,600 | 294,600 |
| Stamford | 534,080 | 534,080 | Middlesex County | Existing | New | Ledyard, Lisbon, Lyme | 294,600 | 294,600 |
| *Targeted Areas | 652,765 | 652,765 | Chester | 313,505 | 313,505 | Montville | 294,600 | 294,600 |
| Stratford | 534,080 | 534,080 | Clinton | 313,505 | 313,505 | New London * All Areas | 360,065 | 360,065 |
| Trumbull | 534,080 | 534,080 | Cromwell | 313,505 | 313,505 | North Stonington | 294,600 | 294,600 |
| Weston, Westport, Wilton | 534,080 | 534,080 | Deep River | 313,505 | 313,505 | Norwich | 294,600 | 294,600 |
| | | | Durham | 313,505 | 313,505 | *Targeted Areas | 360,065 | 360,065 |
| Hartford County | Existing | New | East Haddam, East Hampton | 313,505 | 313,505 | Old Lyme | 294,600 | 294,600 |
| Avon | 313,505 | 313,505 | Essex | 313,505 | 313,505 | Preston | 294,600 | 294,600 |
| Berlin, Bloomfield | 313,505 | 313,505 | Haddam | 313,505 | 313,505 | Salem, Sprague, Stonington | 294,600 | 294,600 |
| Bristol, Burlington | 313,505 | 313,505 | Killingworth | 313,505 | 313,505 | Voluntown | 294,600 | 294,600 |
| Canton | 313,505 | 313,505 | Middlefield | 313,505 | 313,505 | Waterford | 294,600 | 294,600 |
| East Granby | 313,505 | 313,505 | Middletown | 313,505 | 313,505 | Wateriord | 27 .,000 | 271,000 |
| East Hartford | 313,505 | 313,505 | *Targeted Areas | 383,170 | 383,170 | Tolland County | Existing | New |
| *Targeted Areas | 383,170 | 383,170 | Old Saybrook | 313,505 | 313,505 | Andover | 313,505 | 313,505 |
| East Windsor, Enfield | 313,505 | 313,505 | Portland | 313,505 | 313,505 | Bolton | 313,505 | 313,505 |
| Farmington | 313,505 | 313,505 | Westbrook | 313,505 | | Columbia, Coventry | 313,505 | 313,505 |
| | 313,505 | 313,505 | Mesmook | 313,303 | 313,505 | | 313,505 | |
| Glastonbury, Granby | | | | E 1 11 | | Ellington | | 313,505 |
| Hartford | 313,505 | 313,505 | New Haven County | Existing | New | Hebron | 313,505 | 313,505 |
| *Targeted Areas | 383,170 | 383,170 | Ansonia | 294,600 | 294,600 | Mansfield | 313,505 | 313,505 |
| Hartland | 313,505 | 313,505 | *Targeted Areas | 360,065 | 360,065 | *Targeted Areas | 383,170 | 383,170 |
| Manchester | 313,505 | 313,505 | Beacon Falls | 294,600 | 294,600 | Somers, Stafford | 313,505 | 313,505 |
| *Targeted Areas | 383,170 | 383,170 | Bethany | 294,600 | 294,600 | Tolland | 313,505 | 313,505 |
| Marlborough | 313,505 | 313,505 | Branford | 294,600 | 294,600 | Union | 313,505 | 313,505 |
| New Britain | 313,505 | 313,505 | Cheshire | 294,600 | 294,600 | Vernon | 313,505 | 313,505 |
| *Targeted Areas | 383,170 | 383,170 | Derby | 294,600 | 294,600 | Willington | 313,505 | 313,505 |
| Newington | 313,505 | 313,505 | *Targeted Areas | 360,065 | 360,065 | | | |
| Plainville | 313,505 | 313,505 | East Haven | 294,600 | 294,600 | Windham County | Existing | New |
| Rocky Hill | 313,505 | 313,505 | Guilford | 294,600 | 294,600 | Ashford | 301,250 | 301,250 |
| Simsbury, Southington | 313,505 | 313,505 | Hamden | 294,600 | 294,600 | Brooklyn | 301,250 | 301,250 |
| South Windsor, Suffield | 313,505 | 313,505 | Madison | 294,600 | 294,600 | Canterbury, Chaplin | 301,250 | 301,250 |
| West Hartford, Wethersfield | 313,505 | 313,505 | Meriden | 294,600 | 294,600 | Eastford | 301,250 | 301,250 |
| Windsor, Windsor Locks | 313,505 | 313,505 | *Targeted Areas | 360,065 | 360,065 | Hampton | 301,250 | 301,250 |
| • | | | Middlebury | 294,600 | 294,600 | Killingly | 301,250 | 301,250 |
| Litchfield County | Existing | New | Milford | 294,600 | 294,600 | Plainfield, Pomfret, Putnam | 301,250 | 301,250 |
| Barkhamsted | 317,590 | 317,590 | Naugatuck | 294,600 | 294,600 | Scotland, Sterling | 301,250 | 301,250 |
| Bethlehem | 317,590 | 317,590 | New Haven | 294,600 | 294,600 | Thompson | 301,250 | 301,250 |
| Bridgewater | 317,590 | 317,590 | *Targeted Areas | 360,065 | 360,065 | Windham | 301,250 | 301,250 |
| Canaan | 317,590 | 317,590 | North Branford, North Haven | 294,600 | 294,600 | *Targeted Areas | 368,195 | 368,195 |
| Colebrook, Cornwall | 317,590 | 317,590 | Orange | 294,600 | 294,600 | Woodstock | 301,250 | 301,250 |
| POOLODIOOK, COTTIWAII | 317,370 | 317,370 | Oxford | 294,600 | 294,600 | VVOOUSLOCK | 301,230 | 301,230 |
| Ì | | | - Carlotu | 277,000 | 271,000 | | | |
| | | | <u> </u> | | | <u> </u> | | |

*TARGETED AREA - CENSUS TRACTS

Targeted areas are denoted with an (*). If the property being purchased is located in a Targeted Area, please note that in these areas, only your income can be higher than what is listed, providing you do not request down payment assistance from CHFA.

| Ansonia | 1252, 1253, 1254 | Middletown | 5411, 5415, 5416, 5417 |
|---------------|--------------------------------------|-------------|--|
| Bridgeport | ALL CENSUS TRACTS | New Britain | 4153, 4155, 4156, 4157, 4158, 4159, 4160, 4161, 4162, 4163, 4166, 4171 |
| Danbury | 2101, 2102, 2107.01, 2107.02 | New Haven | ALL CENSUS TRACTS EXCEPT FOR 3614.02 |
| Derby | 1202 | New London | ALL CENSUS TRACTS |
| East Hartford | 5104, 5106, 5113 | Norwalk | 0434, 0437, 0438, 0440, 0441, 0442, 0444, 0445 |
| Groton | 7025, 9800 | Norwich | 6964, 6967, 6968 |
| Hartford | ALL CENSUS TRACTS EXCEPT FOR 5245.02 | Stamford | 0201, 0214, 0215, 0216, 0217, 0221, 0222, 0223 |
| Manchester | 5147 | Torrington | 3101, 3102, 3103, 3108.01, 3108.03, 3108.04 |
| Mansfield | 8812 | Waterbury | ALL CENSUS TRACTS |
| Meriden | 1701, 1702, 1703, 1709, 1710, 1714 | Windham | 8003, 8006 |

Income - Weekly Calculation Calendar



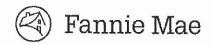
| income - weekly Calculation Calendar | | | | | | | | | | | | | | | | | |
|--------------------------------------|----|----|----|----|----|----|----|--------|-----|----|----|----|----|----|----|----|---------------------------|
| | S | M | T | W | T | F | S | Week # | | S | M | T | W | T | F | S | Week # |
| JAN | | 1 | 2 | 3 | 4 | 5 | 6 | 1 | JUL | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 27 |
| | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 2 | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 28 |
| | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 3 | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 29 |
| | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 4 | | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 30 |
| | 28 | 29 | 30 | 31 | | | | 5 | | 29 | 30 | 31 | | | | | 31 |
| FEB | | | | | 1 | 2 | 3 | 5 | AUG | | | | 1 | 2 | 3 | 4 | 31 |
| | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 6 | | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 32 |
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 7 | | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 33 |
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 8 | | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 34 |
| | 25 | 26 | 27 | 28 | | | | 9 | | 26 | 27 | 28 | 29 | 30 | 31 | | 35 |
| MAR | | | | | 1 | 2 | 3 | 9 | SEP | | | | | | | 1 | 35 |
| | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 10 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 36 |
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 11 | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 37 |
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 12 | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 38 |
| | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 13 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 39 |
| APR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 14 | OCT | 30 | 1 | 2 | 3 | 4 | 5 | 6 | 40 |
| | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 41 |
| | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 16 | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 42 |
| | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 17 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 43 |
| | 29 | 30 | | | | | | 18 | | 28 | 29 | 30 | 31 | | | | 44 |
| | | | | | | | | | NOV | | | | | 1 | 2 | 3 | 44 |
| MAY | | | 1 | 2 | 3 | 4 | 5 | 18 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 45 |
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 19 | | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 46 |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 47 |
| | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 21 | | 25 | 26 | 27 | 28 | 29 | 30 | | 48 |
| | 27 | 28 | 29 | 30 | 31 | | | 22 | DEC | | | | | | | 1 | 48 |
| JUN | | | | | | 1 | 2 | 22 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 49 |
| | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 23 | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 50 |
| | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 24 | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 51 |
| | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 25 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 52 |
| | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 26 | | 30 | 31 | | | | | | 1 Rev. 1-1-2018 |



INCOME ANALYSIS WORKSHEET

| Acct #: | 0000000 | _ | | | | | | |
|----------------------------|--|-----------------|------------------------|-----------------------|------------------------------|-------------------------|------|---------------------------------|
| Rate: | 0.000% | _ | Completed By: | Un | derwriter's Name | <u>Date</u> : | | MM/DD/YYYY |
| Borrower: | Anita Mortga | age | | | | | | |
| PAYSTUB: |] | | (Example = \$20) | hrx | 40hrs x 52wks / 1. | 2mths = \$3,466.6 | 67 m | th) |
| TAISTOD. | Gross Pay: | | \$800. wk | _ x _ | 52 wks | ∻ 12 mnths | = | \$3,466.67 mth |
| *Pay Period Ending Date | Year-to-Date: | | \$61,640. | _∻_ | 34 (# weeks) | x 52 \div 12 mnths | = | \$7,856.07 mth (limit) |
| 8/25/18 | 2017 (Year) | _W2 | \$84,696. yr | _ | (# Weeks) | ∻ 12 mnths | = | \$7,058.00 mth |
| | 2016 (Year) | _ W2 | \$81,472. yr | _ | | ∻ 12 mnths | = | \$6,789.33 mth |
| | () | | | | | AMOUNT USED | | \$3,466.67 mth |
| Co-Borrow | er: | | | | | | | |
| PAYSTUB: |] | | | | | | | |
| | Gross Pay: | | | _ x _ | | ∻ 12 mnths | = | |
| *Pay Period Ending Date | Year-to-Date: | | | | | x 52 ∻ 12 mnths | = | |
| _/_/_ | | W2 | | | (# weeks) | ↑ 12 mnths | = | (limit) |
| | (Year) | - *** | | | | · 12 milens | | |
| | (Year) | W2 | | - | | ∻ 12 mnths | = | |
| | (Teur) | | | | | AMOUNT USED |) | |
| | | | | | | | | |
| - | s) Other Income | | | - | | #120 | | |
| (B/CB) | 2017 interest | 1nco Descrip | me (same as 2016 tion) | <u>s</u>) a <u>n</u> | nual amount = (Monthly Amt.) | x <u>\$120</u> (factor) | - = | limits only annual |
| (D (CD) | | | | | (1) (1) | X | _ = | |
| (B/CB) | (L | Descrip | tion) | | (Monthly Amt.) | (factor) | = | |
| (B/CB) | (L | Descrip | tion) | | (Monthly Amt.) | (factor) | - | |
| (B/CB) | (1 | Descrip | tion) | | (Monthly Amt.) | (factor) | - = | |
| Comments: | <u>. </u> | | | | Qualifying Calcula | ations: | | |
| *Pay Period En | nding $8/25/18$ is v | veek | <u>34</u> | R | Lepayment = \$3 | 3,466.67 / \$4 | 1,60 | 0.04 |
| Income Limit: | \$96,800. | | | Iı | ncome Limits = \$7 | 7,856.07 / \$94 | | 2.84) 0.00 = 94.392.84 limit |

CHFA Form #064-0309-S Rev. 9-18



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq., (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq., (if USDA/FmHA).

| HUD/FHA); by 4 | 2 USC, Section 1452b | (if HUD/CPD); and Tit | tle 42 USC, 1471 et. se | q., or 7 USC, 1921 et. | seq. (if US) | DA/Fm | HA). | | | |
|---|--------------------------------------|---------------------------------------|--|---|---------------------------|-----------|-------------------|---|-----------------------------|--|
| E | mployer - Please co | mplete either Part II or | applicant complete iten Part III as applicable. (he lender and is not | Complete Part IV and re | eturn directl | ly to len | der named in item | | | ı |
| Part I - Red | guest | | | | | | | | | |
| | d address of emplo | yer) | | 2. From (Na | me and ac | ddress | of lender) | | | |
| Mike's Mecl 100 Main S Anytown, C | treet | | | CHFA Ap 102 Main Anytown, | | | | | | |
| I certify that thi | s verification has be | en sent directly to 1 | the employer and ha | nd has not passed through the hands of the applicant or | | | | | interested | party. |
| 3. Signature of | Lender | | 4. Title Loan Proce | 11-14-14-14-14-14-14-14-14-14-14-14-14-1 | | 5. E | ate | 6. Lender's Number (Optional) | | |
| - Patty F | rocessor | | Loan 11000 | an Processor 08/10/2018 | | | | | | |
| WWW | | | n now or was forme | rly employed by you | ı. My sign | ature t | oelow authorize | s verificatio | n of this ir | formation. |
| | ddress of Applicant | (include employee o | or badge number) | | 8, Si | ignatur | e of Applicant | | | |
| Anita Mortga 200 CHFA L | age -ane, Rocky Hill, | CT 06067 | | | 9 | Anit | a Mortgo | nge | | |
| Part II - Ve | rification of Pr | esent Employm | ient | | | | | | | |
| Applicant's D | ate of Employment | 10. Present | Position | | - 4000 400 | | 11. Probability | of Continue | d Employn | nent |
| 02/02/2012 | 2 % Statement (12) | Assemble | r | 70 MA 2005 | Walton Visio - PS Cife Co | | Good | agreeze o consumu | | |
| 12A. Current (| Gross Base Pay (Er | ter Amount and Ch | eck Period) | 13. For Military P | ersonnel O | Only | 14. If C | vertime or | Bonus is A | Applicable |
| | ☐ Annual | ☑ Hourly | | Pay Grade | | | | ts Continua | | |
| 20.00 | 🖺 Monthly | Other (Speci | fy) | Type | Monthly | Amou | | ertime | Yes Yes | No |
| \$ 20.00 | ☐ Weekly | | | - Base Pay \$ | | | | nus | ✓ Yes | □ No |
| | | oss Earnings | | | | | 15. If p | aid hourly | average | hours per |
| Туре | Year To Date | Past Year 2017 | Past Year 2016 | Rations | \$ | | | 02 | | |
| Base Pay | Thru 8/25/18 \$ 27,200.00 | \$ 39,520.00 | \$ 37,440.00 | Flight or Hazard | ş | | 16. Dat | 16. Date of applicant's next pay increa | | |
| Overtime | \$ 22,440.00 | \$ 33,176.00 | \$ 32,032.00 | Clothing | \$ | | | | unt of nex | t pay increase |
| | | | | Quarters | \$ | | TBI | | | |
| Commissions | \$ | \$ | \$ | Pro Pay | \$ | | | te of applica 2018 | ant's last p | ay increase |
| Bonus | \$ 12,000.00 | \$ 12,000.00 | \$ 12,000.00 | Overseas or Combat | \$ | | * | ount of las | t pay incre | ase |
| Total | \$ 61,640.00 | \$ 84,696.00 | \$ 81,472.00 | Variable Housing Allowance | \$ | 22552 | \$1.0 | 00 /hr | | No. of the Control of |
| 20.Remarks (If e | employee was off w | ork for any length o | of time, please indica | ate time period and | reason) | | - | | | |
| **Bonus is p Borrower is | eaid only once pe guaranteed 22 h | er year in Januar ours per week ir | y. If needed, Bonu n <mark>overtime earnin</mark> | gs. If overtime is u | | | | | | |
| Part III - Vo | erification of P | revious Employ | ment | | | | | 2 2 2 | | |
| 21. Date Hired | 2000 | | Wage at Termination | Per (Year) (Month) (| Week) | | | | V | |
| 22. Date Termina | ted | Base | Ov | ertime | Comi | mission | s | Bonus | | |
| 24. Reason for L | Baving | | | 25. Position | Heid | | | | | |
| or conspiracy p | | ce the issuance of | atutes provide seve any guaranty or in | | | | | | | |
| 26. Signature of | Employer | | 27. Titl | e (Please print or type | el l | | | 28. Date | | |
| Matthew . | Manager | | Hum | Human Resources Manager | | | | 08/27/2018 | | 0 |
| 29. Print or type Matthew N | name signed in Item Manager | 26 | 30. Pho | one N o. -555-5555 | | | | | 01211201 | U |
| | 2.000 × 0.000 | | | | | | | | | |

Advice Amount: \$1,041.22

To The

Account(s) Of

Anita Mortgage 200 CHFA Lane Rocky Hill, CT 06067

| DIRECT DEPOS | DIRECT DEPOSIT DESCRIPTION | | | | | | | | | | |
|--------------|----------------------------|----------------|----------------|--|--|--|--|--|--|--|--|
| Account Type | Bank Name | Account Number | Deposit Amount | | | | | | | | |
| Checking | Anita's Bank | XXX2 | \$941.22 | | | | | | | | |
| Savings | Anita's Bank | XXX3 | \$100.00 | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total: | | | \$1,041.22 | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

NON-NEGOTIABLE

Pay Begin Date: 08/19/2018 Pay End Date: 08/25/2018

08/25/2018 Advice Date: 09/01/2018

Employee ID: 12 Federal TAX DATE: CT State CT Code F Department: Assembly Material Status: Single Location: Anytown Allowance: 0 Job Title: Assembler Pay Rate: \$20.00

| | HOURS AI | ND EARNINGS | | TAXES | | | | |
|-------------------------------------|----------|-----------------|-----------|----------------------------------|----------|--|--|--|
| | Cu | ırrent | YTD | | | | | |
| Description | Rate H | ours Earnings | Earnings | Description | Current | | | |
| Regular Earnings | 20.00 | 40 800.00 | 27,200.00 | Fed Withholding | 209.37 | | | |
| Overtime | 30.00 | 22 660.00 | 22,440.00 | Fed/MED/EE | 21.17 | | | |
| Bonus | | | 12,000.00 | Fed OASDI/EE | 90.52 | | | |
| | | | | CT Withholding | 72.72 | | | |
| Total: | | 1,460.00 | 61,640.00 | Total | 393.78 | | | |
| BEFORE-TAX DEDUC | TIONS | AFTER-TAX DEDUC | TIONS | LEAVE BALANCES AS OF: 08/25/2018 | | | | |
| Description Description Current YTD | | | | Description | Balance | | | |
| | | | | Sick | 157.50 | | | |
| | | | | Vacation | 50.00 | | | |
| | | | | Personal | 13.50 | | | |
| | CrUnCSE | 25.00 | 0 850.00 | | | | | |
| Total: | | | | | | | | |
| | Total: | 25.00 | 0 850.00 | | | | | |
| TOTAL GROSS | | | | TOTAL DEDUCTIONS | NET PAY | | | |
| \$1,460 | | | | 418.78 | 1,041.22 | | | |
| | | | | | | | | |
| | | | | | 9 | | | |

Form **1040EZ**

200 CHFA Lane

Anita

Your first name and initial

If a joint return, spouse's first name and initial

Home address (number and street). If you have a P.O. box, see instructions.

Department of the Treasury-Internal Revenue Service

Income Tax Return for Single and Joint Filers With No Dependents (99)

Mortgage

Last name

2017

OMB No. 1545-0074 Your social security number 1 2 3 4 5 6 <u>7 8 9</u> Spouse's social security number Apt. no. Make sure the SSN(s) above are correct. **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund You Spouse 1 84696 2 120 3 4 84816 5 10400 6 74416 7 10888 8a 9 10888 10 14345 11 12 14345 13a Yes. Complete below. Daytime phone number 860-555-1212 If the IRS sent you an Identity Protection PIN. enter it here (see inst. PTIN Check [] if

| 1040 | | lent of the Treasury—Internal | | | 20 | 16 | OMB N | o. 1545-0074 | IRS Use O | nly—D | o not write or staple in this | space. |
|---|-------------|---|-------------------|----------------------|------------|--------------------|----------------|------------------------------------|-------------|----------|---|-----------|
| For the year Jan. 1-Dec Your first name and in | | o, or other tax year beginning | Last na | ame | , 2 | 016, ending | | , 2 | 20 | | e separate instruction ur social security num | |
| Anito | | | Morta | 0.00 | | | | | | 1 | 2 2 4 5 4 7 0 | 0 |
| Anita If a joint return, spous | se's first | name and initial | Mortga Last na | | | | | | | | 2 3 4 5 6 7 8 puse's social security nu | |
| Home address (numb | per and s | street). If you have a P.O. | box, see ii | nstructions. | | | | | Apt. no. | | Make sure the SSN(s) | |
| 200 CHFA Lane City, town or post office | e, state, a | nd ZIP code. If you have a fo | oreign addr | ess, also complete s | spaces be | low (see instr | uctions). | | | P | and on line 6c are co | |
| Rocky Hill, CT 060 | 167 | | | | | | | | | Chec | ck here if you, or your spouse | if filing |
| Foreign country name | | | | Foreign pro | ovince/sta | ate/county | | Foreign _I | oostal code | | y, want \$3 to go to this fund. x below will not change your t id. You | |
| Filing Status | 1 | Single | , : | | , | 4 | | | | | person). (See instruction | |
| . | 2 | Married filing jointly | | • | | | | | | d but i | not your dependent, ent | ter this |
| Check only one | 3 | | | nter spouse's SS | SN abov | | | d's name here. | | | 1 1 1 1 1 | |
| 00X. | | and full name here | . • | | | 5 | Qua | llifying widow | (er) with d | epen | | |
| Exemptions | 6a | Yourself. If some | eone can | claim you as a | depend | lent, do no | t check | cbox 6a. | | . } | Boxes checked on 6a and 6b | |
| | b | Spouse | | | | | | | | <u> </u> | No. of children | |
| | С | Dependents: | | (2) Dependent' | | (3) Depend | | (4) ✓ if child qualifying for c | | | on 6c who: • lived with you | |
| | (1) First | name Last nam | ie | social security nur | nber | relationship t | to you | (see instr | | ıı | did not live with | |
| | Minnie | e Mortgage | (| 1 2 3 8 9 4 5 | 6 7 | daughter | | ✓ |] | | you due to divorce or separation | |
| f more than four | | | | | | | | |] | | (see instructions) | |
| dependents, see nstructions and | | | | | | | | |] | | Dependents on 6c not entered above | |
| check here | | | | | | | | | 1 | | | 一 |
| SHOOK HOLD 7 | d | Total number of exer | nptions o | claimed | | | | | | _ | Add numbers on lines above ▶ | |
| · | 7 | Wages, salaries, tips | | | | | | | | 7 | 81472 | |
| Income | 8a | Taxable interest. Att | | | | | | | | 8a | 120 | |
| | b | Tax-exempt interest | | • | | 8b | | | | Ou | 120 | |
| Attach Form(s) | 9a | Ordinary dividends. | | | | | | | | 9a | | |
| W-2 here. Also | | | | | uirea | | | | | эа | | _ |
| attach Forms | b | Qualified dividends | | | | <u>9b</u> | | | | 40 | | l |
| W-2G and 1099-R if tax | 10 | Taxable refunds, cre | - | | | | | | | 10 | *** | |
| was withheld. | 11 | Alimony received . | | | | | | | | 11 | 6000 | <u>'</u> |
| | 12 | Business income or | , | | | | | | · 👝 🕨 | 12 | | |
| f you did not | 13 | Capital gain or (loss) | | | • | • | red, ch | eck here > | \sqcup | 13 | | |
| get a W-2, | 14 | Other gains or (losse | ´ 1 | | | | | | | 14 | | |
| see instructions. | 15a | IRA distributions . | 15a | | | | xable a | | - | 15b | | _ |
| | 16a | Pensions and annuitie | | | | | xable a | | - | 16b | | |
| | 17 | Rental real estate, ro | | • | | | | | | 17 | | |
| | 18 | Farm income or (loss | , | | | | | | - | 18 | | |
| | 19 | Unemployment comp | 1 | n | | | | | | 19 | | |
| | 20a | Social security benefit | s 20a | | | b Ta | xable a | mount . | | 20b | | |
| | 21 | Other income. List ty Combine the amounts | pe and a | amount | | | | | | 21 | | |
| | 22 | Combine the amounts | n the far i | right column for lir | nes 7 thr | ough 21. Th | is is you | ır total incom | e ▶ | 22 | 87,592 | |
| A diviste d | 23 | Educator expenses | | | | 23 | | | | | | |
| Adjusted | 24 | Certain business expen | ses of res | servists, performing | g artists, | and | | | | | | |
| Gross | | fee-basis government of | fficials. At | ttach Form 2106 o | r 2106-E | Z 24 | | | | | | |
| Income | 25 | Health savings accou | ınt dedu | ction. Attach Fo | rm 8889 | 9 . 25 | | | | | | |
| | 26 | Moving expenses. At | tach For | m 3903 | | 26 | | | | | | |
| | 27 | Deductible part of self- | employme | ent tax. Attach Sc | hedule S | SE . 27 | | | | | | |
| | 28 | Self-employed SEP, | | | | | | | | | | |
| | 29 | Self-employed health | | | | | | | | | | |
| | 30 | Penalty on early with | | | | | | | | | | |
| | 31a | Alimony paid b Rec | | | | 31a | | | | | | |
| | 32 | IRA deduction | | | | _ | | | | | | |
| | 33 | Student loan interest | | | | | | | | | | |
| | 34 | Tuition and fees. Atta | | | | | | | + | | | |
| | 35 | Domestic production a | | | | | | | + | | | |
| | 36 | Add lines 23 through | | | | | _ | | | 36 | | |
| | 37 | Subtract line 36 from | | | | | | | : - | 37 | 87592 | |

| Form 1040 (2016 | j) | | | Page 2 |
|--|------|--|----------------------|------------------------------------|
| | 38 | Amount from line 37 (adjusted gross income) | 38 | 87,592 |
| Tay and | 39a | Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| Tax and | | if: Spouse was born before January 2, 1952, ☐ Blind. checked ▶ 39a | | |
| Credits | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b | | |
| Standard | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 9300 |
| Deduction | 41 | Subtract line 40 from line 38 | 41 | 78292 |
| for— • People who | 42 | Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | 4050 |
| check any | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0 | 43 | 74242 |
| box on line 39a or 39b or | 44 | Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c | 44 | 12854 |
| who can be claimed as a | 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | 12034 |
| dependent, | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| see instructions. | | | 47 | 12054 |
| All others: | 47 | Add lines 44, 45, and 46 | 41 | 12854 |
| Single or | 48 | Foreign tax credit. Attach Form 1116 if required 48 | | |
| Married filing separately, \$6,300 | 49 | Credit for child and dependent care expenses. Attach Form 2441 49 | | |
| | 50 | Education credits from Form 8863, line 19 | | |
| Married filing jointly or | 51 | Retirement savings contributions credit. Attach Form 8880 51 | | |
| Qualifying widow(er), | 52 | Child tax credit. Attach Schedule 8812, if required | | |
| \$12,600 | 53 | Residential energy credits. Attach Form 5695 | | |
| Head of household, | 54 | Other credits from Form: a 3800 b 8801 c 54 | - | |
| \$9,300 | 55 | Add lines 48 through 54. These are your total credits | 55 | |
| | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0 | 56 | 12854 |
| | 57 | Self-employment tax. Attach Schedule SE | 57 | |
| Other | 58 | Unreported social security and Medicare tax from Form: a 4137 b 8919 | 58 | |
| Taxes | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| | 60a | Household employment taxes from Schedule H | 60a | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| | 61 | Health care: individual responsibility (see instructions) Full-year coverage | 61 | |
| | 62 | Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) | 62 | |
| | 63 | Add lines 56 through 62. This is your total tax | 63 | 12854 |
| Payments | 64 | Federal income tax withheld from Forms W-2 and 1099 64 7270 | | |
| H | 65 | 2016 estimated tax payments and amount applied from 2015 return 65 | | |
| If you have a qualifying | 66a | Earned income credit (EIC) | | |
| child, attach | b | Nontaxable combat pay election 66b | | |
| Schedule EIC. | 67 | Additional child tax credit. Attach Schedule 8812 67 | | |
| | 68 | American opportunity credit from Form 8863, line 8 68 | | |
| | 69 | Net premium tax credit. Attach Form 8962 | | |
| | 70 | Amount paid with request for extension to file | | |
| | 71 | Excess social security and tier 1 RRTA tax withheld | | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 | | |
| | 73 | Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ 73 | | |
| | 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 7270 |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | |
| | 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶ □ | 76a | |
| Direct deposit? | ▶ b | Routing number | | |
| See | ► d | Account number | | |
| instructions. | 77 | Amount of line 75 you want applied to your 2017 estimated tax ▶ 77 | | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | <u>5584</u> |
| You Owe | 79 | Estimated tax penalty (see instructions) | | |
| Third Party | Do | you want to allow another person to discuss this return with the IRS (see instructions)? | . Comp | olete below. No |
| Designee | | signee's Phone Personal ident | tification | |
| | | ne number (PIN) nenalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled | dge and h | elief, they are true, correct, and |
| Sign Here | | ly list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer). | | |
| | You | ur signature Date Your occupation | Daytim | ne phone number |
| Joint return? See instructions. | | Anita Mortgage 4/15/17 Assembly | | 860-555-1212 |
| Keep a copy for | Spo | puse's signature. If a joint return, both must sign. Date Spouse's occupation | | S sent you an Identity Protection |
| your records. | , | | PIN, ent here (se | |
| Paid | Prir | nt/Type preparer's name Preparer's signature Date | Check | PTIN |
| Paid Preparer | self | | | nployed |
| - | | n's name ▶ | Firm's | EIN ▶ |
| Use Only | | n's address ► | Phone | |
| www.irs.gov/fori | | | | Form 1040 (2016) |

1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2015

OMB No. 1545-00

IBS Use Only—Do not write or stable in this space

| | _ | | | | | | | | | | |
|---|--------------|--|----------------------------|------------------------|-----------------|---|--------------------|--|------------------------|---|----------|
| | | , or other tax year beginning | | | | | , 20 | | e separate instruction | | |
| Your first name and ir | ııudl | | Last name | | | | | | | ur social security nun | |
| Ahad A. If a joint return, spous | se's first | name and initial | Mortgage Last name | | | | | | | 2 3 6 7 8 9 4 ouse's social security nu | |
| | | | | | | | | | 1 ' | | |
| Anita Home address (numb | er and s | treet). If you have a P.O. bo | Mortgage ox, see instru | ctions. | | | | Apt. no. | | 2 3 4 5 6 7 8 Make sure the SSN(s) | above |
| 150 CHFA Lane City, town or post office | e, state, ar | nd ZIP code. If you have a fore | eign address, a | also complete spaces b | pelow (see | e instructions). | | | Pi | and on line 6c are co | |
| Rocky Hill, CT 060 | 067 | | | | | | | | | ck here if you, or your spouse | |
| Foreign country name | 9 | | | Foreign province/s | state/cou | inty | For | eign postal cod | e a box | y, want \$3 to go to this fund. x below will not change your | |
| | | | | | | | | | refun | nd. You | Spouse |
| Filing Status | 1 [| Single | | | | 4 Hea | d of house | ehold (with qua | alifying | person). (See instruction | ns.) If |
| | - | Married filing jointly | | | | | | | ild but r | not your dependent, en | ter this |
| Check only one box. | 3 | Married filing separa and full name here. | | spouse's SSN abo | ove | | d's name l | | donor | dent child | |
| | C- | | | m | dont - | | | idow(er) with | uepen) | Boxes checked | |
| Exemptions | 6a h | Yourself. If some | | | ident, d | o not chec | к рох ба | | . } | on 6a and 6b | |
| | b | Spouse Dependents: | · · · · | (2) Dependent's | (2) D | ependent's | (4) √ if | child under age | <u> </u> | No. of children on 6c who: | |
| | (1) First | • | so | cial security number | | nship to you | qualifying | g for child tax cre e instructions) | | lived with youdid not live with | |
| | • • | Mortgage East name | 1 2 | 3 8 9 4 5 6 7 | Daugh | nter | (00) | ✓ Instructions) | | you due to divorce or separation | |
| f more than four | | | | | g | | | | | (see instructions) | |
| dependents, see Instructions and | | | | | | | | | | Dependents on 6c not entered above | |
| check here ▶ | | | | | | | | | | Add numbers on | 一 |
| | d | Total number of exemp | otions clain | ned | | | | | | lines above | Щ |
| Income | 7 | Wages, salaries, tips, e | etc. Attach | Form(s) W-2 . | | | | | 7 | 125867 | 4] |
| | 8a | Taxable interest. Attac | ch Schedule | B if required . | | | | | 8a | 150 | |
| Attach Form(s) | b | Tax-exempt interest. | | | | 8b | | | | | |
| W-2 here. Also | 9a | Ordinary dividends. At | tach Sched | lule B if required | | | | | 9a | | |
| attach Forms | b | | | | | 9b | | | | | |
| W-2G and 1099-R if tax | 10 | Taxable refunds, credi | • | | | | | | 10 | | |
| was withheld. | 11 | Alimony received . | | | | | | | 11 | | |
| | 12 | Business income or (Ic | , | | | | | | 12 | | |
| If you did not | 13 | Capital gain or (loss). A | | • | | | ieck here | · • L | 13 | | +- |
| get a W-2, | 14 15a | Other gains or (losses) | | 11114797 | | | mount | | 14 | | +- |
| see instructions. | 15a 16a | IRA distributions . Pensions and annuities | 15a 16a | | _ | b Taxable ab Taxable a | | | 15b 16b | | +- |
| | 10a | Rental real estate, roya | | erships S corpors | | | | chedule F | 17 | | +- |
| | 18 | Farm income or (loss). | | | | | | | 18 | | |
| | 19 | Unemployment compe | | | | | | | 19 | | |
| | 20a | Social security benefits | | | | b Taxable a | | | 20b | | |
| | 21 | Other income Liet tun | o and amai | unt | | | | | 21 | | |
| | 22 | Combine the amounts in | the far right | column for lines 7 th | rough 2 | 1. This is yo | ur total in | come 🕨 | 22 | 126017 | |
| Adiustad | 23 | Educator expenses | | | | 23 | | | | | |
| Adjusted Gross | 24 | Certain business expense | | | | | | | | | |
| Gross Income | | fee-basis government offi | | | | 24 | | | | | |
| Income | 25 | Health savings accour | | | | 25 | | | | | |
| | 26 | Moving expenses. Atta | | | | 26 | | | | | |
| | 27 | Deductible part of self-er | | | 1 | 27 | | | | | |
| | 28 | Self-employed SEP, S | | | 1 | 28 | | | | | |
| | 29 | Self-employed health i | | | | 29 | | | | | |
| | 30 | Penalty on early withda Alimony paid b Recip | | | | 30 31a | | | | | |
| | 31a 32 | IRA deduction | | | | 31a 32 | | | | | |
| | 33 | Student loan interest of | | | 1 | 33 | | | | | |
| | 34 | Tuition and fees. Attac | | | 1 | 34 | | | | | |
| | 35 | Domestic production ac | | | | 35 | | | | | |
| | 36 | Add lines 23 through 3 | | | , | | | | 36 | | |
| | 37 | Subtract line 36 from li | | | | | | | 37 | 126017 | , |

| Form 1040 (2015 | j) | | | Page 2 |
|--|-------|---|------------|---|
| | 38 | Amount from line 37 (adjusted gross income) | 38 | 126017 |
| T | 39a | Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| Tax and | oou | if: Spouse was born before January 2, 1951, ☐ Blind. Checked ▶ 39a | | |
| Credits | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b | 4 | |
| | | _ | 40 | 4.4050 |
| Standard Deduction | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | (14353) |
| for— | 41 | Subtract line 40 from line 38 | 41 | 111664 |
| People who check any | 42 | Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions | 42 | |
| box on line | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0 | 43 | 111664 |
| 39a or 39b or who can be | 44 | Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c L | 44 | 19504 |
| claimed as a | 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| dependent, see | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| instructions. | 47 | Add lines 44, 45, and 46 | 47 | 19504 |
| All others: | 48 | Foreign tax credit. Attach Form 1116 if required 48 | | |
| Single or Married filing | 49 | Credit for child and dependent care expenses. Attach Form 2441 | | |
| separately, \$6,300 | 50 | Education credits from Form 8863, line 19 | | |
| Married filing | 51 | Retirement savings contributions credit. Attach Form 8880 51 | | |
| jointly or | 52 | Child tax credit. Attach Schedule 8812, if required 52 | | |
| Qualifying widow(er), | | , l | - | |
| \$12,600 | 53 | | - | |
| Head of household, | 54 | | + + | |
| \$9,250 | 55 | Add lines 48 through 54. These are your total credits | 55 | |
| | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | |
| | 57 | Self-employment tax. Attach Schedule SE | 57 | |
| Other | 58 | Unreported social security and Medicare tax from Form: a 4137 b 8919 | 58 | |
| Taxes | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| Idacs | 60a | Household employment taxes from Schedule H | 60a | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| | 61 | Health care: individual responsibility (see instructions) Full-year coverage | 61 | |
| | 62 | Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) | 62 | |
| | 63 | Add lines 56 through 62. This is your total tax | 63 | 19504 |
| Payments | 64 | Federal income tax withheld from Forms W-2 and 1099 64 | | |
| - aymonto | 65 | 2015 estimated tax payments and amount applied from 2014 return 65 | | |
| If you have a | 66a | Earned income credit (EIC) | - | |
| qualifying | b | Nontaxable combat pay election 66b | | |
| child, attach Schedule EIC. | 67 | Additional child tax credit. Attach Schedule 8812 67 | | |
| Corrodate Ere: | l | | - | |
| | 68 | American opportunity credit from Form 8863, line 8 68 | - | |
| | 69 | Net premium tax credit. Attach Form 8962 | - | |
| | 70 | Amount paid with request for extension to file | - | |
| | 71 | Excess social security and tier 1 RRTA tax withheld | - | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 | - | |
| | 73 | Credits from Form: a 2439 b Reserved c 8885 d 73 | | |
| | 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 20623 |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 1119 |
| | 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶ □ | 76a | 1119 |
| Direct deposit? | ▶ b | Routing number | | |
| See | ► d | Account number | | |
| instructions. | 77 | Amount of line 75 you want applied to your 2016 estimated tax ▶ 77 | | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | |
| You Owe | 79 | Estimated tax penalty (see instructions) | | |
| Third Party | Do | | s. Com | olete below. No |
| Designee | | signee's Phone Personal ider | ntificatio | |
| | | ne ▶ no. ▶ number (PIN) | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to y are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep. | | |
| Here | | | 1 | ne phone number |
| Joint return? See | | 4/15/16 | , | • |
| instructions. | Qn. | ouse's signature. If a joint return, both must sign. Date Spouse's occupation | If the IE | 860-555-1212 RS sent you an Identity Protection |
| Keep a copy for your records. | | Auita Martaga | PIN, en | ter it |
| | | ASSEMBLY | here (se | ee inst.) |
| Paid | | nt/Type preparer's name | Check | |
| Preparer | Self | | self-er | mployed |
| Use Only | Firr | m's name ► | Firm's | EIN ▶ |
| | Firr | m's address ▶ | Phone | |
| www.irs.gov/for | m1040 | | | Form 1040 (2015) |

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

Attachment Sequence No. **07**

| Name(s) shown on | Form | 1040 | | You | ur social security number |
|--------------------------------|------|--|-----------------|-----|---------------------------|
| | | On the second translation and tra | | | |
| Medical | 4 | Caution: Do not include expenses reimbursed or paid by others. | | | |
| and | 2 | Medical and dental expenses (see instructions) Enter amount from Form 1040, line 38 2 | 1 | + | |
| Dental | 3 | Multiply line 2 by 10% (.10). But if either you or your spouse was | - | | |
| Expenses | Ü | born before January 2, 1951, multiply line 2 by 7.5% (.075) instead | 3 | | |
| • | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 | |
| Taxes You | 5 | State and local (check only one box): | | | |
| Paid | | a Income taxes, or \ | 5 | | |
| | | b General sales taxes | | | |
| | 6 | Real estate taxes (see instructions) | 6 4526 | | |
| | 7 | Personal property taxes | 7 | | |
| | 8 | Other taxes. List type and amount | | | |
| | | | 8 | | |
| | 9 | Add lines 5 through 8 | | 9 | 4526 |
| Interest | | Home mortgage interest and points reported to you on Form 1098 | 10 6327 | - | |
| You Paid | " | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions | | | |
| Note: | | and show that person's name, identifying no., and address ▶ | | | |
| Your mortgage | | | | | |
| interest deduction may | | | 11 | | |
| be limited (see | 12 | Points not reported to you on Form 1098. See instructions for | | | |
| instructions). | 12 | special rules | 12 | | |
| | 13 | Mortgage insurance premiums (see instructions) | 13 | | |
| | 14 | Investment interest. Attach Form 4952 if required. (See instructions.) | 14 | | |
| | 15 | Add lines 10 through 14 | | 15 | 6327 |
| Gifts to | 16 | Gifts by cash or check. If you made any gift of \$250 or more, | | | |
| Charity | | see instructions | 16 3500 | | |
| If you made a | 17 | Other than by cash or check. If any gift of \$250 or more, see | | | |
| gift and got a benefit for it, | | instructions. You must attach Form 8283 if over \$500 | 17 | _ | |
| see instructions. | | Carryover from prior year | 18 | 10 | |
| Casualty and | 19 | Add lines 16 through 18 | · · · · · · · · | 19 | 3500 |
| Theft Losses | 20 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | 20 | |
| Job Expenses | 21 | | | 20 | |
| and Certain | 21 | job education, etc. Attach Form 2106 or 2106-EZ if required. | | | |
| Miscellaneous | | (See instructions.) | 21 | | |
| Deductions | 22 | Tax preparation fees | 22 | | |
| | 23 | Other expenses-investment, safe deposit box, etc. List type | | | |
| | | and amount • | | | |
| | | | 23 | | |
| | | Add lines 21 through 23 | 24 | | |
| | 25 | Enter amount from Form 1040, line 38 25 | | | |
| | 26 | Multiply line 25 by 2% (.02) | 26 | 07 | |
| Other | 27 | | | 27 | |
| Miscellaneous | 20 | Other—from list in instructions. List type and amount ▶ | | | |
| Deductions | | | | 28 | |
| Total | 29 | Is Form 1040, line 38, over \$154,950? | | 20 | |
| Itemized | | ✓ No. Your deduction is not limited. Add the amounts in the fa | r right column | | |
| Deductions | | for lines 4 through 28. Also, enter this amount on Form 1040 | | 29 | 14353 |
| | | ☐ Yes. Your deduction may be limited. See the Itemized Dedu | } | | |
| | | Worksheet in the instructions to figure the amount to enter. | J | | |
| | 30 | If you elect to itemize deductions even though they are less t deduction, check here | _ | | |

Advice Amount: \$1,041.22

To The

Account(s) Of

Anita Mortgage 200 CHFA Lane Rocky Hill, CT 06067

| DIRECT DEPOSIT DESCRIPTION | | | | | | | | |
|----------------------------|--------------|----------------|----------------|--------|--|--|--|--|
| Account Type | Bank Name | Account Number | Deposit Amount | | | | | |
| Checking | Anita's Bank | XXX2 | \$941.22 | | | | | |
| Savings | Anita's Bank | XXX3 | \$100.00 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total: | | | \$1,041.22 | | | | | |
| | | | | \neg | | | | |
| | | | | | | | | |

NON-NEGOTIABLE

Pay Begin Date: 08/19/2018

Pay End Date: 08/25/2018 Advice Date: 09/01/2018

Employee ID: 12 Federal TAX DATE: CT State CT Code F Department: Assembly Material Status: Single Location: Anytown Allowance: 0 Job Title: Assembler Pay Rate: \$20.00

| | HOURS | AND EA | Т | AXES | | |
|--------------------|--------|----------|-------------|-----------|-----------------------|------------|
| | | Current | | YTD | | |
| Description | Rate | Hours | Earnings | Earnings | Description | Current |
| Regular Earnings | 20.00 | 40 | 800.00 | 27,200.00 | Fed Withholding | 209.37 |
| Overtime | 30.00 | 22 | 660.00 | 22,440.00 | Fed/MED/EE | 21.17 |
| Bonus | | | | 12,000.00 | Fed OASDI/EE | 90.52 |
| | | | | | CT Withholding | 72.72 |
| Total: | | | 1,460.00 | 61,640.00 | Total | 393.78 |
| BEFORE-TAX DEDUCTI | ONS | AFTE | R-TAX DEDUC | TIONS | LEAVE BALANCES AS OF: | 08/25/2018 |
| Description | Des | cription | Curr | ent YTD | Description | Balance |
| | | | | | Sick | 157.50 |
| | | | | | Vacation | 50.00 |
| | | | | | Personal | 13.50 |
| | CrUnCs | SE | 25.00 | 850.00 | | |
| Total: | | | | | | |
| | Total: | | 25.00 | 850.00 | | |
| TOTAL GROSS | 1 | | | | TOTAL DEDUCTIONS | NET PAY |
| | | | | | | |
| \$1,460 | | | | | 418.78 | 1,041.22 |
| | | | | | | |
| | | | | | | 16 |

Anita's Bank 500 Main Street Anytown, CT 06000

Anita Mortgage 200 CHFA Lane Rocky Hill, CT 06067

Detailed Account Activity July 1, 2018 - July 31, 2018

| CHECKING | | |
|-----------------------|------------|--|
| Summary | | |
| Beginning Balance | \$5,231.00 | |
| Deposits | 4,914.88 | |
| Interest Paid | 0.00 | |
| Withdrawals | 2,733.25 | |
| Ending Balance | \$7,412.63 | |

Anita's Bank 500 Main Street Anytown, CT 06000

Anita Mortgage 200 CHFA Lane Rocky Hill, CT 06067

Detailed Account Activity July 1, 2018 - July 31, 2018

| | CHECKING | | Account Number: XXX2 | <u> </u> |
|-----------|--------------------------------------|----------|-------------------------|----------------------|
| Date | Description | Deposits | Withdrawals | Balance |
| Beginning | Balances as of 7/1 | | | 5,231.00 |
| 07/02 | Navient | | 46.25 | 5,184.75 |
| 07/05 | Check 204 | | 975.00 | 4,209.75 |
| 07/06 | ACH Deposit- Mike's Mechanicals | 941.22 | | 5,150.97 |
| 07/06 | GM | | 337.00 | 4,813.97 |
| 07/07 | Deposit | 225.00 | | 5,038.97 |
| 07/06 | ATM Withdrawal | | 100.00 | 4,938.97 |
| 07/07 | Transfer from Anita's Bank acct xxx4 | 250.00 | | 5,188.97 |
| 07/10 | Check 205 | | 130.00 | 5,058.97 |
| 07/11 | IRS Direct Pay | | 50.00 | 5,008.97 |
| 7/13 | ACH Deposit-Mike's Mechanicals | 941.22 | | 5,950.19 |
| 07/14 | Deposit | 225.00 | | 6,175.19 |
| 07/17 | Transfer to Anita's Bank acct xxx4 | | 30.00 | 6,145.19 |
| 07/17 | Check 209 | | 65.00 | 6,080.19 |
| 07/20 | ACH Deposit-Mike's Mechanicals | 941.22 | | 7,021.41 |
| 07/21 | Deposit | 225.00 | | 7,246.41 |
| 07/25 | Check 207 | | 1,000.00 | 6,246.41 |
| 07/27 | ACH Deposit- Mike's Mechanicals | 941.22 | | 7,187.63 |
| 07/28 | Deposit | 225.00 | | 7,412.63 |
| Totals | | 4,914.88 | 2,733.25 | 7,412.63 Page |

Anita's Bank 500 Main Street Anytown, CT 06000

Anita Mortgage 200 CHFA Lane Rocky Hill, CT 06067

Detailed Account Activity July 1, 2018 through July 31, 2018

| C | HECKING | Account Number: XXX2 | | | | | | |
|-------------|---------|-------------------------|--------|-------|----------|--------|----------------|-----------|
| Checks Paid | | | | | | | | |
| | | | | | | | *Indicates gap | in checks |
| Number | Date | Amount | Number | Date | Amount | Number | Date | Amount |
| 204 | 07/05 | 975.00 | 207 | 07/25 | 1,000.00 | | | |
| 205 | 7/10 | 130.00 | | | | | | |
| 209 | 07/17 | 65.00 | | | | | | |

| Total number of checks paid 4 | Total check | ks paid \$2,185.00 |
|--|-----------------------|-----------------------|
| | Total for this period | Total year-to-date |
| Total Overdraft Fees | \$0.00 | \$760.00 |
| Total Insufficient Available Funds Fees-Returned Items | \$0.00 | \$0.00 |

| Anita Mortgage | | | 207 |
|--------------------------------------|--------------------|--|-----|
| 200 CHFA Lane Rocky Hill, CT 0606 | 57 | 15-Jul-18 | |
| | | Date | |
| Pay to the | iv Kealtor | \$1,000.00 | |
| | | | |
| | | | |
| One Thousand | dollars and 00/100 | Dollars | |
| One Thousand Anita's Bank | dollars and 00/100 | Dollars | |
| | dollars and 00/100 | —————————————————————————————————————— | |
| Anita's Bank | dollars and 00/100 | Anita Mortgage | |



UNDERSTANDING RECAPTURE TAX

CONGRATULATIONS on choosing the Connecticut Housing Finance Authority's Homebuyer Program to finance the purchase of your home. Because the purchase of your home is being financed with tax exempt bond proceeds, you may be subject to a recapture tax at the time you sell your home. However, you will not be required to pay this recapture tax if <u>any one</u> of the following applies or you may be eligible for reimbursement from CHFA.

- Your income is below the designated federal income limit at the time you sell or otherwise dispose of your home.
- You sell your home more than nine (9) years after you buy it.
- You do not realize a gain on the sale of your home.

Please review the "Recapture Tax Threshold Income Limits" chart (CHFA Form 048-0405) located at www. chfa.org if you sell your home within nine (9) years of purchase to determine if your income exceeds the listed limits in the year you sell or otherwise dispose of your property.

If your income exceeds the federal income limit for the year in which you sell your home, you will then need to determine the recapture percentage for the corresponding year you sell your home, as noted below, in order to calculate the recapture tax:

| Recapture Percentage |
|----------------------|
| 1.25% |
| 2.50% |
| 3.75% |
| 5.00% |
| 6.25% |
| 5.00% |
| 3.75% |
| 2.50% |
| 1.25% |
| |

Below are the steps required to determine the recapture tax for the year in which you sell your home.

| 1. | INCOME LIMIT - | Determine you | ur modified a | adjusted | gross income | below: |
|----|----------------|---------------|---------------|----------|--------------|--------|
|----|----------------|---------------|---------------|----------|--------------|--------|

| Adjusted Gross Income from IRS 1040 | | \$ | |
|---------------------------------------|---|----|--|
| Tax exempt income earned for the year | | + | |
| Gain on sale of the home | | - | |
| Modified Adjusted Gross Income | = | \$ | |

Then determine if this income exceeds the "Recapture Tax Threshold Income Limits" (CHFA Form #048-0405) for your family size and home location, based on the year you are selling your home. If you exceed the limit, continue; if not, no recapture tax is due.

2. <u>Income Percentage</u>

Subtract the federal threshold income in the chart from your Modified Adjusted Gross Income (1. above). Then, divide that amount by \$5,000 in order to get the income percentage. (However, if the result is over 100%, use 100%).

3. <u>RECAPTURE PERCENTAGE</u>

Determine the recapture percentage due based on the year you are selling your home.

4. <u>CALCULATING RECAPTURE TAX</u>

Multiply your original amount borrowed times the recapture percentage times the income percentage in 2. above. This amount, or 50% of the gain on the sale of your home, whichever is less, is the recapture tax for the year in which you sell your home.

Please Note: You may be eligible to receive reimbursement from CHFA if you are required to make the Federal Recapture Tax payment. See "Request for Federal Recapture Tax Reimbursement" (CHFA Form 049-0313).

We hope you have found this information helpful in understanding the Federal Recapture Tax. If you have any questions, please discuss them with your mortgage loan officer or reference the Internal Revenue Service (IRS) guidelines.

| Lender: | |
|------------------|--|
| NMLS ID: | |
| Loan Originator: | |
| NMLS ID: | |



NOTICE OF POTENTIAL RECAPTURE TAX ON SALE OF HOME

Because you are receiving a mortgage loan from the proceeds of a tax-exempt bond, you are receiving the benefit of a lower interest rate than is customarily charged on other mortgage loans. If you sell or otherwise dispose of your home, within nine years of purchase, this benefit may be "recaptured." The recapture is accomplished by an increase in your federal income tax for the year in which you sell your home. The recapture only applies, however, if you sell your home at a gain and if your income increases above specified levels.

You may wish to consult a tax advisor or the local office of the Internal Revenue Service at the time you sell your home to determine the amount, if any, of the recapture tax. At the closing of the purchase of your home, you will be given additional information that will be needed to calculate the potential recapture tax.

You may be eligible to receive reimbursement from CHFA if you are required to make a recapture tax payment. To request reimbursement, you must submit a written request to CHFA no later than December 31st of the year the federal recapture tax is owed and paid.

Example:

If your home is sold in 2014 and the tax return is filed in 2015, the request for reimbursement must be filed with CHFA no later than December 31, 2015. (Reimbursement requests must be submitted to CHFA before year end in the same year the tax was owed and paid to the IRS).

Please see the document provided to you at the loan closing entitled <u>Notice to Mortgagor of Maximum Recapture Tax and Method to Compute Recapture Tax on Sale of Home</u> for further information

The undersigned acknowledges receipt of a copy of this Notice. I/We have read and understood the above disclosure.

If I/we sell or transfer the home being financed with this mortgage loan during the first nine years after the date of closing, I/we have the responsibility of computing and paying the recapture amount, if any, due the federal government.

| | / | | Date: | |
|----------------------|---|-------------------|-------|--|
| (Borrower-Signature) | | (Type/Print Name) | | |
| | / | | Date: | |
| (Borrower-Signature) | | (Type/Print Name) | | |
| T 1 | | | | |
| Lender: | | | | |
| NMLS ID: | | | | |
| Loan Originator: | | | | |
| NMLS ID: | | | | |

Form **4506-T**

(September 2018) Department of the Treasury Internal Revenue Service

Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.

▶ Request may be rejected if the form is incomplete or illegible.

► For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return. 1b First social security number on tax return, individual taxpayer identification 1a Name shown on tax return. If a joint return, enter the name shown first. number, or employer identification number (see instructions) 2a If a joint return, enter spouse's name shown on tax return. 2b Second social security number or individual taxpayer identification number if joint tax return 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) Previous address shown on the last return filed if different from line 3 (see instructions) 5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. 5b Customer file number (if applicable) (see instructions) Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available 7 after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days. Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from 8 these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments. Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. Caution: Do not sign this form unless all applicable lines have been completed. Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date. Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she Phone number of taxpayer on line has the authority to sign the Form 4506-T. See instructions. 1a or 2a Signature (see instructions) Date Sian Here Title (if line 1a above is a corporation, partnership, estate, or trust) Spouse's signature



BORROWER ELIGIBILITY CERTIFICATE

| I, (We | e) | | and | | | | |
|--------------------------|--|--|---|--|---|-----------------------------------|--------------------|
| | (| (type/print name) | | | (type/prin | t name) | |
| is onl Finan of an | y one borrower), ce Program of the eligible dwelling | er", a term used through , as an essential part of the Connecticut Housing g (the "Residence") and therein, do hereby certify: | the closing of a mort Finance Authority (th with knowledge that t | gage loan p e "Authori | oursuant to ty") to fina | the Housing lance the purch | Mortgage ase by us |
| 1. | I (We) reside at: | | | | | | |
| 2. | The location of t | the Residence to be finar | nced with the proceeds | | tgage loan | is as follows: | |
| | | | | | | | |
| | | | | | - | | |
| 3. | The Residence is | s a dwelling suitable for | occupancy by only on | e family. | Yes □ | No □ | |
| | [IF THE ANS | WER TO PARAGRAPI | H 3 IS NO, COMPLET | TE PARAG | RAPHS 3a | and 3b.] | |
| | 3a. The R | esidence contains separa | ate residential units sui | table for oc | cupancy b | | nber) |
| | | best of the undersigned ive years prior to our ap | | | first occup | ied as a reside | nce at |
| | the closing of the prior to the reha | I intend to occupy the F he mortgage loan, or, in bilitation, within sixty (of llowing the date of closi | the case of a Qualified 60) days following the | d Rehabilita completion | ation Morts n of the rel | gage Loan bei nabilitation, bu | ng closed |
| 5. | The undersigned | do not intend to use the | e Residence as a vacati | on home or | a second h | nome. | |
| 6. | The undersigned trade or business | I do not intend to use mos. | ore than fifteen (15%) | percent of t | he total are | ea of the Reside | ence in a |
| 7. | The undersigned | do not intend to use the | e Residence as an inves | stment prop | erty. | | |
| 8. | investment expe expenses referre | d do not intend to ded ense for Federal income d to in paragraph 6 abov wo-to-four family reside | Tax purposes, except we or except for costs a | as permitt | ed in the o | ease of certain | business |
| 9. | No portion of the | e Residence was specific | cally designed for com | mercial use | 2. | | |
| 10a | | g financed with proceeds de a source of income to | | | | ce is or will be | located, |
| 10b | | ed do not intend to farm apply for a zoning varia | | | | | being |
| 10c | . The size of the | e lot allows one, and only | y one, building lot, and | d the land c | an not be s | ubdivided. | |
| 11. | these returns a Authorization year in the case | ed have delivered copies nd have executed either form of the tax form for e of a loan in a Targeted ds' knowledge, the tax re | IRS Form 4506 or 882 the three years preced Area or a Qualified R | 21 Request ing the close chabilitation | for Copy o sing of the on Mortgag | r Transcript or mortgage loan | Tax (one |

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[INITIAL ONLY THE APPLICABLE PARAGRAPH 12a or 12b AND <u>STRIKE OUT</u> THE OTHER PARAGRAPH. INITIAL PARAGRAPH 12c IF APPLICABLE.]

A PRESENT OWNERSHIP INTEREST WITHIN THE LAST THREE YEARS IN A PRINCIPAL RESIDENCE IS ACCEPTABLE FOR TARGETED AREAS OR QUALIFIED REHABILITATION MORTGAGE LOAN APPLICATIONS AND A LIMITED NUMBER OF OTHER APPLICATIONS.

NOTE: A present ownership interest includes ordinary full ownership (fee simple), joint tenancy, tenancy In common or tenancy by the entirety, an interest in a cooperative, a life estate, a land sale contract, a bond for deed, and an interest held in trust for the Borrower that would constitute a present ownership interest if held directly by the Borrower. A present ownership interest does not include a remainder interest, an ordinary lease with or without a purchase option, an expectancy to inherit, or an interest in real estate other than a principal residence (e.g., a vacation home).

| othe | r than a principal residence (e.g., a vacation home). | | | | |
|------|--|--------------|--------------------------|--|--|
| 12a. | The undersigned has <u>not</u> had a present ownership interest in his principal residence at any time three-year period preceding the application for the mortgage loan. | | | | |
| | - OR- | | (initial) | | |
| 12b. | The undersigned has had a present ownership interest in his principal residence at some to three-year period preceding the application for the mortgage loan. | me during | g the (initial) | | |
| 12c. | Veteran's status – initial if applicable | | | | |
| | The undersigned is a veteran, or an unmarried surviving spouse or civil union partner of a who died as a result of military service or service connected disability. [Note: A veteran i served in the U.S. Armed Forces, and who was discharged or released therefrom under co dishonorable.] | s a person | who | | |
| | | | (Initial) | | |
| 13. | 3. The Acquisition Cost of the Residence (including land whether or not separately purchased) and the cost the rehabilitation of the Residence in the case of a Qualified Rehabilitation Mortgage Loan is \$ | | | | |
| 14. | The undersigned certify that the value of their labor or the noncompensated labor of any fain the completion of the Residence or rehabilitation in the case of a Qualified Rehabilitation is not included in the purchase price and cost of rehabilitation figure in paragraph 13. Ho material, if any, needed for the completion of the Residence is included. | on Mortga | ge Loan | | |
| | THE CHFA LOAN <u>IS NOT</u> A QUALIFIED REHABILITATION MORTGAGE, BORROWE AGRAPHS 15a 15c. IF THE CHFA LOAN <u>IS</u> FOR QUALIFIED REHABILITATION, CH | | | | |
| 15a. | The proceeds of the mortgage loan which the undersigned will receive on the date of the cl mortgage loan will be used to acquire the Residence. | osing of the | he (initial) | | |
| 15b. | The proceeds are not being used or will not be used to replace an existing mortgage or deb undersigned are liable or incurred on behalf of the undersigned, other than a construct similar temporary financing which has a term of twenty-four months or less. | | | | |
| 15c. | The undersigned do not have or have not previously had a mortgage loan on the Residence construction period loan or similar temporary financing. | or N/A | (initial) | | |
| 16a. | The undersigned understand that any transfer of possession or title of the Residence may or balance of the loan to be declared due and payable, or at the option of the Lender, cau charged on the mortgage loan to be raised to fair market levels. The undersigned unders the mortgage may be assumed only under certain conditions and with the approval of the | se the into | erest rate agree that | | |
| 16b. | The undersigned agree to notify the Lender and the Authority in advance of any contempl | ated sale, | rental or | | |

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other transfer affecting the property.



- 16c. The undersigned further agree to notify the Lender and the Authority immediately in the event they should vacate the property and to keep the Lender and the Authority informed of their current mailing address.
- 17. The undersigned do not foresee circumstances that would impair their ability to meet the monthly mortgage loan payments.
- 18. The undersigned are not now entertaining proposals for the sale of the Residence to third persons.

| | THE CHFA LOAN <u>IS</u> A QUALIFIED REHABILITATION MORTGAGE, BORROWER RAGRAPHS 19 - 23. IF THE CHFA LOAN <u>IS NOT</u> FOR QUALIFIED REHABILITATION, O | | |
|-----|---|-----------|-------------|
| 19. | The undersigned will be the first resident(s) of the Residence after completion of the Qualified for which the proceeds of this Qualified Rehabilitation Mortgage Loan are to be applied. | ed Rehab | |
| 20. | At least 20 years have elapsed between the date on which the Residence was first used and the physical work on the rehabilitation will begin. (The 20-year period includes periods during versidence was vacant or devoted to use in a trade or business and is calculated without regard of owners or the identity of owners during the period.) | which the | e number |
| 21. | At least 75% of the existing external walls (including the area of windows and doors) of the be retained in place as external walls in the rehabilitation process. | | e will |
| 22. | The expenditures for the Qualified Rehabilitation will be 25% or more of the undersigneds' at the Residence (which includes the land on which the Residence is located). This adjusted by \$\ These expenditures for the Qualified Rehabilitation, as computed in the Worksheet total \$\ | asis is | |
| 23. | The undersigned have not expended within the past year or will not expend funds prior to the of the mortgage loan, or, if applicable, prior to the final construction disbursement, regardles for additional items of rehabilitation over and above the approved Qualified Rehabilitation. | | |

25. The aggregate income of the undersigned borrower(s) does not exceed the applicable income limit unless purchasing in a target area.

24. All the proposed members of the household who will occupy the Residence (including Borrowers) are:

Relationship to Borrower:

Age

26. How did you learn about the Connecticut Housing Finance Authority's Mortgage Program?

| Friend, relative | Participating Mortgage Lender |
|---------------------------------------|--|
| Real Estate Broker, agent | Property seller |
| Housing fair | Payroll stuffer |
| CHFA Presentation/Seminar | CHFA Homebuyer Education Class |
| News story or talk show (circle radio | , television or newspaper and identify, if possible, |
| by name) | |
| Advertisement (circle radio or newsp | aper and identify, if possible, by name) |
| | |
| | |
| Other (identify) | |

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| 27. | Are you employed as a: | |
|------|--|---|
| | Teacher | Volunteer EMT/EMS |
| | Nurse | Career Firefighter |
| | State Police Officer | Volunteer Firefighter |
| | Municipal Police Officer | Child Daycare Worker |
| | Career EMT/EMS | Members of the U.S. Military (Active Duty, Guard, Reserves) |
| 28. | knowledge. The undersigned understa | orrower Certificate is true and complete to the best of the undersigneds' nd that if the undersigned knowingly make any false statement of any ence in connection with this Borrower Certificate, the loan is subject to e. |
| 29. | | nd all materials and documents, provided to the Authority or Lender in ortgage loan application is true and complete to the best of the under- |
| 30. | False statements made herein are punis General Statutes Section 53a-157b. | shable under the Penalty for False Statement set out in Connecticut |
| | | |
| | Borrower | Date |
| | Borrower | Date |
| | | |
| Loai | der: LS ID: n Originator: LS ID: | |

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WORKSHEET - DAP

Borrower: ANITA MORTGAGE Loan #: Provider: CHFA Program: HFAADVA-HFA Advantage Rate: 4.000000 % Lender: Property Address: 500 CHFA LANE, ROCKY HILL, CT 06067 Community: ROCKY HILL Status A. BORROWER(S) INFORMATION Borrower Name: ANITA MORTGAGE SSN: 123-45-6789 B. SUMMARY OF ASSETS FOR ALL BORROWER(S): Balance(Rounded to Borrower/Co-Borrower Account Name Asset Type Account # nearest \$) Del ANITA MOF Anita's Bank Checking Account xxx2 \$7,413 Del ANITA MOF Checking Account \$500 Anita's Bank ххх3 Del ANITA MOF \$1,000 EMD Cash Deposit on Sales Contri Add Row Total Assets(\$): \$8.913.00 C. CALCULATION OF THE SECOND MORTGAGE AMOUNT 1. AMOUNT FOR CLOSING COSTS AND PREPAIDS a. Total Assets (Total Section B.) \$8,913.00 b. Enter \$10000.00 or the required PITI reserves, whichever is greater \$10,000.00 c. Borrower's required contrubution to closing costs \$0.00 d. Total closing costs / prepaids \$8,400.00 e. Seller or other allowable 3rd party contribution \$3,000.00 f. Remaining Closing Costs \$5,400.00 g. Less Borrower required contrubution to closing costs \$0.00 h. Closing costs remaining after Borrower contribution \$5,400.00 2. DOWNPAYMENT CALCULATION \$3,000.00 a. Downpayment (% covered by DAP) b. Borrower's required contribution to downpayment \$0.00 c. Calculated DAP Amount \$3,000.00 D. PROPOSED MORTGAGE SUMMARY 1. Purchase Price \$100,000.00 2. 1st Mortgage Base Loan Amount \$97.000.00 3. UFMIP (if applicable) \$0.00 4. Total Loan Amount \$97,000.00 5. Final DAP Amount \$3,000.00 6. Total Amount Financed \$100.000.00 **E. LENDER COMMENTS** F. LENDER ACKNOWLEDGEMENT The undersigned has reviewed this Application for a Downpayment Assistance Loan pursuant to the CHFA DAP Program Manual. It is our finding that the Application meets all of the underwriting and eligibility criteria, and we recommend that a loan for Downpayment and Closing Cost purposes in the amount of \$3,000.00 be approved. Signature Date Company

G. BORROWER(S) ACKNOWLEDGEMENT

NMLS ID:____

| ANITA MORTGAGE | | Date |
|------------------|--|------|
| Lender: | | |
| NMLS ID: | | |
| Loan Originator: | | |

REV. 04/2018

The undersigned acknowledges that the asset information contained in Section B. (Summary of Assets) is true and complete, completion of counseling is required prior to CHFA loan commitment and that this form constitutes an Application for Downpayment and Closing Cost Assistance through the CHFA Downpayment Assistance Program.



DOWNPAYMENT ASSISTANCE PROGRAM (DAP) BORROWER CERTIFICATE

| Each bor | rower must read a | nd <u>ınıtıa</u> | al each statement below and sign and date the certificate. |
|------------|----------------------|------------------|--|
| | | 1. | I have completed a DAP Loan Application and Qualification Form. |
| | | 2. | The assets noted on the Application comprise a complete and accurate list. |
| | | 3. | I will apply all liquid assets in excess of \$10,000 toward the downpayment and closing costs. |
| | | 4. | The loan interviewer has explained the DAP Program and requirements for eligibility to me including the requirements for counseling. |
| | | 5. | The loan interviewer has explained estimated closing costs and fees, including origination fees, legal fees, and miscellaneous closing costs to me. |
| | | 6. | I understand that CHFA makes the final determination of the borrower's eligibility for the program and CHFA must issue a written loan commitment to the Lender before I can be sure that I will receive the loan. |
| | | 7. | I understand that if I knowingly make any false statement in this certificate or submit fraudulent evidence in connection with this Application for a DAP loan; the loan may become immediately due and payable. |
| | | 8. | All the information provided in this Borrower's Certificate is true and complete to the best of my knowledge. |
| | | | |
| | (Borrower-Signature) | | (Type/Print Name) |
| | | | |
| | (Borrower-Signature) | | (Type/Print Name) |
| Lender: | | | |
| NMLS ID: | | | |
| Loan Origi | nator: | _ | |
| NMI S ID: | | | |

- Submit Original to CHFA -



CONDOMINIUM ELIGIBILITY CERTIFICATION

| CHFA Loan #: | | CHFA Lender ID: |
|----------------------|---|---|
| Lender Name: | | |
| | | |
| | | |
| | | it #) |
| Condominium Con | iplex Name: | |
| THE CONDOMINI | IUM COMPLEX MEETS ALL ELIGIBILIT | Y REQUIREMENTS AS FOLLOWS: |
| <u>FH</u> . | A Approved and; | |
| FHA | A Connection is attached | |
| FHA | A Single Unit Condo Approval (Spot) | |
| FNN | MA Warrantable: | |
| Full | Review (CPM is acceptable in lieu of this form) | |
| Lim | ited Review | |
| FHI | LMC Warrantable: | |
| | blished, New or Detached Review | |
| | amline Review | |
| <u>USI</u> | DA Eligible | |
| <u>VA</u> | Approved and; | |
| VA | Approval is attached | |
| This information is | s certified to the Connecticut Housing Finance | ce Authority by: |
| | (Lender | Name) hereby certifies that the information contained |
| herein is true and a | ccurate to the best of their knowledge as of, | (Date). |
| (Authorize | ed Lender Representative Signature) | (Title) |
| (Print | Name - must be legible) | |

CHFA Form #013-490 Rev 10-19



POLICE ELIGIBILITY LETTER

| TO: | Mortgage Origination Officer | | | | |
|---|------------------------------|---------------------------|--------------------|---------------------|--------|
| FROM: | | | | | |
| | | (Eligible sig | gners name) | | |
| | City or Tov | vn of | | | |
| | | | wnership Program | | |
| Please be adv | | Name: | | | |
| | | Address: | | | |
| | | Badge #: | | | |
| Program ad | opted by th | e City/Town Co | ouncil on | the CHFA Police Hor | |
| | (Name and | Title of eligible signer) | | | |
| The location | of the home b | porrower(s) wish to | o purchase is at: | | |
| | (Address) | | | (Census Tract) | |
| Home must b | be purchased | within Census Tra | cts | | of the |
| | | | to be eligible for | r this program. | |
| Lender: NMLS ID: Loan Originato NMLS ID: | r: | | | | |



STATEMENT OF ELIGIBILITY FOR PARTICIPATION IN THE CHFA TEACHERS' MORTGAGE ASSISTANCE PROGRAM

Effective July 1, 2019 through June 30, 2020

| I hereby certify that: | |
|---|---|
| (Name of A | Applicant) |
| Per Section 8-265pp of the Connecticut General Statutes a mortgage assistance program is provided for the purch | |
| Check only one box: | |
| Holds a valid Connecticut certificate and; | |
| \Box Is employed as a teacher in a priority or transitional s | school district; |
| ☐ Is employed by the State of Connecticut in a technical school district; | al high school that is located in a priority or transitional |
| ☐ Graduated from a public high school in an education Connecticut General Statutes; | al reform district as defined in Section 10-262u of the |
| ☐ Graduated from a historically black college or univer | rsity or a Hispanic-serving institution; |
| ~ OR | ~ |
| ☐ Holds a valid Connecticut certificate and is employed in one of the following 2019-2020 identified certificates | d as a teacher in his/her respective endorsement area/s ation endorsement shortage areas: |
| Check only one box: | |
| □ Bilingual Education, PK-12 □ Comprehensive Special Education, K-12 □ Mathematics, 7-12 □ Occupational Subject, Vocational Technical High School □ School Library and Media Specialist In the case of certified teachers teaching in a priority or transition in a priority or transiti | |
| Signed: (Original Signature of: Superintendents of Schools, Charter School Dire of Regional Educational Service Centers, or Directors of State Approved Name & Title of Signatory: | / |
| School District: | |
| Talanhana | Data |



VETERAN'S STATEMENT DUE ON SALE

| Date: |
|---|
| Veteran/Applicant Name: |
| Property Address: |
| I understand that my home purchase is being financed with a mortgage made available with the assistance of Connecticut Housing Finance Authority (CHFA). This mortgage is made at an interest rate below that which is usually charged. Because of this, I cannot sell my home to a person ineligible for assistance from CHFA, unless I pay my loan in full. If I sell my home to a party ineligible for CHFA assistance and allow the buyer to make my payments for me (assume my loan), CHFA may refuse to allow the sale and demand immediate full repayment of the loan. This could result in foreclosure or repossession of the property. If you take my home through a foreclosure of the mortgage because of my sale to a non-approved buyer, VA will not be able to help me. In addition, VA may have to pay a claim to CHFA for any loss incurred on my loan. I may then be obligated to the VA for any claim paid by the VA to CHFA. |
| I may avoid such actions by paying my loan in full when I sell my home or by making certain that any person who purchases my home and takes over the payments is approved and meets the necessary qualifications established by CHFA. Those requirements are: |
| • Income to qualify, house and property to be eligible, purchase price to qualify, use of property to qualify as principal residence. |
| |
| (Veteran/Applicant Signature) (Veteran/Applicant Signature) |
| |
| Lender: |
| NMLS ID: Loan Originator: |
| NMLS ID: |
| |

*The Veteran's Statement-Due on Sale form must be forwarded to CHFA with the loan application.

Page 1 of 2 CHFA Form #018-0296 Rev.4-15



VA Regulation 4275(A) (38 CFR §36.4275(a)

- (A) [Except as provided in subdivisions (1) and (2) of this subparagraph] the conveyance of or other transfer of title to property by operation of law or otherwise, after the creation of a lien thereon to secure a loan which is guaranteed in whole or in part by the Administrator, shall not constitute an event of default, or acceleration of maturity, elective or otherwise, and shall not of itself terminate or otherwise affect the guaranty.
 - [(1) The Administrator may issue guaranty on loans in which a State, Territorial, or local governmental agency provides assistance to veteran for the acquisition of a mobile home or lot. Such loans will not be considered ineligible for guaranty if the State, Territorial, or local authority, by virtue of its laws or regulations or by virtue of Federal law, requires the acceleration of maturity of the loan upon the sale or conveyance of the security property to a person eligible for assistance from such authority. [38 U.S.C. 1819(g)]
 - (2) At the time of application for a loan assisted by a State, Territorial, or local governmental agency, the veteran-applicant must be fully informed and consent in writing to the housing authority restrictions. A copy of the veteran's consent statement must be forwarded with the loan application or the report of a loan processed on the automatic basis. [38 U.S.C. 1819(g)]*

VA Regulation 4308(E) [38 CFR §36.4308(e)]

- (E) (1) The Administrator may issue guaranty on loans in which a State, Territorial, or local governmental agency provides assistance to a veteran for the acquisition of a dwelling. Such loans will not be considered ineligible for guaranty if the State, Territorial, or local authority, by virtue of its laws or regulations or by virtue of Federal law, requires the acceleration of maturity of the loan upon the sale or conveyance of the security property to a person ineligible for assistance from such authority. [38 U.S.C. 1803(c)]
 - (2) At the time of application for a loan assisted by a State, Territorial, or local governmental agency, the veteran-applicant must be fully informed and consent in writing to the housing authority restrictions. A copy of the veteran's consent statement must be forwarded with loan application or the report of a loan processed on the automatic basis. [38 U.S.C. 1803 (c)]

Page 2 of 2 CHFA Form #018-0296 Rev.4-15

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^{*} The Connecticut Housing Finance Authority does not make loans for the acquisition of mobile homes or lots. This regulation (A) is provided for informational purposes only.



STATE OF CONNECTICUT DEPARTMENT OF HOUSING

HOMEOWNERSHIP PROGRAM

LANDLORD'S VERIFICATION OF TENANT'S ADDRESS

| NAME OF TENANT: | |
|--|---|
| ADDRESS: (Include name of housing complex) | |
| Please check the type of housing su | bsidy provided to this tenant: |
| Federal Sect Project-base Existing Cer Rental Assis State Moder State Afford | naged by municipal housing authority ion 8 Certificate or Voucher d Certificate tificate or Voucher stance Program ("RAP") ate Rental ("MR") able Housing nced Subsidized Apartment |
| Name, address and telephone num agency administering subsidy: | ber of |
| | |
| | |
| Landlord's name and address: (If different from above) | |
| Print name and title of person completing this form: | |
| | |
| I certify that to the best of my knowle | edge, the above-stated information is true and accurate. |
| (Signature of person completing this for | rm) (Date) |

SERVICER: IDAHO HOUSING AND FINANCE ASSOCIATION

CONVENTIONAL MORTGAGES



(Form for HFA Preferred ™/ HFA Advantage ® & Uninsured Only)

| | CHFA LEAN LOAN | | Date: | | |
|---------------|--|----------|--|--|--|
| | All Files Submitted To CHFA Are Required To Be Scanned In Checklist Order | | | | |
| | COMPLETE THE FOLLOWING | ГΟ | SUBMIT LOANS IN CHFA LOS: | | |
| | Update All Applicable Fields In LOS - Confirm Program Type & Inte | rest | Rate - Including DAP Worksheet (If applicable) | | |
| H | Complete And Submit CHFA LOS Additional Data Screen | | , , , , | | |
| H | Upload The Final Loan Application (1003) In CHFA LOS | | | | |
| 닏 | | ON | TACT INFORMATION | | |
| | LENDER / SELLER C | ON | | | |
| -116 | e Contact Name & Title Telephone & Ext. | | Contacts Email Address | | |
| | BORROWER | INI | FORMATION | | |
| СН | FA Loan # IHFA Loan # | | mary Borrower Name (Last, First) | | |
| <u>ا</u> ٽا | I'I A LOUII # | ľ | mary borrower name (cast, riist) | | |
| | LOAN FILE SUBMISSION TO INCLUDE , but is not limited to the following doc | ımer | ntation (as applicable). Documentation requirements may differ by program. | | |
| | CREDIT PACKAGE DOCUMENTS | - C | HECK ONLY ITEMS APPLICABLE | | |
| F | Commitment / Loan I | | | | |
| H | · | | · · · | | |
| 1 | File Submission Checklist - CHFA Form 009-1107 - ID | 3 | Loan Exception Documentation | | |
| 2 | Other Subordinate Financing - Initial Financing Approval Document | 4 | Final Transmittal Summary (1008) FNMA (dated/signed by Underwriter) | | |
| Ш | (i.e. Housing Dev. Fund, Equity Builder, City of HTFD, etc.) | | | | |
| | | | | | |
| | First Mortgage Loan | Ap | proval & Application | | |
| 1 | Final/Verified Loan Application (1003) | 3 | AUS Findings - Final version (DU, LPA) | | |
| | Initial Loan Application (1003) (signed by Borrower & Ln Originator) | | Private Mortgage Insurance Certificate - Copy (if applicable) | | |
| | | 4 | | | |
| H | Ov. dis 0.5 | <u> </u> | d Objects | | |
| H | Credit & F | rau | | | |
| 1 | Credit Supplements (if applicable) | 5 | Credit Report Inquiry Explanation with Documentation - signed & dated | | |
| 2 | Credit Report - RMCR / Tri-Merge (associated to AUS, if applicable) | 6 | Divorce Decree / Property Separation Agreements (if applicable) | | |
| 3 | Bankruptcy Report / Discharge (if applicable) | 7 | Child Support Verification (if applicable) | | |
| 4 | Letter addressing Adverse Credit and/or Discrepancies - signed & dated | | | | |
| | | | | | |
| | Income / Er | npla | Dyment - (Most recent Documentation on Top) | | |
| H | Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Repayment) | | Academic Student Transcript - for full-time student (or pay stub) if DAP LN | | |
| = | | | | | |
| 2 | Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Income Limit | 8 | IRS Tax Return Transcripts - 3 most recent - 1 yr if targeted area | | |
| 3 | Verification of Employment (past 2 yrs with start/end dates) | | ∼ Or ∼ (Do Not Include Both - Delays File Review Process) | | |
| 4 | Current paystubs (reflecting 30 days & YTD income) | 8 | Fed. Tax Return-Personal Signed 3 most recent - 1 yr if target area - all schedules | | |
| 5 | Verif. of Supplemental Income - Soc Sec, Pension Award (or per AUS) | 8 | Fed. Tax Return-Business Signed 3 most recent - 2 yrs if target area - all schedules | | |
| 6 | W-2's, 1099's - Most recent 2 yrs | 9 | Income Letter(s) of Explanation (if applicable) | | |
| П | | | | | |
| | Asse | ts - | (Most recent Documentation on Top) | | |
| - | Cleared Earnest Money Check (copy) with source of funds (if applicable) | _ | Any Additional Supporting Asset Documentation (if applicable) | | |
| Ħ | Gift Documentation per FNMA guidelines | 4 | Asset Statements (Bank name & ownership) most recent 3 mths - all accounts | | |
| 2 | | 5 | 7.0000 Statements (Dank name & Ownership) most recent 3 miles - an decounts | | |
| 3 | DAPS: Document source of deposit & withdrawals ≥10% of mnthly income | \vdash | | | |
| \sqsubseteq | | L | | | |
| | Property | / A | ppraisal | | |
| 1 | Appraisal Report (include <i>Color</i> Photos, Street View, Comparables) | 6 | Flood Hazard Notice | | |
| 2 | Final / Repair Inspection with <i>Color</i> Photos - FNMA 1004D (if applicable | 7 | Verification of Property Census Tract - FFIEC Geocoding print-out or Other | | |
| 3 | Certificate of Occupancy (if applicable) | 8 | Purchase Agreement - short sale agreement, probate approval(fully executed) | | |
| 1 | Evidence Condo is FNMA Eligible - CHFA Form 013-490 - or - Equivalent | ٥ | Purchase Agreement - All Addendums & Counter Offers (fully executed) | | |
| Ħ | Flood Life of Loan Determination Certificate | | 222.22 2 | | |
| 5 | 1.555 End of Eddit Dotoffilliation outlineate | L | | | |
| \vDash | | L | | | |
| 1 | | 1 | | | |

IHFA Conventional Mtg - Continued

| | CHFA REQUIRED DOCUMENTS (if applicable) | | | | |
|----|--|------|---|--|--|
| 1 | Federal Recapture Tax Notice - Potential Tax - 051-0597 | 10 | Police Statement of Eligibility - 031-027 | | |
| 2 | Federal Recapture Tax Notice - Understanding Tax - 050-0597 | 11 | Teacher Statement of Eligibility - 031-030 | | |
| 3 | Federal Recapture Tax Notice - Method to Compute (LEAN Only) | 12 | Military Form DD214 Separation Documents (Honorable Discharge) | | |
| 4 | IRS Form 4506-T - Copy (completed & signed for each Borrower) | | | | |
| 5 | Borrower Eligibility Certificate - 014-1107 | | Homeownership Counseling | | |
| 6 | DAP - Application for Downpayment Only - DAPappOnly | 13 | Pre-Closing Homebuyer Education Certificate (3Hr) | | |
| 7 | DAP - Borrower's Certificate - DAP 95-05 | 13 | Pre-Purchase Homebuyer Education Certificate (8Hr) | | |
| 8 | Loan Estimate (LE) Initial Disclosure (1st Mtg & DAP if applicable) | 13 | Online Homebuyer Education (e-Home America) Certificate | | |
| 9 | Landlord Verif. of Tenant Address - 060-1005 or Lease, or Recertification | 14 | Financial Fitness Certificate | | |
| | | 15 | Landlord Certificate (if multifamily) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | OLOGINO DOGUNATATO IDALIO | | CUCINO AND FINANCE ACCO | | |
| | CLOSING DOCUMENTS - IDAHC |) H(| OUSING AND FINANCE ASSOC. | | |
| Н | | | | | |
| | Final FNMA 1003 uploaded in "Lender Connection" Web Portal | | Documents Delivered Electronically in "Lender Connection" | | |
| | "Lender Connection" Loan Information Completed Online | | Original/Final Documents Mailed To: Idaho Housing and Finance Association - 565 W. Myrtle St Boise, ID 83702 | | |
| | Detail Purchase Advice Funding Sheet - CHFA Form 066-0408 | | Participating Lender Certification - CHFA Form 019-1101 | | |
| 1 | LEAN Lender Commitment Letter - Fully Executed | 15 | New Construction Exhibits (if applicable) | | |
| 2 | Commitment Letter - (CHFA) - Fully Executed | 16 | UCDP - Submission Summary Report | | |
| 3 | CHFA DAP (Subordinate Financing) - Original Executed Commitment Letter | 17 | UCD - (Uniform Closing Dataset) - Final Submission Report - Eff. 9/25/2017 | | |
| 4 | Other Subordinate Financing - Copy Second Mortgage Note & Deed | 18 | Private Mtg Insurance Certificate | | |
| 5 | IHFA - Certif. of Accelerated Delivery Form 1040 (see Lender Connection) | 19 | Private Mtg Insurance Cancellation Disclosures - Assigned to HomeLoanServ | | |
| 6 | Flood Life of Loan Determination - Certificate Transferred to HomeLoanServ | 20 | Servicing Transfer Discl "Goodbye Letter" Borrower notified of HmLnServ info | | |
| 7 | Flood Insurance Policy (if applicable) HomeLoanServ listed loss payee w/LN# | 21 | Original Note (First Mtg) - Endorsed to IHFA | | |
| 8 | Hazard Ins. Policy/Binder - HomeLoanServ listed loss payee with LN # | 22 | Mtg Deed/Sec. Instr., Applicable Riders, Legal Descrip - Copy (First Mtg) | | |
| 9 | Hazard Ins Condo Master Insurance Policy (if applicable) | 23 | Tax-Exempt Financing Rider - CHFA Form 053-1199 | | |
| 10 | Hazard Ins Condo "Walls In" Binder - H-06 policy (if applicable) | 24 | Immigration & Naturalization Services (INS) Card - Copy | | |
| 11 | Mortgage Assignment to IHFA - ISAOA ATIMA -Copy (if not utilizing MERS) | 25 | Legal Address matches Note, Deed, 1003 App'l, AUS, Flood Cert., Ins. etc. | | |
| 12 | Title Ins. Policy - Final with Chain of Title & Property Tax Info. | 26 | Borrower Signature Affidavit - 014-0718 - S | | |
| 13 | Initial Escrow Account Disclosure | 27 | Closing Discl. (CD) Initial & Final with Settlement Agent disbursement sheet | | |
| 14 | Well, Septic Inspections (if applicable) | 28 | Loan Estimate (LE) Revised - Change of Circumstance Form, if applicable | | |
| | | | | | |
| | **Recorded Mtg & Assignment, Title Policy and FHA MIC/VA LGC/ | /USI | DA-RD LNG must be delivered within 90 days of loan purchase** | | |
| | CHFA DAP Closing Do | 2011 | ments (if applicable) | | |
| | | | | | |
| | Homeowners Hazard insurance policys to Connecticut Housing Finance Authority C/O HomeLoanSe | | | | |
| 1 | Original Executed Commitment Letter - (Copy to CHFA - DAP subord. financing) | 4 | DAP Loan Estimate (LE) | | |
| 2 | Original DAP Note (Copy to CHFA - Closed in the name of CHFA) | 5 | DAP Closing Disclosure (CD) | | |
| 3 | Original DAP Deed (within 90 days of closing) | 6 | Servicing Transfer Discl "Goodbye Letter" Borrower notified of HmLnServ info | | |
| | | | | | |
| | ••• | | | | |
| | Miscellaneous Doc | um | nents (ir applicable) | | |
| 1 | | 4 | | | |
| 2 | | 5 | | | |
| 3 | | 6 | | | |
| Ш | | | | | |

SERVICER: IDAHO HOUSING AND FINANCE ASSOCIATION

GOVERNMENT MORTGAGES



(Form for FHA, USDA-RD, VA Only)

| CHFA LEAN LOAN | Date: | | | |
|--|--|--|--|--|
| All Files Submitted To CHFA Are Required To Be Scanned In Checklist Order | | | | |
| COMPLETE THE FOLLOWING | G TO SUBMIT LOANS IN CHFA LOS: | | | |
| Update All Applicable Fields In LOS - Confirm Program Type & Ir | nterest Rate - Including DAP Worksheet (If applicable) | | | |
| Complete And Submit CHFA LOS Additional Data Screen | | | | |
| Upload The Final Loan Application (1003) In CHFA LOS | | | | |
| LENDER / SELLER | R CONTACT INFORMATION | | | |
| File Contact Name & Title Telephone & Ext. | Contacts Email Address | | | |
| DODDOW | | | | |
| CHFA Loan # IHFA Loan # | ER INFORMATION Primary Borrower Name (Last, First) | | | |
| CHEA LOGH # | Filliary bollower mailie (Last, Flist) | | | |
| | documentation (as applicable). Documentation requirements may differ by program. | | | |
| CREDIT PACKAGE DOCUMEN | TS - CHECK ONLY ITEMS APPLICABLE | | | |
| Commitment / Loa | n Exceptions / Transmittal | | | |
| file Submission Checklist - CHFA Form 009-1107 - ID | USDA-RD Form 3555-18 Conditional Commitment for S/Fam Ln Guarantee | | | |
| 2 Other Subordinate Financing - Initial Financing Approval Document | 6 HUD 92900LT - Final Underwriting & Transmittal Summary (signed by UW & dated) | | | |
| 3 Loan Exception Documentation | VA Form 26-6393 Loan Analysis (signed by UW & dated) | | | |
| Final Transmittal Summary (1008) FNMA (USDA Loans ONLY - signed by UW & date | ed) | | | |
| <u> </u> | <u> </u> | | | |
| First Mortgage Lo | an Approval & Application | | | |
| Final/Verified Loan Application (1003) | 3 AUS Findings - Final version (DU, LPA, GUS) | | | |
| Initial Loan Application (1003) (signed by Borrower & Ln Originator) | Ħ | | | |
| Ħ | Ħ | | | |
| Credit { | & Fraud Checks | | | |
| Credit Supplements (if applicable) | credit Report Inquiry Explanation with Documentation - signed & dated | | | |
| Credit Report - RMCR / Tri-Merge (associated to AUS, if applicable) | Divorce Decree / Property Separation Agreements (if applicable) | | | |
| Bankruptcy Report / Discharge (if applicable) | Child Support Verification (if applicable) | | | |
| Letter addressing Adverse Credit and/or Discrepancies - signed & date | | | | |
| Ħ | H | | | |
| Income | / Employment - (Most recent Documentation on Top) | | | |
| Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Repayme | | | | |
| Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Income Li | | | | |
| Verification of Employment (past 2 yrs with start/end dates) | ~ Or ~ (Do Not Include Both - Delays File Review Process) | | | |
| Current paystubs (reflecting 30 days & YTD income) | Fed. Tax Return-Personal Signed 3 most recent - 1 yr if target area - all schedules | | | |
| Verif. of Supplemental Income - Soc Sec, Pension Award (or per AUS) | Fed. Tax Return-Business Signed 3 most recent - 2 yrs if target area - all schedules | | | |
| W-2's, 1099's - Most recent 2 yrs | Income Letter(s) of Explanation (if applicable) | | | |
| 6 17 20, 10000 1100011012 7.0 | Internet Exterior of Expandesh (ii approache) | | | |
| As | Sets - (Most recent Documentation on Top) | | | |
| Cleared Earnest Money Check (copy) with source of funds (if applicable | | | | |
| Gift Documentation per FNMA guidelines | Asset Statements (Bank name & ownership) most recent 3 mths - all accounts | | | |
| DAPS: Document source of deposit & withdrawals ≥10% of mnthly inco | | | | |
| | erty / Appraisal | | | |
| Appraisal Report (include <i>Color</i> Photos, Street View, Comparables) | Escrow Holdback Agreement (if applicable) | | | |
| Final / Repair Inspection with <i>Color</i> Photos - FNMA 1004D (if applica | | | | |
| Certificate of Occupancy (if applicable) | HUD 92700 - Maximum Mtg Worksheet | | | |
| Evidence Condo is VA / FHA approved | HUD Consultant Report (if applicable) | | | |
| Flood Life of Loan Determination Certificate | Work Estimates - Fully Executed - Copy | | | |
| Flood Hazard Notice | Work Write-up and signed Contract - Copy | | | |
| Verification of Property Census Tract - FFIEC Geocoding print-out or Otl | | | | |
| Purchase Agreement - short sale agreement, probate approval(fully executed | | | | |
| Purchase Agreement - All Addendums & Counter Offers (fully executed | | | | |

IHFA Government Mtg - Continued

| | CHFA REQUIRED DOCUMENTS (if applicable) | | | | |
|----|--|--------|--|--|--|
| 1 | Federal Recapture Tax Notice - Potential Tax - 051-0597 | 12 | Veterans Statement - Due on Sale - 018-0296 | | |
| 2 | Federal Recapture Tax Notice - Understanding Tax - 050-0597 | 13 | VA Eligibility Certificate - or - Automated Certificate of Eligibility | | |
| 3 | Federal Recapture Tax Notice - Method to Compute (LEAN Only) | 14 | Military Form DD214 Separation Documents (Honorable Discharge) | | |
| 4 | IRS Form 4506-T - Copy (completed & signed for each Borrower) | | | | |
| 5 | Borrower Eligibility Certificate - 014-1107 | | | | |
| 6 | DAP - Application for Downpayment Only - DAPappONLY | | Homeownership Counseling | | |
| 7 | DAP - Borrower's Certificate - DAP 95-05 | 15 | Pre-Closing Homebuyer Education Certificate (3Hr) | | |
| 8 | Loan Estimate (LE) Initial Disclosure (1st Mtg & DAP if applicable) | 15 | Pre-Purchase Homebuyer Education Certificate (8Hr) | | |
| 9 | Landlord Verif. of Tenant Address - 060-1005 or Lease, or Recertification | 15 | Online Homebuyer Education (e-Home America) Certificate | | |
| 10 | Police Statement of Eligibility - 031-027 | 16 | Financial Fitness Certificate | | |
| 11 | Teacher Statement of Eligibility - 031-030 | 17 | Landlord Certificate (if multifamily) | | |
| Ħ | 3 . 3 | 11 | | | |
| | CLOSING DOCUMENTS - IDAHO | Н | OUSING AND FINANCE ASSOC | | |
| Н | | | | | |
| H | Final FNMA 1003 uploaded in "Lender Connection" Web Portal | | Documents Delivered Electronically in "Lender Connection" Original/Final Documents Mailed To: Idaho Housing and Finance | | |
| Ш | "Lender Connection" Loan Information Completed Online | | Association - 565 W. Myrtle St Boise, ID 83702 | | |
| | Detail Purchase Advice Funding Sheet - CHFA Form 066-0408 | | Participating Lender Certification - CHFA Form 019-1101 | | |
| 1 | LEAN Lender Commitment Letter - Fully Executed | 15 | Copy - Deactived Title for Manuf. Home showing Property as Real Property | | |
| 2 | Commitment Letter - (CHFA) | 16 | Well, Septic Inspections (if applicable) | | |
| 3 | CHFA DAP (Subordinate Financing) - Original Executed Commitment Letter | 17 | New Construction Exhibits (if applicable) | | |
| 4 | Other Subordinate Financing - Copy Second Mortgage Note & Deed | 18 | UCDP - Submission Summary Report | | |
| 5 | IHFA - Certif. of Accelerated Delivery Form 1040 (see Lender Connection) | 19 | Private Mtg Insurance Certificate | | |
| 6 | Flood Life of Loan Determination - Certificate Transferred to HomeLoanServ | 20 | Private Mtg Insurance Cancellation Disclosures - Assigned to HomeLoanServ | | |
| 7 | Flood Insurance Policy (if applicable) HomeLoanServ listed loss payee w/LN# | 21 | Servicing Transfer Discl "Goodbye Letter" Borrower notified of HmLnServ info. | | |
| 8 | Hazard Ins. Policy/Binder - HomeLoanServ listed loss payee with LN # | 22 | Original Note (First Mtg) - Endorsed to IHFA | | |
| 9 | Hazard Ins Condo Master Insurance Policy (if applicable) | 23 | Mtg Deed/Sec. Instr., Applicable Riders, Legal Descrip - Copy (First Mtg) | | |
| 10 | Hazard Ins Condo "Walls In" Binder - H-06 policy (if applicable) | 24 | Tax-Exempt Financing Rider - CHFA Form 053-1199 | | |
| 11 | Mortgage Assignment to IHFA - ISAOA ATIMA -Copy (if not utilizing MERS) | 25 | Immigration & Naturalization Services (INS) Card - Copy | | |
| 12 | Title Ins. Policy - Final with Chain of Title & Property Tax Info. | 26 | Legal Address matches Note, Deed, 1003 App'l, AUS, Flood Cert., Ins. etc. | | |
| 13 | Initial Escrow Account Disclosure | 27 | Borrower Signature Affidavit - 014-0718 - S | | |
| 14 | Engineers Certification of foundation, required on Manufactured Homes | 28 | Closing Discl. (CD) Initial & Final with Settlement Agent disbursement sheet | | |
| Ħ | | 29 | Loan Estimate (LE) Revised - Change of Circumstance Form (if applicable) | | |
| | | | | | |
| | CHFA DAP CLOSING DOCUMENTS (if applicable) | | | | |
| Г | Homeowners Hazard insurance policys to | | | | |
| | Connecticut Housing Finance Authority C/O HomeLoanSe | erv, i | , | | |
| 1 | Original Executed Commitment Letter - (Copy to CHFA - DAP subord. financing) Original DAP Note (Copy to CHFA - Closed in the name of CHFA) | 4 | DAP Closing Disclosure (CD) | | |
| 2 | Original DAP Deed (within 90 days of closing) | 5 | DAP Closing Disclosure (CD) Servicing Transfer Discl "Goodbye Letter" Borrower notified of HmLnServ info. | | |
| 3 | original DAI Deed (Within 30 days of closing) | 6 | | | |
| | FHA, VA, USDA-RD S | PE | CIFIC DOCUMENTS | | |
| | FHA Documen | | | | |
| 1 | HUD 92900A - Addendum to Initial Loan Application | 3 | FHA Amendatory Clause/ RE Certification - signed & dated by all parties | | |
| 2 | FHA Connection Case # Assignment | 4 | HUD 92800.5B - Conditional Commitment Stmnt of Appraised Value | | |
| Ħ | | | | | |
| | VA Document | is (i | if applicable) | | |
| 1 | Form 26-1802a /HUD Form 92900A - Addendum to Initial Ln Application | 3 | Notice of Value (NOV) or Master Certificate of Eligiblity | | |
| 2 | VA Form 26-1866 Cert. of Commitment - if prior apprvd, must be unexpired | | | | |
| | | | | | |
| | USDA-RD Docum | en | ts (if applicable) | | |
| 1 | Form 1980-19 Guaranteed Ln Closing Report - Proof Upfront Ln Fee Paid | 3 | Form 3555-17 Loan Note Guarantee | | |
| 2 | Form 3555-11 Guaranteed Rural Housing Lender Record Change | 4 | Form 3555-21 Request for S/Fam Housing Loan Guarantee | | |
| | | | | | |
| | **Recorded Mtg & Assignment, Title Policy and FHA MIC/VA LGC/ | USI | DA-RD LNG must be delivered within 90 days of loan purchase** | | |

SERVICER: AMERINAT

CONVENTIONAL MORTGAGES



(Form for HFA Preferred ™ & Uninsured Only)

| | CHFA LEAN LOAN | | Date: | | |
|------|--|----------------|---|--|--|
| | All Files Submitted To CHFA Are Req | uir | ed To Be Scanned In Checklist Order | | |
| | COMPLETE THE FOLLOWING | TO: | SUBMIT LOANS IN CHFA LOS: | | |
| | Update All Applicable Fields In LOS - Confirm Program Type & Inte | rest | Rate - Including DAP Worksheet (If applicable) | | |
| | Complete And Submit CHFA LOS Additional Data Screens | | | | |
| Ħ | Upload The Final Loan Application (1003) In CHFA LOS | | | | |
| | | CON | TACT INFORMATION | | |
| File | e Contact Name & Title Telephone & Ext. | CON | Contacts Email Address | | |
| " | relephone & Ext. | | Softacts Lindii Address | | |
| | BORROWE | R IN | FORMATION | | |
| СН | FA Loan # Lender Loan # | | mary Borrower Name (Last, First) | | |
| | | | , | | |
| | LOAN FILE SUBMISSION TO INCLUDE , but is not limited to the following do | cumer | ntation (as applicable). Documentation requirements may differ by program. | | |
| | CREDIT PACKAGE DOCUMENTS | 6 - C | HECK ONLY ITEMS APPLICABLE | | |
| | Commitment / Loan | Exce | eptions / Transmittal | | |
| 1 | File Submission Checklist - CHFA Form 009-1108 - AM | ٦, | Loan Exception Documentation | | |
| | | | Final Transmittal Summary (1008) FNMA (dated/signed by Underwriter) | | |
| 2 | Other Subordinate Financing - Initial Financing Approval Document | .) | Third Hansmittan Summary (1995) Fritting (dated) signed by Orderwiter) | | |
| Щ | (i.e. Housing Dev. Fund, Equity Builder, City of HTFD, etc | ·/ | | | |
| | | | | | |
| | First Mortgage Loa | n Ap | proval & Application | | |
| 1 | Final/Verified Loan Application (1003) signed by Mtg Loan Originator | 3 | AUS Findings - Final version (DU, LPA) | | |
| 2 | Initial Loan Application (1003) (signed by Borrower & Loan Originator) | 4 | Private Mortgage Insurance Certificate - Copy (if applicable) | | |
| | | | | | |
| Ħ | | F | | | |
| | Crodit 2 | Frou | d Checks | | |
| H | | Гас | | | |
| 1 | Credit Supplements (if applicable) | 5 | Credit Report Inquiry Explanation with Documentation - signed & dated | | |
| 2 | Credit Report - RMCR / Tri-Merge (associated to AUS, if applicable) | 6 | Divorce Decree / Property Separation Agreements (if applicable) | | |
| 3 | Bankruptcy Report / Discharge (if applicable) | 7 | Child Support Verification (if applicable) | | |
| 4 | Letter addressing Adverse Credit and/or Discrepancies - signed & dated | | | | |
| | | | | | |
| | Income / Er | mplo | yment - (Most Recent Documentation on Top) | | |
| 1 | Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Repayment) | 7 | Academic Student Transcript - for full-time student (or pay stub) if DAP LN | | |
| 2 | Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Income Limi | t) | IRS Tax Return Transcripts - 3 most recent - 1 yr if targeted area | | |
| _ | Verification of Employment (past 2 yrs with start/end dates) | | ~ Of ~ (Do Not Include Both - Delays File Review Process) | | |
| 3 | Current paystubs (reflecting 30 days & YTD income) | _ | Fed. Tax Return-Personal Signed 3 most recent- 1 yr if targeted area -all schedules | | |
| 4 | | 8 | , , | | |
| 5 | Verif. of Supplemental Income - Soc Sec, Pension Award (or per AUS) | 8 | Fed. Tax Return-Business Signed 3 most recent- 2 yrs if targeted area-all schedules | | |
| 6 | W-2's, 1099's - Most recent 2 yrs | 9 | Income Letter(s) of Explanation (if applicable) | | |
| | | | | | |
| | Ass | ets | - (Most Recent Documentation on Top) | | |
| 1 | Cleared Earnest Money Check (copy) with source of funds (if applicable) | 4 | Any Additional Supporting Asset Documentation (if applicable) | | |
| 2 | Gift Documentation per FNMA guidelines | 5 | Asset Statements (Bank name & ownership) most recent 3 mths - all accounts | | |
| ď | DAPS: Document source of deposit & withdrawals >10% of mnthly income | ▫┢ | j | | |
| Ħ | <u> </u> | H | | | |
| H | Property / Appraisal | | | | |
| | | . <i>y</i> / ^ | | | |
| 1 | Appraisal Report (include <i>Color</i> Photos, Street View, Comparables) | . 6 | Flood Hazard Notice | | |
| 2 | Final / Repair Inspection with Color Photos - FNMA 1004D (if applicable | *) 7 | Verification of Property Census Tract - FFIEC Geocoding print-out or Other | | |
| 3 | Certificate of Occupancy (if applicable) | 8 | Purchase Agreement - short sale agreement, probate approval(fully executed) | | |
| 4 | Evidence Condo is FNMA Eligible - CHFA Form 013-490 - or - Equivalent | 9 | Purchase Agreement - All Addendums & Counter Offers (fully executed) | | |
| 5 | Flood Life of Loan Determination Certificate | | | | |
| i | | | j | | |

| | AmeriNat - Conventional Mtg - Continued | | | | |
|-----|---|----------------|---|--|--|
| | CHFA REQUIRED DOCUMENTS (if applicable) | | | | |
| 2 3 | Federal Recapture Tax Notice - Potential Tax - 051-0597 Federal Recapture Tax Notice - Understanding Tax - 050-0597 Federal Recapture Tax Notice - Method to Compute (LEAN Only) IRS Form 4506-T - Copy (completed & signed for each Borrower) | 10 11 12 | Police Statement of Eligibility - 031-027 Teacher Statement of Eligibility - 031-030 Military Form DD214 Separation Documents (Honorable Discharge) | | |
| 4 | Borrower Eligibility Certificate - 014-1107 | H | Homeownership Counseling | | |
| 5 | DAP - Application for Downpayment Only - DAPappOnly | H | Pre-Closing Homebuyer Education Certificate (3Hr) | | |
| 6 | DAP - Borrower's Certificate - DAP 95-05 | 13 | Pre-Purchase Homebuyer Education Certificate (8Hr) | | |
| - | Loan Estimate (LE) Initial Disclosure (1st Mtg & DAP if applicable) | 13 | Online Homebuyer Education (e-Home America) Certificate | | |
| 0 | Landlord Verif. of Tenant Address - 060-1005 or Lease, or Recertification | 14 | Financial Fitness Certificate | | |
| | , | 15 | Landlord Certificate (if multifamily) | | |
| Ħ | | | Zanasia Columbata (II matalamily) | | |
| | | | | | |
| | CLOSING DOCUMENTS - AMERINAT | | | | |
| | AmeriNat - Loan Information Sheet - Completed | | AmeriNat - Escrow Information Sheet - Completed | | |
| | Detail Purchase Advice Funding Sheet - CHFA Form 066-0408 | | Participating Lender Certification - CHFA Form 019-1101 | | |
| | Copy - Assignment of Mortgage To: Connecticut Housing Finance Authority - 999 West Street - Rocky Hill, CT 06067 | | Original/Final Documents Mailed To: AmeriNat Attn: Wanda Attig - 217 S. Newton Ave. Albert Lea, MN 56007 | | |
| | | | | | |
| 1 | LEAN Lender Commitment Letter - Fully Executed | 15 | New Construction Exhibits (if applicable) | | |
| 2 | Commitment Letter - (CHFA) Fully Executed | 16 | UCDP - Submission Summary Report | | |
| 3 | CHFA DAP (subordinate financing) Copy Executed Commitment Letter Only | 17 | UCD - (Uniform Closing Dataset) - Final Submission Report - Eff. 9/25/2017 | | |
| 4 | Other Subordinate Financing - Copy Second Mortgage Note & Deed | 18 | Private Mtg Insurance Certificate | | |
| 5 | Flood Life of Loan Determination Certificate - Transferred to AmeriNat | 19 | Private Mtg Insurance Cancellation Disclosures - Assigned to AmeriNat | | |
| 6 | Flood Insurance Policy (if applicable) List CHFA C/O AmeriNat as Mortgagee | 20 | Servicing Transfer Discl "Goodbye Letter" Borrower notified of AmeriNat info. | | |
| 7 | Hazard Ins. Policy/Binder - List CHFA C/O AmeriNat as Mortgagee | 21 | Original Note (First Mtg) - Endorsed to CHFA | | |
| 8 | Hazard Ins Condo Master Insurance Policy (if applicable) | 22 | Mtg Deed/Sec. Instr., Applicable Riders, Legal Descrip - Copy (First Mtg) | | |
| 9 | Hazard Ins Condo "Walls In" Binder - H-06 policy (if applicable) | 23 | Tax-Exempt Financing Rider - CHFA Form 053-1199 | | |
| 10 | Title Ins. Policy - Final with Chain of Title & Property Tax Info. | 24 | Immigration & Naturalization Services (INS) Card - Copy | | |
| 11 | Initial Escrow Account Disclosure | 25 | Legal Address matches Note, Deed, 1003 App'l, AUS, Flood Cert., Ins. etc. | | |
| 12 | Engineers Certification of foundation, required on Manufactured Homes | 26 | Borrower Signature Affidavit - 014-0718 - S | | |
| 13 | Copy - Deactived Title for Manuf. Home showing Prop. as Real Property | 27 | Closing Discl. (CD) Initial & Final with Settlement Agent disbursement sheet | | |
| 14 | Well, Septic Inspections (if applicable) | 28 | Loan Estimate (LE) Revised - Change of Circumstance Form, if applicable | | |
| | | 29 | W9 Forms for all borrowers | | |
| | **Recorded Mtg & Assignment, Title Policy and FHA MIC/VA LGC/ | /HEL | MARD LNC must be delivered within 00 days of loan purebase** | | |
| | ** Recorded Mitg & Assignment, Title Policy and PHA Mitc/ VA EGC/ | USL | A-RD Ling must be delivered within 90 days of loan purchase | | |
| | CHFA DOWNPAYMENT AS | 212 | TANCE PROGRAM (DAP) | | |
| | | | | | |
| | Hazard Insurance Pol | licie | | | |
| | Connecticut Housing Finance Authority, C/O Capital For Change, Inc., its successors and/or assigns, ATIMA - 10 Alexander Dr Wallingford, CT 06492 | | | | |
| | Miscellaneous Doc | um | ents (if applicable) | | |
| 1 | | 4 | | | |
| 2 | | 5 | | | |
| 3 | | 6 | | | |

SERVICER: AMERINAT - or - Service Retained Lender

GOVERNMENT MORTGAGES (Form for FHA, USDA-RD, VA Only)



CHFA LEAN LOAN Date: All Files Submitted To CHFA Are Required To Be Scanned In Checklist Order COMPLETE THE FOLLOWING TO SUBMIT LOANS IN CHFA LOS: Update All Applicable Fields In LOS - Confirm Program Type & Interest Rate - Including DAP Worksheet (If applicable) Complete And Submit CHFA LOS Additional Data Screen Upload The Final Loan Application (1003) In CHFA LOS Telephone & Ext. Contacts Email Address File Contact Name & Title CHFA Loan # Lender Loan # Primary Borrower Name (Last, First) LOAN FILE SUBMISSION TO INCLUDE, but is not limited to the following documentation (as applicable). Documentation requirements may differ by program. CREDIT PACKAGE DOCUMENTS - CHECK ONLY ITEMS APPLICABLE Commitment / Loan Exceptions / Transmittal File Submission Checklist - CHFA Form 009-1108 - AM USDA-RD Form 3555-18 Conditional Commitment for S/Fam Ln Guarantee HUD 92900LT - Final Underwriting & Transmittal Summary (signed by UW & dated) Other Subordinate Financing - Initial Financing Approval Document Loan Exception Documentation VA Form 26-6393 Loan Analysis (signed by UW & dated) Final Transmittal Summary (1008) FNMA (USDA Loans ONLY - signed by UW & dated) First Mortgage Loan Approval & Application Final/Verified Loan Application (1003) signed by Mtg Loan Originator AUS Findings - Final version (DU, LPA, GUS) Initial Loan Application (1003) (signed by Borrower & Loan Originator) **Credit & Fraud Checks** Credit Report Inquiry Explanation with Documentation - signed & dated Credit Supplements (if applicable) Credit Report - RMCR / Tri-Merge (associated to AUS, if applicable) Divorce Decree / Property Separation Agreements (if applicable) Bankruptcy Report / Discharge (if applicable) Child Support Verification (if applicable) Letter addressing Adverse Credit and/or Discrepancies - signed & dated **Income / Employment -** (Most Recent Documentation on Top) Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Repayment) Academic Student Transcript - for full-time student (or pay stub) if DAP Loan Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Income Limit) IRS Tax Return Transcripts - 3 most recent - 1 yr if targeted area Verification of Employment (past 2 yrs with start/end dates) (Do Not Include Both - Delays File Review Process) Current paystubs (reflecting 30 days & YTD income) Fed. Tax Return-Personal Signed 3 most recent - 1 yr if target area - all schedules Verif. of Supplemental Income - Soc Sec, Pension Award (or per AUS) Fed. Tax Return-Business Signed 3 most recent - 2 yrs if target area - all schedules W-2's, 1099's - Most recent 2 yrs Income Letter(s) of Explanation (if applicable) **Assets -** (Most Recent Documentation on Top) Cleared Earnest Money Check (copy) with source of funds (if applicable) Any Additional Supporting Asset Documentation (if applicable) Gift Documentation per FNMA guidelines Asset Statements (Bank name & ownership) most recent 3 mths - all accounts DAPS: Document source of deposit & withdrawals >10% of mnthly income Property / Appraisal Appraisal Report (include *Color* Photos, Street View, Comparables) Escrow Holdback Agreement (if applicable) Final / Repair Inspection with Color Photos - FNMA 1004D (if applicable) 203(K) Rehabilitation Loans Certificate of Occupancy (if applicable) HUD 92700 - Maximum Mtg Worksheet Evidence Condo is VA / FHA approved **HUD Consultant Report (if applicable)** Flood Life of Loan Determination Certificate Work Estimates - Fully Executed - Copy Flood Hazard Notice Work Write-up and signed Contract - Copy Verification of Property Census Tract - FFIEC Geocoding print-out or Other Contractor Licenses - Copy Contractor Liability Insurance - Copy Purchase Agreement - short sale agreement, probate approval...(fully executed)

Purchase Agreement - All Addendums & Counter Offers (fully executed)

AmeriNat Government Mtg - Continued

| | CHFA REQUIRED DOCUMENTS (if applicable) | | | | |
|---|--|------------|--|--|--|
| 1 | Federal Recapture Tax Notice - Potential Tax - 051-0597 | 12 | Veterans Statement - Due on Sale - 018-0296 | | |
| 2 | Federal Recapture Tax Notice - Understanding Tax - 050-0597 | 13 | VA Eligibility Certificate - or - Automated Certificate of Eligibility | | |
| 3 | Federal Recapture Tax Notice - Method to Compute (LEAN Only) | 14 | Military Form DD214 Separation Documents (Honorable Discharge) | | |
| 4 | IRS Form 4506-T - Copy (completed & signed for each Borrower) | | | | |
| 5 | Borrower Eligibility Certificate - 014-1107 | | | | |
| 6 | DAP - Application for Downpayment Only - DAPappONLY | | Homeownership Counseling | | |
| 7 | DAP - Borrower's Certificate - DAP 95-05 | 15 | Pre-Closing Homebuyer Education Certificate (3Hr) | | |
| 8 | Loan Estimate (LE) Initial Disclosure (1st Mtg & DAP if applicable) | 15 | Pre-Purchase Homebuyer Education Certificate (8Hr) | | |
| 9 | Landlord Verif. of Tenant Address - 060-1005 or Lease, or Recertification | 15 | Online Homebuyer Education (e-Home America) Certificate | | |
| 10 | Police Statement of Eligibility - 031-027 | 16 | Financial Fitness Certificate | | |
| 11 | Teacher Statement of Eligibility - 031-030 | 17 | Landlord Certificate (if multifamily) | | |
| | | | TO AMEDINAT | | |
| _ | CLOSING DOCUM | IEN | | | |
| | AmeriNat - Loan Information Sheet - Completed | | AmeriNat - Escrow Information Sheet - Completed | | |
| | Detail Purchase Advice Funding Sheet - CHFA Form 066-0408 Assignment of Mortgage To: Connecticut Housing Finance | | Participating Lender Certification - CHFA Form 019-1101 Original/Final Documents Mailed To: AmeriNat | | |
| | Authority - 999 West Street - Rocky Hill, CT 06067 | | Attn: Wanda Attig - 217 S. Newton Ave. Albert Lea, MN 56007 | | |
| 1 | LEAN Lender Commitment Letter - Fully Executed | 15 | New Construction Exhibits (if applicable) | | |
| 2 | Commitment Letter - (CHFA) Fully Executed | 16 | UCDP - Submission Summary Report | | |
| 3 | CHFA DAP (subordinate financing) Copy Executed Commitment Letter Only | 17 | Private Mtg Insurance Certificate | | |
| 4 | Other Subordinate Financing - Copy Second Mortgage Note & Deed | 18 | Private Mtg Insurance Cancellation Disclosures - Assigned to AmeriNat | | |
| 5 | Flood Life of Loan Determination Certificate - Transferred to AmeriNat | 19 | Servicing Transfer Discl "Goodbye Letter" Borrower notified of AmeriNat info. | | |
| 6 | Flood Insurance Policy (if applicable) List CHFA C/O AmeriNat as Mortgagee | 20 | Original Note (First Mtg) - Endorsed to CHFA | | |
| 7 | Hazard Ins. Policy/Binder - List CHFA C/O AmeriNat as Mortgagee | 21 | Mtg Deed/Sec. Instr., Applicable Riders, Legal Descrip - Copy (First Mtg) | | |
| 8 | Hazard Ins Condo Master Insurance Policy (if applicable) | 22 | Tax-Exempt Financing Rider - CHFA Form 053-1199 | | |
| 9 | Hazard Ins Condo "Walls In" Binder - H-06 policy (if applicable) | 23 | Immigration & Naturalization Services (INS) Card - Copy | | |
| 10 | Title Ins. Policy - Final with Chain of Title & Property Tax Info. | 24 | Legal Address matches Note, Deed, 1003 App'l, AUS, Flood Cert., Ins. etc. | | |
| 11 | Initial Escrow Account Disclosure | 25 | Borrower Signature Affidavit 014-0718 - S | | |
| 12 | Engineers Certification of foundation, required on Manufactured Homes | 26 | Closing Discl. (CD) Initial & Final with Settlement Agent disbursement sheet | | |
| 13 | Copy - Deactived Title for Manuf. Home showing Prop. as Real Property | 27 | Loan Estimate (LE) Revised - Change of Circumstance Form (if applicable) | | |
| 14 | Well, Septic Inspections (if applicable) | 28 | W9 Forms for all borrowers | | |
| | FHA, VA, USDA-RD SPECIFIC DOCUMENTS | | | | |
| | FHA, VA, USDA-RD SPECIFIC DOCUMENTS FHA Documents (if applicable) | | | | |
| 一 | HUD 92900A - Addendum to Initial Loan Application | | FHA Amendatory Clause/ RE Certification - signed & dated by all parties | | |
| 1 | FHA Connection Case # Assignment | 3 | HUD 92800.5B - Conditional Commitment Stmnt of Appraised Value | | |
| | The second case in reason and the se | 4 | The second secon | | |
| | VA Document | ∟ is (i | f applicable) | | |
| 1 | Form 26-1802a /HUD Form 92900A - Addendum to Initial Ln Application | 3 | Notice of Value (NOV) or Master Certificate of Eligiblity | | |
| 2 | VA Form 26-1866 Certif. of Commitment - if prior apprvd,must be unexpired | | | | |
| Ħ | | | | | |
| | USDA-RD Docum | ent | s (if applicable) | | |
| 1 | Form 1980-19 Guaranteed Ln Closing Report - Proof Upfront Ln Fee Paid | 3 | Form 3555-17 Loan Note Guarantee | | |
| 2 | Form 3555-11 Guaranteed Rural Housing Lender Record Change | 4 | Form 3555-21 Request for S/Fam Housing Loan Guarantee | | |
| | | | | | |
| | **Recorded Mtg & Assignment, Title Policy and FHA MIC/VA LGC/ | 'US[| OA-RD LNG must be delivered within 90 days of loan purchase** | | |
| | CHFA DOWNPAYMENT ASSISTANCE PROGRAM (DAP) | | | | |
| SERVICER = CAPITAL FOR CHANGE, INC Refer To: CHFA Downpayment Assistance Program Servicing Guide Form DAP-AM-LNDR | | | | | |
| Hazard Insurance Policies Mortgagee Clause: | | | | | |
| Connecticut Housing Finance Authority, C/O Capital For Change, Inc., its successors and/or assigns, ATIMA -10 Alexander Dr Wallingford, CT 06492 Miscellaneous Documents (if applicable) | | | | | |
| 1 | | 3 | (ii appiisasis) | | |
| 2 | | 4 | | | |
| | | 2 | Form #009-1108B Gov - AM Rev 7-15-19 44 | | |



IDAHO HOUSING AND FINANCE FIRST MORTGAGE

CONNECTICUT HOUSING FINANCE AUTHORITY 999 West Street, Rocky Hill, CT 06067

COMMITMENT FOR MORTGAGE PURCHASE

| Date: | FNMA - HFA Preferred | | |
|--|---|--|--|
| CHFA Loan No.: | | | |
| Participating Lender: | This Commitment shall terminate on: | | |
| Connecticut Horpackage for the followin | using Finance Authority (CHFA) has reviewed and approved the loan submission g Mortgage Loan: | | |
| Mortgagor(s): | | | |
| Property Address: | | | |
| Total Loan Amount: | Interest Rate: Loan Term: 360 Months | | |
| This letter constitutes a Commitment by Connecticut Housing Finance Authority that IDAHO Housing and Finance Association will purchase from Participating Lender a first mortgage and note secured thereby upon the property and according to the terms referred to above, subject to and in accordance with the requirements of the Connecticut Housing Finance Authority Home Mortgage Programs Operating Manual ("Manual"). Such requirements include, without limitation, compliance with: the CHFA Owner-Occupancy requirement, Principal Residence Requirement, limited use of the property, income limits as applicable, sales price limits as applicable and all applicable requirements under the Internal Revenue Code. Servicer: IDAHO Housing and Finance Association 565 West Myrtle Street Boise, ID 83702 SPECIAL COMMITMENT CONDITIONS REQUIRED BY CHFA: | | | |
| The Note must be endorsed to, and Mortgage assigned to:IDAHO Housing and Finance Association. CONNECTICUT HOUSING FINANCE AUTHORITY | | | |
| CHFA Reviewer: | By: | | |



CONNECTICUT HOUSING FINANCE AUTHORITY 999 West Street - Rocky Hill, CT 06067

COMMITMENT FOR MORTGAGE PURCHASE DOWNPAYMENT ASSISTANCE PROGRAM (DAP)

| Date: | | |
|--|--|--|
| CHFA Loan #: | Commitment Expiration: | |
| Participating Lender: | | |
| Connecticut Housing Finance Authority has reviewed and | approved the following Mortgage Loan submission: | |
| Borrower/s: | | |
| Property Address: | | |
| CHFA Mortgage Program: | | |
| Principal Loan Amount: | Interest Rate: | |
| Monthly Payments: (Principal & Interest) | Term: | |

This letter constitutes a Commitment by Connecticut Housing Finance Authority (CHFA) to fund a DAP second mortgage and note secured thereby on the above-described property according to the terms referenced above, subject to and in accordance with the requirements of the CHFA Home Mortgage Programs Operating Manual ("Manual") and the DAP Participating Lender Agreement. CHFA has at or before closing, incurred a legally enforceable liability as a result of its agreement to provide funds toward the Borrower's required minimum cash investment.

DAP loans must be closed in the name of the Connecticut Housing Finance Authority.

The Servicer of this CHFA DAP second mortgage loan: **Idaho Housing and Finance Association (IHFA)**

Attn: Loan Servicing Dept.

565 W. Myrtle Street – Boise, ID 83702

All closed loan documents for **both the CHFA first mortgage loan and DAP second mortgage loan** listed on the CHFA **Loan File Submission Form 009-1107A (Conv) - or - Form 009-1107B (Gov)** must be **uploaded in IHFA Lender Connection within 24 hours of loan closing.**

The following DAP second mortgage documentation must be included with file upload of first mortgage:

- 1. Executed DAP Commitment Letter (Original to IHFA Copy to CHFA)
- 2. Executed DAP Note (Original to IHFA Copy to CHFA)
- 3. Executed/Recorded DAP Deed (Original IHFA within 90 days of loan closing)
- 4. Executed DAP Loan Estimate (Copy to IHFA)
- 5. Executed DAP Closing Disclosure (Copy to IHFA)
- 6. Hazard & Flood Insurance Policy/s Mortgagor Declaration page/s (Copies to IHFA)

 Second mortgagee clause/s as: Connecticut Housing Finance Authority C/O HomeLoanServ,

 Its successors and/or assigns, as their interests may appear —

 P.O. Box 818007 Cleveland, OH 44181
- 7. Lender must submit all DAP mortgage payments directly to IHFA when received. (Payments should not be held pending first mortgage purchase)

Note: For complete servicer details see "Downpayment Assistance Program Servicer Guides" (DAP-ID) available at www.chfa.org under Lenders/Mortgage Program Resources/CHFA Servicer Guides.

| I/we nereby agree to the terms and conditions hereof: | CONNECTICUT HOUSING FINANCE AUTHORIT | | |
|---|--------------------------------------|--|--|
| Dated: | Dated: | | |
| | Ву: | | |
| (Borrower Name) | Hazim Taib, Chief Financial Officer | | |
| (Borrower Name) | | | |
| | | | |
| CHFA Reviewer: | | | |
| Lender: | | | |
| NMLS ID: | | | |
| Loan Originator: | | | |
| NMLS ID: | | | |

FIRST PAYMENT LETTER

DOWNPAYMENT ASSISTANCE PROGRAM (DAP)

| Date: Prefill | | CHFA Loan ! | ‡: Prefill |
|--|--------------------------------|--|------------------------|
| (Prefill Borrower Name) | | | |
| (Prefill Property Street) | | | |
| (Prefill Property Town/State/Zip) | | | |
| | | | |
| Welcome to the Connecticut Housing Finan | nce Authority and | d congratulations on the purchase of y | our new home! |
| You should receive your monthly billing statement of your account and first payment details for your | | | |
| | Payment Info | rmation | |
| First Payment Due Date:// | Monthly | mortgage payments are due on the 1st | day of each month. |
| (If your full monthly mortgage payment is not rece | | | |
| Total Monthly Payment: | (All payments sho | ould be made to HomeLoanServ who will be | handling the servicing |
| of your loan). Payment Mailing Address: Home | LoanServ - P.O. B | ox 7541 - Boise, ID 83707 | |
| | | | |
| Hov | w Can You Make | e A Payment? | |
| Pay through the HomeLoanServ Website: Login and select a One-time or Recurring need your account number and bank rout and submit your request. (Please allow 5 but servicing systems). | payment. Paymoting number. Add | ents can be made through your bank I your bank account information, cho | ose your draft date |
| What are your online payment options? | | | |
| a. Setup a Recurring Monthly payment by enrolling in AutoPay. b. Make a one-time payment from your bank account on the date you specify. | | | |
| b. Make a one-time payment from your | bank account on th | e aate you specijy. | |
| Pay by phone on the HomeLoanServ 24/7 (Note: charges may apply) | automated atter | ndant at 1-800-526-7145. Press 9 and | follow prompts. |
| 3. Pay by mail by sending monthly payment loan number, street address or both on additional principal, you should include this | your check befo | re mailing to ensure timely posting. | If you are paying |
| Should you have other questions regarding you or vi | | please feel free to call HomeLoanServ at@Homeloanserv.com. | at 1-800-526-7145 |
| I acknowledged receipt of this payment letter: | | | |
| (<u>Prefill borrower name)</u> | Date | (Prefill borrower name) | Date |

AMERINAT FIRST MORTGAGE

CONNECTICUT HOUSING FINANCE AUTHORITY 999 West Street, Rocky Hill, CT 06067

COMMITMENT FOR MORTGAGE PURCHASE

Regular Home Buyer Program

| Date. | | |
|--|--|--|
| CHFA Loan No.: | This Commitment shall terminate on: | |
| Participating Lender: | | |
| Connecticut Housing Finance Authority (package for the following Mortgage Loan: | (CHFA) has reviewed and approved the loan submission | |
| Mortgagor(s): | | |
| Property Address: | | |
| Total Loan Amount: Interest F | Rate: Loan Term: 360 Months | |
| This letter constitutes a Commitment by Connecticut Housing Finance Authority to purchase from Participating Lender a first mortgage and note secured thereby upon the property and according to the terms referred to above, subject to and in accordance with the requirements of the Connecticut Housing Finance Authority Home Mortgage Programs Operating Manual ("Manual"). Such requirements include, without limitation, compliance with: the CHFA Owner-Occupancy requirement, Principal Residence Requirement, limited use of the property, income limits as applicable, sales price limits as applicable and all applicable requirements under the Internal Revenue Code. Servicer: AmeriNat | | |
| 217 S. Newton Avenue Albert Lea, MN CHFA Reviewer: | CONNECTICUT HOUSING FINANCE AUTHORITY By: | |



CONNECTICUT HOUSING FINANCE AUTHORITY 999 West Street - Rocky Hill, CT 06067

COMMITMENT FOR MORTGAGE PURCHASE DOWNPAYMENT ASSISTANCE PROGRAM (DAP)

| Date: | | |
|--|--|--|
| CHFA Loan #: | Commitment Expiration: | |
| Participating Lender: | | |
| Connecticut Housing Finance Authority has reviewed and | approved the following Mortgage Loan submission: | |
| Borrower/s: | | |
| Property Address: | | |
| CHFA Mortgage Program: | | |
| Principal Loan Amount: | Interest Rate: | |
| Monthly Payments: (Principal & Interest) | Term: | |

This letter constitutes a Commitment by Connecticut Housing Finance Authority (CHFA) to fund a DAP second mortgage and note secured thereby on the above-described property according to the terms referenced above, subject to and in accordance with the requirements of the CHFA Home Mortgage Programs Operating Manual ("Manual") and the DAP Participating Lender Agreement. CHFA has at or before closing, incurred a legally enforceable liability as a result of its agreement to provide funds toward the Borrower's required minimum cash investment.

DAP loans must be closed in the name of the Connecticut Housing Finance Authority.

The **Servicer** of this CHFA DAP second mortgage loan: Capital For Change, Inc. (C4C)

Attn: Loan Servicing Dept.

10 Alexander Drive - Wallingford, CT 06492

The following DAP second mortgage documentation must be <u>faxed or delivered overnight to the DAP servicer</u> <u>within 24 hours of loan closing</u> to: <u>Loan Set-up</u> @ Fax: (860) 920-2041 Phone: (860) 233-5165 Ext. 2041

CHFA DAP second mortgage documentation for delivery to servicer:

- 1. Executed DAP Commitment Letter (Original to C4C Copy to CHFA)
- 2. Executed DAP Note (Original to C4C Copy to CHFA)
- 3. Executed/Recorded DAP Deed (Original to C4C within 90 days of closing)
- 4. Executed DAP Closing Disclosure (Copy to C4C)
- 5. Uniform Residential Loan Application (First page only Copy to C4C)
- 6. Executed W-9 Form for all Borrowers (Copy to C4C)
- 7. Executed Borrower's Signature Affidavit for all borrowers (CHFA Form 041-0718 Copy to C4C)
- 8. Hazard & Flood Insurance Policy/s Mortgagor Declaration page/s (Copies to C4C)

 Second mortgagee clause/s as: Connecticut Housing Finance Authority- C/O Capital For Change Inc.

 Its successors and/or assigns, as their interests may appear -10 Alexander Dr. Wallingford, CT 06492
- 9. Lender must submit all DAP mortgage payments directly to Capital For Change, Inc. (C4C) when received. (Payments should not be held pending first mortgage purchase)

Note: For complete servicer details see "Downpayment Assistance Program Servicer Guides" (DAP-AM-LNDR) available at www.chfa.org under Lenders/Mortgage Program Resources/CHFA Servicer Guides.

| I/We hereby agree to the terms and conditions hereof | CONNECTICUT HOUSING FINANCE AUTHORITY |
|--|--|
| Dated: | Dated: |
| (Borrower Signature) | By:Hazim Taib, Chief Financial Officer |
| (Borrower Signature) | - |
| | |
| CHFA Reviewer: | |
| Lender: | |
| NMLS ID: | |
| Loan Originator: | |
| NMLS ID: | |

FIRST PAYMENT LETTER

DOWNPAYMENT ASSISTANCE PROGRAM (DAP)

| Dat | te <mark>: Prefill</mark> CHFA Loan #: Prefill | |
|-----|--|--|
| (Pr | refill Borrower Name) | |
| (Pr | refill Property Street) | |
| (Pr | refill Property Town/State/Zip) | |
| | Welcome to the Connecticut Housing Finance Authority and congratulations on the purchase of your new home! u should receive your monthly billing statement before your first payment is due, but we wanted to provide you an overview your account and first payment details for your second mortgage financing for the Downpayment Assistance Program Loan. | |
| | Payment Information | |
| To | st Payment Due Date:/ Monthly mortgage payments are due on the 1 st day of each month. (If your full monthly mortgage payment is not received within 15 days after the 1st, you will be assessed a late fee of \$5.00) tal Monthly Payment: (All payments should be made to Capital For Change, Inc. (C4C) who will be adding the servicing of your loan). Payment Address: Capital For Change, Inc. (C4C) P.O. Box 844553 - Boston, MA 02284-4553 | |
| | How Can You Make A Payment? | |
| 1. | Pay through the Capital For Change, Inc. Website: Register at https://myloanaccess.capitalforchange.org/ and select a One-time or Recurring payment. Payments can be made through your bank account, but you'll need your account number and bank routing number. Add your bank account information, choose your draft date and submit your request. (Please allow 5 business days after the closing of your loan for your information to be available on the servicing systems). | |
| | What are your online payment options? a. Setup a Recurring Monthly payment by enrolling in AutoPay. b. Make a one-time payment from your bank account on the date you specify. | |
| 2. | Pay by phone: By calling Capital For Change, Inc. (C4C) at 1-860-233-5165. (Note: charges may apply) | |
| 3. | B. Pay by mail - Send payments to: Capital For Change, Inc. (C4C) - P.O. Box 844553 – Boston, MA 02284-4553 Please include your loan number, street address or both on your check before mailing to ensure timely posting. If you are paying additional principal, you should include this in the memo on your payment. Please do not send cash. | |
| | Should you have other questions regarding your mortgage loan, please feel free to call Capital For Change, Inc. (C4C) at 1-800-992-3665 or via e-mail at: customerservice@capitalforchange.org **Cknowledged receipt of this payment letter: | |
| ıuc | миницец песеци ој ши риушет исист. | |
| | (Prefill borrower name) Date (Prefill borrower name) Date | |

CHFA LOAN PROCESSING & UNDERWRITING SUCCESS TIPS

ALL FILES MUST BE FULLY UNDERWRITTEN & CLEARED TO CLOSE BY YOUR UNDERWRITER PRIOR TO SUBMISSION

- 1. CHFA overlays that apply to all loans:
 - Income and Sales Price Limits
 - First Time Homebuyer Eligibility (waived in Targeted Areas for loans without DAP)
 - Maximum Total Debt Ratio = 45% (DAP = 35% / 43%)
- 2. Most recent 3 years signed Federal Tax Returns OR Transcripts are required for loans in non-targeted area. (Targeted Areas require 1 year signed Federal Tax Returns or Transcripts)
- 3. An Income Calculation Worksheet <u>must be provided for all files and include both repayment and CHFA income</u> limit calculations. Lenders can use the CHFA worksheet or their own.
- 4. CHFA Borrower Eligibility Certificate is required for all loans and MUST BE COMPLETED IN FULL. The borrower(s) must be listed on line #24 of form in addition to all other occupying household members.
- 5. FFIEC.gov census tract validation to be provided in all files and verified in LOS.
- 6. Follow Insurer i.e. FHA, VA, USDA [RD] or PMI or Investor i.e. FNMA, FHLMC guidelines for first mortgage loan.
- 7. Follow AUS Findings. Make sure all Non-Government Loans are entered into AUS under HFA Preferred or HFA Advantage, as applicable.
- 8. Review Commitment for Mortgage Purchase for accuracy as soon as received from CHFA.

TIPS FOR SUBMITTING LOANS FOR CHFA REVIEW

- 1. Follow CHFA Processing and File Submission order Checklists. There are six (6) types:
 - a. Idaho Housing and Finance Assoc. (Conventional -or- Government), as applicable.
 - b. AmeriNat (Conventional) -or- Service Release Lenders (Government), as applicable.
 - c. Downpayment Assistance Program(CHFA) Servicers (Idaho) or (AmeriNat & Service Retained Lenders (C4C).
- 2. Confirm the interest rate, points, and program type in LOS and on Loan Documents BEFORE submitting the loan to CHFA. PLEASE NOTE: The CHFA LOS Administrator or Sr. Processor in your organization can edit loan information in LOS.
- 3. The Loan Transmittal must be signed and dated by Lender's Underwriter and must match the AUS Findings.
- 4. LOS to be updated with accurate information matching final signed Transmittal and 1003.
- 5. Additional Data Screen must be submitted in CHFA LOS and 1003 must be uploaded and "submitted" in CHFA LOS prior to submitting loan files for review. The 1003 submission is under "X" Government Monitoring.
- 6. Documents to be uploaded via ShareFile, accessed through LOS.

TIPS FOR PROCESSING AND UNDERWRITING LOANS WITH DAP

- 1. DAP worksheet must be completed accurately in CHFA LOS prior to submission. (all changes to worksheet calculations must be updated).
- All CHFA DAP loans must be closed in the name of the Connecticut Housing Finance Authority 999 West Street, Rocky Hill, CT 06067.
- 3. Remember the maximum hours allowed for calculating repayment income is sixty (60) hours per week. (this includes combined income from base salary, overtime or second job).
- 4. All Collection accounts must be paid prior to closing, regardless of AUS Findings with the exception of Medical Collections. This includes payoff of all delinquent IRS tax obligations currently in repayment.
- 5. Review paystubs and bank statements for additional deposit accounts not disclosed as well as direct deposits, garnishments and transfers. Document all undisclosed activity shown on these documents.
- 6. All liquid asset accounts must be disclosed and verified (most recent 3 months statements required). Any deposit or withdrawal greater than or equal to 10% of borrower's gross monthly income to be sourced.
- 7. Apply "common-sense" underwriting! If borrower has borderline credit history, no rental history, substantial overdrafts and little savings additional alternative credit may be requested. Document the file; tell CHFA why the file should be approved.
- 8. Double check the terms of DAP/Subordinate financing are correct in AUS.
- Refer to CHFA Operating Manual Section 8 Downpayment Assistance Program and DAP Matrix in the Loan Program Outlines and Underwriting Guide for questions on DAP eligibility, underwriting guidelines and overlays.

Questions?

Please email

SFAMinquiry@chfa.org

<u>SPECIAL NOTE</u>: All Missing Exhibit Letters from CHFA must be reviewed by the Lender's UNDERWRITER to ensure requested items will clear conditions upon CHFA second review of file for approval.