



CONNECTICUT
HOUSING FINANCE
AUTHORITY

The Key To Affordable Housing

LENDER TRAINING FORMS

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	1	JUL		1	2	3	4	5	6	27
	6	7	8	9	10	11	12	2		7	8	9	10	11	12	13	28
	13	14	15	16	17	18	19	3		14	15	16	17	18	19	20	29
	20	21	22	23	24	25	26	4		21	22	23	24	25	26	27	30
	27	28	29	30	31			5		28	29	30	31				31
FEB						1	2	5	AUG					1	2	3	31
	3	4	5	6	7	8	9	6		4	5	6	7	8	9	10	32
	10	11	12	13	14	15	16	7		11	12	13	14	15	16	17	33
	17	18	19	20	21	22	23	8		18	19	20	21	22	23	24	34
	24	25	26	27	28			9		25	26	27	28	29	30	31	35
MAR						1	2	9	SEP								
	3	4	5	6	7	8	9	10		1	2	3	4	5	6	7	36
	10	11	12	13	14	15	16	11		8	9	10	11	12	13	14	37
	17	18	19	20	21	22	23	12		15	16	17	18	19	20	21	38
	24	25	26	27	28	29	30	13		22	23	24	25	26	27	28	39
	31							14		29	30						40
APR		1	2	3	4	5	6	14	OCT			1	2	3	4	5	40
	7	8	9	10	11	12	13	15		6	7	8	9	10	11	12	41
	14	15	16	17	18	19	20	16		13	14	15	16	17	18	19	42
	21	22	23	24	25	26	27	17		20	21	22	23	24	25	26	43
	28	29	30					18		27	28	29	30	31			44
MAY				1	2	3	4	18	NOV						1	2	44
	5	6	7	8	9	10	11	19		3	4	5	6	7	8	9	45
	12	13	14	15	16	17	18	20		10	11	12	13	14	15	16	46
	19	20	21	22	23	24	25	21		17	18	19	20	21	22	23	47
	26	27	28	29	30	31		22		24	25	26	27	28	29	30	48
JUN							1	22	DEC								
	2	3	4	5	6	7	8	23		1	2	3	4	5	6	7	49
	9	10	11	12	13	14	15	24		8	9	10	11	12	13	14	50
	16	17	18	19	20	21	22	25		15	16	17	18	19	20	21	51
	23	24	25	26	27	28	29	26		22	23	24	25	26	27	28	52
	30							27		29	30	31					1

Connecticut Housing Finance Authority - INCOME LIMITS - Eff. 6-4-2018



The Home of Your Own - Homeownership - Reverse Annuity Mortgage Programs use "Statewide" Income Limits: \$96,300 (1 or 2 persons) \$110,745 (3 or more persons)

All other Programs use "Town" Income Limits as shown below except where not applicable (i.e. Targeted Areas for loans without CHFA DAP)

"Town" Income Limits	HOUSEHOLD SIZE		"Town" Income Limits	HOUSEHOLD SIZE		"Town" Income Limits	HOUSEHOLD SIZE	
	1 or 2	3 or more		1 or 2	3 or more		1 or 2	3 or more
Fairfield County			Litchfield County, cont.			New Haven County, cont.		
Bethel	129,710	149,165	Canaan	96,800	111,320	Prospect	96,800	111,320
Bridgeport *All Areas	116,160	135,520	Colebrook	96,800	111,320	Seymour	96,800	111,320
Brookfield	129,710	149,165	Cornwall	96,800	111,320	Southbury	96,800	111,320
Danbury	129,710	149,165	Goshen	96,800	111,320	Wallingford	96,800	111,320
*Targeted Areas	139,560	162,820	Harwinton	96,800	111,320	Waterbury * All Areas	116,160	135,520
Darien	134,900	155,135	Kent	96,800	111,320	West Haven	96,800	111,320
Easton	116,160	135,520	Litchfield	96,800	111,320	Wolcott	96,800	111,320
Fairfield	116,160	135,520	Morris	96,800	111,320	Woodbridge	96,800	111,320
Greenwich	134,900	155,135	New Hartford	96,800	111,320	New London County		
Monroe	116,160	135,520	New Milford	96,800	111,320	Bozrah	96,800	111,320
New Canaan	134,900	155,135	Norfolk	96,800	111,320	Colchester	110,200	126,730
New Fairfield	129,710	149,165	North Canaan	96,800	111,320	East Lyme	96,800	111,320
Newtown	129,710	149,165	Plymouth	96,800	111,320	Franklin	96,800	111,320
Norwalk	134,900	155,135	Roxbury	96,800	111,320	Griswold	96,800	111,320
*Targeted areas	161,880	188,860	Salisbury	96,800	111,320	Groton	96,800	111,320
Redding	129,710	149,165	Sharon	96,800	111,320	*Targeted Areas	116,160	135,520
Ridgefield	129,710	149,165	Thomaston	96,800	111,320	Lebanon	110,200	126,730
Shelton	116,160	135,520	Torrington	96,800	111,320	Ledyard	96,800	111,320
Sherman	129,710	149,165	*Targeted Areas	116,160	135,520	Lisbon	96,800	111,320
Stamford	134,900	155,135	Warren	96,800	111,320	Lyme	96,800	111,320
*Targeted Areas	161,880	188,860	Washington	96,800	111,320	Montville	96,800	111,320
Stratford	116,160	135,520	Watertown	96,800	111,320	New London *All Areas	116,160	135,520
Trumbull	116,160	135,520	Winchester	96,800	111,320	North Stonington	96,800	111,320
Weston	134,900	155,135	Woodbury	96,800	111,320	Norwich	96,800	111,320
Westport	134,900	155,135	Middlesex County			*Targeted Areas	116,160	135,520
Wilton	134,900	155,135				Old Lyme	96,800	111,320
Hartford County			Chester	96,800	111,320	Preston	96,800	111,320
Avon	96,800	111,320	Clinton	108,500	124,775	Salem	96,800	111,320
Berlin	96,800	111,320	Cromwell	96,800	111,320	Sprague	96,800	111,320
Bloomfield	96,800	111,320	Deep River	108,500	124,775	Stonington	96,800	111,320
Bristol	96,800	111,320	Durham	96,800	111,320	Voluntown	96,800	111,320
Burlington	96,800	111,320	East Haddam	96,800	111,320	Waterford	96,800	111,320
Canton	96,800	111,320	East Hampton	96,800	111,320	Tolland County		
East Granby	96,800	111,320	Essex	108,500	124,775	Andover	96,800	111,320
East Hartford	96,800	111,320	Haddam	96,800	111,320	Bolton	96,800	111,320
*Targeted Areas	116,160	135,520	Killingworth	108,500	124,775	Columbia	96,800	111,320
East Windsor	96,800	111,320	Middlefield	96,800	111,320	Coventry	96,800	111,320
Enfield	96,800	111,320	Middletown	96,800	111,320	Ellington	96,800	111,320
Farmington	96,800	111,320	*Targeted Areas	116,160	135,520	Hebron	96,800	111,320
Farmington	96,800	111,320	Old Saybrook	108,500	124,775	Mansfield	96,800	111,320
Glastonbury	96,800	111,320	Portland	96,800	111,320	*Targeted Areas	116,160	135,520
Granby	96,800	111,320	Westbrook	108,500	124,775	Somers	96,800	111,320
Hartford	96,800	111,320	New Haven County			Stafford	96,800	111,320
*Targeted Areas	116,160	135,520				Tolland	96,800	111,320
Hartland	96,800	111,320	Ansonia	96,800	111,320	Union	96,800	111,320
Manchester	96,800	111,320	*Targeted Areas	116,160	135,520	Vernon	96,800	111,320
*Targeted Areas	116,160	135,520	Beacon Falls	96,800	111,320	Willington	96,800	111,320
Marlborough	96,800	111,320	Bethany	96,800	111,320	Windham County		
New Britain	96,800	111,320	Branford	96,800	111,320	Ashford	96,800	111,320
*Targeted Areas	116,160	135,520	Cheshire	96,800	111,320	Brooklyn	96,800	111,320
Newington	96,800	111,320	Derby	96,800	111,320	Canterbury	96,800	111,320
Plainville	96,800	111,320	*Targeted Areas	116,160	135,520	Chaplin	96,800	111,320
Rocky Hill	96,800	111,320	East Haven	96,800	111,320	Eastford	96,800	111,320
Simsbury	96,800	111,320	Guilford	96,800	111,320	Hampton	96,800	111,320
Southington	96,800	111,320	Hamden	96,800	111,320	Killingly	96,800	111,320
South Windsor	96,800	111,320	Madison	96,800	111,320	Plainfield	96,800	111,320
Suffield	96,800	111,320	Meriden	96,800	111,320	Pomfret	96,800	111,320
West Hartford	96,800	111,320	*Targeted Areas	116,160	135,520	Putnam	96,800	111,320
Wethersfield	96,800	111,320	Middlebury	96,800	111,320	Scotland	96,800	111,320
Windsor	96,800	111,320	Milford	96,800	111,320	Sterling	96,800	111,320
Windsor Locks	96,800	111,320	Naugatuck	96,800	111,320	Thompson	96,800	111,320
Litchfield County			New Haven	96,800	111,320	Windham	96,800	111,320
Barkhamsted	96,800	111,320	*Targeted Areas	116,160	135,520	*Targeted Areas	116,160	135,520
Bethlehem	96,800	111,320	North Branford	96,800	111,320	Woodstock	96,800	111,320
Bridgewater	96,800	111,320	North Haven	96,800	111,320			
			Orange	96,800	111,320			
			Oxford	96,800	111,320			

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

Connecticut Housing Finance Authority - SALES PRICE LIMITS



Effective June 4, 2018

Fairfield County	Existing	New	Litchfield County, cont.	Existing	New	New Haven County, cont.	Existing	New
Bethel	553,760	553,760	Canaan	329,290	329,290	Prospect	281,645	281,645
Bridgeport	553,760	553,760	Colebrook	329,290	329,290	Seymour	281,645	281,645
*Targeted Areas	676,820	676,820	Cornwall	329,290	329,290	Southbury	281,645	281,645
Brookfield	553,760	553,760	Goshen	329,290	329,290	Wallingford	281,645	281,645
Danbury	553,760	553,760	Harwinton	329,290	329,290	Waterbury * All Areas	344,235	344,235
*Targeted Areas	676,820	676,820	Kent	329,290	329,290	West Haven	281,645	281,645
Darien	553,760	553,760	Litchfield	329,290	329,290	Wolcott	281,645	281,645
Easton	553,760	553,760	Morris	329,290	329,290	Woodbridge	281,645	281,645
Fairfield	553,760	553,760	New Hartford	329,290	329,290	New London County	Existing	New
Greenwich	553,760	553,760	New Milford	329,290	329,290	Bozrah	271,160	271,160
Monroe	553,760	553,760	Norfolk	329,290	329,290	Colchester	271,160	271,160
New Canaan	553,760	553,760	North Canaan	329,290	329,290	East Lyme	271,160	271,160
New Fairfield	553,760	553,760	Plymouth	329,290	329,290	Franklin	271,160	271,160
Newtown	553,760	553,760	Roxbury	329,290	329,290	Griswold	271,160	271,160
Norwalk	553,760	553,760	Salisbury	329,290	329,290	Groton	271,160	271,160
*Targeted areas	676,820	676,820	Sharon	329,290	329,290	*Targeted Areas	331,420	331,420
Redding	553,760	553,760	Thomaston	329,290	329,290	Lebanon	271,160	271,160
Ridgefield	553,760	553,760	Torrington	329,290	329,290	Ledyard	271,160	271,160
Shelton	553,760	553,760	*Targeted Areas	402,470	402,470	Lisbon	271,160	271,160
Sherman	553,760	553,760	Warren	329,290	329,290	Lyme	271,160	271,160
Stamford	553,760	553,760	Washington	329,290	329,290	Montville	271,160	271,160
*Targeted Areas	676,820	676,820	Watertown	329,290	329,290	New London *All Areas	331,420	331,420
Stratford	553,760	553,760	Winchester	329,290	329,290	North Stonington	271,160	271,160
Trumbull	553,760	553,760	Woodbury	329,290	329,290	Norwich	271,160	271,160
Weston	553,760	553,760	Middlesex County	Existing	New	*Targeted Areas	331,420	331,420
Westport	553,760	553,760	Chester	325,055	325,055	Old Lyme	271,160	271,160
Wilton	553,760	553,760	Clinton	325,055	325,055	Preston	271,160	271,160
Hartford County	Existing	New	Cromwell	325,055	325,055	Salem	271,160	271,160
Avon	325,055	325,055	Deep River	325,055	325,055	Sprague	271,160	271,160
Berlin	325,055	325,055	Durham	325,055	325,055	Stonington	271,160	271,160
Bloomfield	325,055	325,055	East Haddam	325,055	325,055	Voluntown	271,160	271,160
Bristol	325,055	325,055	East Hampton	325,055	325,055	Waterford	271,160	271,160
Burlington	325,055	325,055	Essex	325,055	325,055	Tolland County	Existing	New
Canton	325,055	325,055	Haddam	325,055	325,055	Andover	325,055	325,055
East Granby	325,055	325,055	Killingworth	325,055	325,055	Bolton	325,055	325,055
East Hartford	325,055	325,055	Middlefield	325,055	325,055	Columbia	325,055	325,055
*Targeted Areas	397,290	397,290	Middletown	325,055	325,055	Coventry	325,055	325,055
East Windsor	325,055	325,055	*Targeted Areas	397,290	397,290	Ellington	325,055	325,055
Enfield	325,055	325,055	Old Saybrook	325,055	325,055	Hebron	325,055	325,055
Farmington	325,055	325,055	Portland	325,055	325,055	Mansfield	325,055	325,055
Glastonbury	325,055	325,055	Westbrook	325,055	325,055	*Targeted Areas	397,290	397,290
Granby	325,055	325,055	New Haven County	Existing	New	Somers	325,055	325,055
Hartford	325,055	325,055	Ansonia	281,645	281,645	Stafford	325,055	325,055
*Targeted Areas	397,290	397,290	*Targeted Areas	344,235	344,235	Tolland	325,055	325,055
Hartland	325,055	325,055	Beacon Falls	281,645	281,645	Union	325,055	325,055
Manchester	325,055	325,055	Bethany	281,645	281,645	Vernon	325,055	325,055
*Targeted Areas	397,290	397,290	Branford	281,645	281,645	Willington	325,055	325,055
Marlborough	325,055	325,055	Cheshire	281,645	281,645	Windham County	Existing	New
New Britain	325,055	325,055	Derby	281,645	281,645	Ashford	289,055	289,055
*Targeted Areas	397,290	397,290	*Targeted Areas	344,235	344,235	Brooklyn	289,055	289,055
Newington	325,055	325,055	East Haven	281,645	281,645	Canterbury	289,055	289,055
Plainville	325,055	325,055	Guilford	281,645	281,645	Chaplin	289,055	289,055
Rocky Hill	325,055	325,055	Hamden	281,645	281,645	Eastford	289,055	289,055
Simsbury	325,055	325,055	Madison	281,645	281,645	Hampton	289,055	289,055
Southington	325,055	325,055	Meriden	281,645	281,645	Killingly	289,055	289,055
South Windsor	325,055	325,055	*Targeted Areas	344,235	344,235	Plainfield	289,055	289,055
Suffield	325,055	325,055	Middlebury	281,645	281,645	Pomfret	289,055	289,055
West Hartford	325,055	325,055	Milford	281,645	281,645	Putnam	289,055	289,055
Wethersfield	325,055	325,055	Naugatuck	281,645	281,645	Scotland	289,055	289,055
Windsor	325,055	325,055	New Haven	281,645	281,645	Sterling	289,055	289,055
Windsor Locks	325,055	325,055	*Targeted Areas	344,235	344,235	Thompson	289,055	289,055
Litchfield County	Existing	New	North Branford	281,645	281,645	Windham	289,055	289,055
Barkhamsted	329,290	329,290	North Haven	281,645	281,645	*Targeted Areas	353,290	353,290
Bethlehem	329,290	329,290	Orange	281,645	281,645	Woodstock	289,055	289,055
Bridgewater	329,290	329,290	Oxford	281,645	281,645			

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

INCOME ANALYSIS WORKSHEET

Acct #: _____

Rate: _____ **Completed By:** _____ **Date:** _____

Borrower: _____

PAYSTUB:

Gross Pay: _____ x _____ ≈ 12 mnths = _____

*Pay Period Ending Date: _____ Year-to-Date: _____ ≈ _____ x 52 ≈ 12 mnths = _____
 ___/___/___ (# weeks) (limit)

_____ W2 _____ ≈ 12 mnths = _____
 (Year)

_____ W2 _____ ≈ 12 mnths = _____
 (Year)

AMOUNT USED

Co-Borrower: _____

PAYSTUB:

Gross Pay: _____ x _____ ≈ 12 mnths = _____

*Pay Period Ending Date: _____ Year-to-Date: _____ ≈ _____ x 52 ≈ 12 mnths = _____
 ___/___/___ (# weeks) (limit)

_____ W2 _____ ≈ 12 mnths = _____
 (Year)

_____ W2 _____ ≈ 12 mnths = _____
 (Year)

AMOUNT USED

Borrower(s) Other Income:

(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	_____
(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	_____
(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	_____
(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	_____

Comments:

Qualifying Calculations:

*Pay Period Ending ___/___/___ is week _____	Repayment = \$ _____ / \$ _____
Income Limit:	Income Limits = \$ _____ / \$ _____

2018



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

INCOME ANALYSIS WORKSHEET

Acct #: 0000000

Rate: 0.000%

Completed By: Underwriter's Name

Date: MM/DD/YYYY

Borrower: Anita Mortgage

(Example = \$20.hr x 40hrs x 52wks / 12mths = \$3,466.67 mth)

PAYSTUB:

	Gross Pay:	<u>\$800. wk</u>	x	<u>52 wks</u>	≈ 12 mths	=	<u>\$3,466.67 mth</u>
*Pay Period Ending Date <u>8/25/18</u>	Year-to-Date:	<u>\$61,640.</u>	≈	<u>34</u> (# weeks)	x 52 ≈ 12 mths	=	<u>\$7,856.07 mth</u> (limit)
	<u>2017</u> (Year)	W2 <u>\$84,696. yr</u>			≈ 12 mths	=	<u>\$7,058.00 mth</u>
	<u>2016</u> (Year)	W2 <u>\$81,472. yr</u>			≈ 12 mths	=	<u>\$6,789.33 mth</u>
AMOUNT USED							<u>\$3,466.67 mth</u>

Co-Borrower: _____

PAYSTUB:

	Gross Pay:		x		≈ 12 mths	=	
*Pay Period Ending Date __/__/__	Year-to-Date:		≈		x 52 ≈ 12 mths	=	
				(# weeks)			(limit)
		W2 _____			≈ 12 mths	=	
	(Year)				≈ 12 mths	=	
		W2 _____			≈ 12 mths	=	
	(Year)				≈ 12 mths	=	
AMOUNT USED							

Borrower(s) Other Income:

<u>B</u> (B/CB)	2017 interest income (same as 2016) annual amount	= x	<u>\$120</u> (factor)	=	<u>limits only annual</u>
	(Description)		(Monthly Amt.)		
	_____	x	_____	=	_____
(B/CB)	(Description)		(Monthly Amt.)		(factor)
	_____	x	_____	=	_____
(B/CB)	(Description)		(Monthly Amt.)		(factor)
	_____	x	_____	=	_____
(B/CB)	(Description)		(Monthly Amt.)		(factor)

Comments:

Qualifying Calculations:

*Pay Period Ending <u>8/25/18</u> is week <u>34</u>	Repayment = <u>\$3,466.67</u> / <u>\$41,600.04</u>
Income Limit: <u>\$96,800.</u>	Income Limits = <u>\$7,856.07</u> / <u>\$94,272.84</u>
	<u>+ 120.00 = 94,392.84 limits</u>

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).

Instructions: **Lender** — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request

1. To (Name and address of employer) Mike's Mechanicals 100 Main Street Anytown, CT 06000	2. From (Name and address of lender) CHFA Approved Lender 102 Main Street Anytown, CT 06000
---	---

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender <i>Patty Processor</i>	4. Title Loan Processor	5. Date 08/10/2018	6. Lender's Number (Optional)
---	-----------------------------------	------------------------------	--------------------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number) Anita Mortgage 200 CHFA Lane, Rocky Hill, CT 06067	8. Signature of Applicant <i>Anita Mortgage</i>
---	---

Part II — Verification of Present Employment

9. Applicant's Date of Employment 02/02/2012	10. Present Position Assembler	11. Probability of Continued Employment Good
--	--	--

12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ 20.00				13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12B. Gross Earnings				Rations \$ _____		
Type	Year To Date	Past Year 2017	Past Year 2016	Flight or Hazard	\$	16. Date of applicant's next pay increase TBD
Base Pay	Thru 8/25/18 \$ 27,200.00	\$ 39,520.00	\$ 37,440.00	Clothing	\$	
Overtime	\$ 22,440.00	\$ 33,176.00	\$ 32,032.00	Quarters	\$	17. Projected amount of next pay increase TBD
Commissions	\$	\$	\$	Pro Pay	\$	
Bonus	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00	Overseas or Combat	\$	18. Date of applicant's last pay increase 01/2018
Total	\$ 61,640.00	\$ 84,696.00	\$ 81,472.00	Variable Housing Allowance	\$	
19. Amount of last pay increase \$1.00 /hr						

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

****Bonus is paid only once per year in January. If needed, Bonus can be removed from annualized income and added to total yearly amount for limits. Borrower is guaranteed 22 hours per week in overtime earnings. If overtime is used for repayment and there is DAP, max 20 hours allowed.**

Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____		
22. Date Terminated	25. Position Held		
24. Reason for Leaving	_____		

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer <i>Matthew Manager</i>	27. Title (Please print or type) Human Resources Manager	28. Date 08/27/2018
29. Print or type name signed in Item 26 Matthew Manager	30. Phone No. 860-555-5555	

Mike's Mechanicals
 100 Main Street
 Anytown, CT 06000

Advice Date
 09/01/2018

Advice No. 2345

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
NON-NEGOTIABLE			
Pay Begin Date:		08/19/2018	
Pay End Date:		08/25/2018	
			Advice Date: 09/01/2018

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

HOURS AND EARNINGS					TAXES	
Description	Rate	Hours	Earnings	YTD 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 DEDUCTIONS		AFTER-TAX DEDUCTIONS			LEAVE BALANCES AS OF: 08/25/2018	
Description		Description	Current	YTD	Description	Balance
		CrUnCSE	25.00	850.00	Sick	157.50
Total:		Total:	25.00	850.00	Vacation	50.00
					Personal	13.50
TOTAL GROSS					TOTAL DEDUCTIONS	NET PAY
\$1,460					418.78	1,041.22

Form
1040EZ

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

2017

OMB No. 1545-0074

Your first name and initial <i>Anita</i>		Last name <i>Mortgage</i>	Your social security number 1 2 3 4 5 6 7 8 9	
If a joint return, spouse's first name and initial		Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. <i>200 CHFA Lane</i>			Apt. no.	▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <i>Rocky Hill, CT 06067</i>				
Foreign country name		Foreign province/state/county	Foreign postal code	

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

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	84696	
	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	120	
	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3		
	4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	84816	
	5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single ; \$20,800 if married filing jointly . See back for explanation.	5	10400	
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	74416	
	Payments, Credits, and Tax	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	10888
		8a	Earned income credit (EIC) (see instructions)	8a	
		b	Nontaxable combat pay election. 8b		
		9	Add lines 7 and 8a. These are your total payments and credits .	9	10888
		10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	14345
	Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	11	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	11	
		12	Add lines 10 and 11. This is your total tax .	12	14345
		13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	
b		Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="text"/>				
Amount You Owe	14	If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe. For details on how to pay, see instructions.	14	3457	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes**. Complete below. **No**

Designee's name	Phone no.	Personal identification number (PIN)
		<input type="text"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature <i>Anita Mortgage</i>	Date <i>4/15/18</i>	Your occupation <i>Assembly</i>	Daytime phone number <i>860-555-1212</i>
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name <i>self</i>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial Anita Last name Mortgage Your social security number 1 2 3 4 5 6 7 8 9
If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 200 CHFA Lane Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Rocky Hill, CT 06067
Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b. No. of children on 6c who: lived with you, did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above.
Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if child under age 17 qualifying for child tax credit (see instructions). Row 1: Minnie Mortgage, 1 2 3 8 9 4 5 6 7, daughter, [checked]

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 81472
8a Taxable interest. Attach Schedule B if required 8a 120
8b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
9b Qualified dividends 9b
10 Taxable refunds, credits, or offsets of state and local income taxes 10
11 Alimony received 11 6000
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b
16a Pensions and annuities 16a b Taxable amount 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount 20b
21 Other income. List type and amount 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 87,592

Adjusted Gross Income 23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 Deductible part of self-employment tax. Attach Schedule SE 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Tuition and fees. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 through 35 36
37 Subtract line 36 from line 22. This is your adjusted gross income 37 87,592

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	87,592
	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9300
	41	Subtract line 40 from line 38	41	78292
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4050
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	74242
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	12854
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	47	Add lines 44, 45, and 46	47	12854
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	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

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	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 <input type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) <input type="text"/>	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
	65	2016 estimated tax payments and amount applied from 2015 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b <input type="checkbox"/>		
	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	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	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 <input type="checkbox"/>	76a	
	b	Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
	77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	5584
	79	Estimated tax penalty (see instructions)	79	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
-------------------	-------------	--

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately 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 which preparer has any knowledge.

Your signature <i>Anita Mortgage</i>	Date 4/15/17	Your occupation Assembly	Daytime phone number 860-555-1212
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name self	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions. Your first name and initial Ahad A. Last name Mortgage Your social security number 1 2 3 6 7 8 9 4 5 If a joint return, spouse's first name and initial Anita Last name Mortgage Spouse's social security number 1 2 3 4 5 6 7 8 9 Home address (number and street). If you have a P.O. box, see instructions. 150 CHFA Lane Apt. no. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Rocky Hill, CT 06067 Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b. No. of children on 6c who: lived with you, did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions). Minnie Mortgage 1 2 3 8 9 4 5 6 7 Daughter

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 125867 8a Taxable interest. Attach Schedule B if required 8a 150 b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 126017

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 126017

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 126017

39a Check **You** were born before January 2, 1951, **Blind.** } **Total boxes**
 if: **Spouse** was born before January 2, 1951, **Blind.** } **checked** ▶ **39a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **39b**

40 **Itemized deductions (from Schedule A) or your standard deduction (see left margin)** **40** 14353

41 Subtract line 40 from line 38 **41** 111664

42 **Exemptions.** If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions **42**

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 111664

44 **Tax** (see instructions). Check if any from: **a** Form(s) 8814 **b** Form 4972 **c** **44** 19504

45 **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

46 Excess advance premium tax credit repayment. Attach Form 8962 **46**

47 Add lines 44, 45, and 46 **47** 19504

48 Foreign tax credit. Attach Form 1116 if required **48**

49 Credit for child and dependent care expenses. Attach Form 2441 **49**

50 Education credits from Form 8863, line 19 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit. Attach Schedule 8812, if required. **52**

53 Residential energy credits. Attach Form 5695 **53**

54 Other credits from Form: **a** 3800 **b** 8801 **c** **54**

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**

Other Taxes

57 Self-employment tax. Attach Schedule SE **57**

58 Unreported social security and Medicare tax from Form: **a** 4137 **b** 8919 **58**

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** 19504

Payments

64 Federal income tax withheld from Forms W-2 and 1099 **64**

65 2015 estimated tax payments and amount applied from 2014 return **65**

66a **Earned income credit (EIC)** **66a**

b Nontaxable combat pay election **66b**

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 **69**

70 Amount paid with request for extension to file **70**

71 Excess social security and tier 1 RRTA tax withheld **71**

72 Credit for federal tax on fuels. Attach Form 4136 **72**

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

b Routing number **c** Type: Checking Savings

d Account number

77 Amount of line 75 you want **applied to your 2016 estimated tax** ▶ **77**

Amount You Owe

78 **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶ **78**

79 Estimated tax penalty (see instructions) **79**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature **Ahad A. Mortgage** Date **4/15/16** Your occupation **Mechanic** Daytime phone number **860-555-1212**

Spouse's signature. If a joint return, **both** must sign. **Anita Mortgage** Date **4/15/16** Spouse's occupation **Assembly**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Self Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2				
3	Multiply line 2 by 10% (.10). But if either you or your spouse was 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 Paid		5 State and local (check only one box):			
	a <input type="checkbox"/> Income taxes, or	5			
	b <input type="checkbox"/> 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 You Paid		10 Home mortgage interest and points reported to you on Form 1098			
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	10	6327		
Note: Your mortgage interest deduction may be limited (see instructions).		11			
12	Points not reported to you on Form 1098. See instructions for 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 Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	3500		
If you made a gift and got a benefit for it, see instructions.		17			
18	Carryover from prior year	18			
19	Add lines 16 through 18			19	3500
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►		21	
	22 Tax preparation fees	22			
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23			
	24 Add lines 21 through 23	24			
	25 Enter amount from Form 1040, line 38 25				
	26 Multiply line 25 by 2% (.02)	26			
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?			
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			29	14353
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.				
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here				

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**

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		
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

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

CHECKING

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 checks 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
200 CHFA Lane
Rocky Hill, CT 06067

207

15-Jul-18

Date

*Pay to the
Order of*

Anita's Realtor

\$1,000.00

One Thousand dollars and 00/100-----

Dollars

Anita's Bank

Anytown, CT 06000

For _____

Anita Mortgage

⑆2010090080⑆

0000012002||0207

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 any one 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:

<u>Home Sold</u>	<u>Recapture Percentage</u>
Year 1	1.25%
Year 2	2.50%
Year 3	3.75%
Year 4	5.00%
Year 5	6.25%
Year 6	5.00%
Year 7	3.75%
Year 8	2.50%
Year 9	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 your modified 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. INCOME PERCENTAGE
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. RECAPTURE PERCENTAGE
Determine the recapture percentage due based on the year you are selling your home.
4. CALCULATING RECAPTURE TAX
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 Notice to Mortgagor of Maximum Recapture Tax and Method to Compute Recapture Tax on Sale of Home 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.

_____/_____
(Borrower-Signature) (Type/Print Name) Date: _____

_____/_____
(Borrower-Signature) (Type/Print Name) Date: _____

Lender: _____
NMLS ID: _____
Loan Originator: _____
NMLS ID: _____

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.**

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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification 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)	
4 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.

6 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. ▶ _____

a 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

b 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

c 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

7 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 after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from 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.

9 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 has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ _____
 Signature (see instructions) Date

▶ _____
 Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____
 Spouse's signature Date

BORROWER ELIGIBILITY CERTIFICATE

I, (We) _____ and _____
(type/print name) (type/print name)

(Hereinafter "Borrower", a term used throughout this certificate in the plural but construed to be singular if there is only one borrower), as an essential part of the closing of a mortgage loan pursuant to the Housing Mortgage Finance Program of the Connecticut Housing Finance Authority (the "Authority") to finance the purchase by us of an eligible dwelling (the "Residence") and with knowledge that the Authority and the Lender will rely on the statements contained herein, do hereby certify:

1. I (We) reside at: _____

2. The location of the Residence to be financed with the proceeds of the mortgage loan is as follows:

3. The Residence is a dwelling suitable for occupancy by only one family. Yes No
 [IF THE ANSWER TO PARAGRAPH 3 IS NO, COMPLETE PARAGRAPHS 3a and 3b.]
 - 3a. The Residence contains separate residential units suitable for occupancy by families _____
(number)
 - 3b. To the best of the undersigned's knowledge, the Residence was first occupied as a residence at least five years prior to our application for the mortgage loan.
4. The undersigned intend to occupy the Residence as a principal residence within sixty (60) days following the closing of the mortgage loan, or, in the case of a Qualified Rehabilitation Mortgage Loan being closed prior to the rehabilitation, within sixty (60) days following the completion of the rehabilitation, but no later than one year following the date of closing of the Qualified Rehabilitation Mortgage Loan.
5. The undersigned do not intend to use the Residence as a vacation home or a second home.
6. The undersigned do not intend to use more than fifteen (15%) percent of the total area of the Residence in a trade or business.
7. The undersigned do not intend to use the Residence as an investment property.
8. The undersigned do not intend to deduct any portion of the costs of the Residence as a business or investment expense for Federal income Tax purposes, except as permitted in the case of certain business expenses referred to in paragraph 6 above or except for costs associated with the non-owner-occupied units in the case of a two-to-four family residence.
9. No portion of the Residence was specifically designed for commercial use.
- 10a. The land being financed with proceeds of the mortgage loan on which the Residence is or will be located, will not provide a source of income to the undersigned, other than incidentally.
- 10b. The undersigned do not intend to farm a portion of the land being financed, to subdivide the land being financed or to apply for a zoning variance regarding minimum lot size or set back requirements.
- 10c. The size of the lot allows one, and only one, building lot, and the land can not be subdivided.
11. The undersigned have delivered copies of their Federal income tax returns including any amendments to these returns and have executed either IRS Form 4506 or 8821 Request for Copy or Transcript or Tax Authorization form of the tax form for the three years preceding the closing of the mortgage loan (one year in the case of a loan in a Targeted Area or a Qualified Rehabilitation Mortgage Loan). To the best of the undersigned's knowledge, the tax return(s) are complete and accurate.

[INITIAL ONLY THE APPLICABLE PARAGRAPH 12a or 12b AND STRIKE OUT 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).

12a. The undersigned has not had a present ownership interest in his principal residence at any time during the three-year period preceding the application for the mortgage loan. (initial)

- OR -

12b. The undersigned has had a present ownership interest in his principal residence at some time during the three-year period preceding the application for the mortgage loan. (initial)

12c. Veteran's status – initial if applicable

The undersigned is a veteran, or an unmarried surviving spouse or civil union partner of an eligible veteran who died as a result of military service or service connected disability. [Note: A veteran is a person who served in the U.S. Armed Forces, and who was discharged or released therefrom under conditions other than dishonorable.] (initial)

13. The Acquisition Cost of the Residence (including land whether or not separately purchased) and the cost of the rehabilitation of the Residence in the case of a Qualified Rehabilitation Mortgage Loan is \$ _____ excluding the amount for any personal property which is not a fixture under Connecticut law. The Acquisition Cost stated above is the sum total of all of the following: The amount paid, in cash or kind by the Borrower or any other person for the benefit of the Seller for the Residence; The amount paid for fixtures (light fixtures, wall to wall carpeting) if not part of the price; The cost to complete the dwelling if it is incomplete; The capitalized value of the ground rent (if applicable); and any settlement or financing costs in excess of the usual and reasonable costs.

14. The undersigned certify that the value of their labor or the noncompensated labor of any family member in the completion of the Residence or rehabilitation in the case of a Qualified Rehabilitation Mortgage Loan is not included in the purchase price and cost of rehabilitation figure in paragraph 13. However, the cost of material, if any, needed for the completion of the Residence is included.

[IF THE CHFA LOAN IS NOT A QUALIFIED REHABILITATION MORTGAGE, BORROWER MUST INITIAL PARAGRAPHS 15a. - 15c. IF THE CHFA LOAN IS FOR QUALIFIED REHABILITATION, CHECK "N/A".]

15a. The proceeds of the mortgage loan which the undersigned will receive on the date of the closing of the mortgage loan will be used to acquire the Residence. N/A or (initial)

15b. The proceeds are not being used or will not be used to replace an existing mortgage or debt for which the undersigned are liable or incurred on behalf of the undersigned, other than a construction period loan or similar temporary financing which has a term of twenty-four months or less. N/A or (initial)

15c. The undersigned do not have or have not previously had a mortgage loan on the Residence, other than a construction period loan or similar temporary financing. N/A or (initial)

16a. The undersigned understand that any transfer of possession or title of the Residence may cause the entire balance of the loan to be declared due and payable, or at the option of the Lender, cause the interest rate charged on the mortgage loan to be raised to fair market levels. The undersigned understand and agree that the mortgage may be assumed only under certain conditions and with the approval of the Authority.

16b. The undersigned agree to notify the Lender and the Authority in advance of any contemplated sale, rental or 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.

[IF THE CHFA LOAN IS A QUALIFIED REHABILITATION MORTGAGE, BORROWER MUST INITIAL PARAGRAPHS 19 - 23. IF THE CHFA LOAN IS NOT FOR QUALIFIED REHABILITATION, CHECK "N/A".]

19. The undersigned will be the first resident(s) of the Residence after completion of the Qualified Rehabilitation for which the proceeds of this Qualified Rehabilitation Mortgage Loan are to be applied. **or**
N/A (initial)
20. At least 20 years have elapsed between the date on which the Residence was first used and the date on which physical work on the rehabilitation will begin. (The 20-year period includes periods during which the residence was vacant or devoted to use in a trade or business and is calculated without regard to the number of owners or the identity of owners during the period.) **or**
N/A (initial)
21. At least 75% of the existing external walls (including the area of windows and doors) of the Residence will be retained in place as external walls in the rehabilitation process. **or**
N/A (initial)
22. The expenditures for the Qualified Rehabilitation will be 25% or more of the undersigned's adjusted basis in the Residence (which includes the land on which the Residence is located). This adjusted basis is \$. These expenditures for the Qualified Rehabilitation, as computed in the Adjusted Basis Worksheet total \$. **or**
N/A (initial)
23. The undersigned have not expended within the past year or will not expend funds prior to the date of closing of the mortgage loan, or, if applicable, prior to the final construction disbursement, regardless of source, for for additional items of rehabilitation over and above the approved Qualified Rehabilitation. **or**
N/A (initial)
24. All the proposed members of the household who will occupy the Residence (**including Borrowers**) are:

	Relationship to Borrower:	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

26. How did you learn about the Connecticut Housing Finance Authority's Mortgage Program?
- | | |
|--|--|
| <u> </u> Friend, relative | <u> </u> Participating Mortgage Lender |
| <u> </u> Real Estate Broker, agent | <u> </u> Property seller |
| <u> </u> Housing fair | <u> </u> Payroll staffer |
| <u> </u> CHFA Presentation/Seminar | <u> </u> CHFA Homebuyer Education Class |
| <u> </u> News story or talk show (circle radio, television or newspaper and identify, if possible, by name) | _____ |
| <u> </u> Advertisement (circle radio or newspaper and identify, if possible, by name) | _____ |
| <u> </u> Other (identify) _____ | _____ |

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. All the information provided in this Borrower Certificate is true and complete to the best of the undersigned's knowledge. The undersigned understand that if the undersigned knowingly make any false statement of any material fact or submit fraudulent evidence in connection with this Borrower Certificate, the loan is subject to becoming immediately due and payable.
29. All of the information, including any and all materials and documents, provided to the Authority or Lender in conjunction with the undersigned's mortgage loan application is true and complete to the best of the undersigned's knowledge.
30. False statements made herein are punishable under the Penalty for False Statement set out in Connecticut General Statutes Section 53a-157b.

_____ *Borrower*

_____ *Date*

_____ *Borrower*

_____ *Date*

Lender: _____
 NMLS ID: _____
 Loan Originator: _____
 NMLS ID: _____

WORKSHEET - DAP

Loan #: _____ Provider: **CHFA** Borrower: **ANITA MORTGAGE**
 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):

Borrower/Co-Borrower	Account Name	Asset Type	Account #	Balance(Rounded to nearest \$)	
ANITA MOF	Anita's Bank	Checking Account	xxx2	\$7,413	Del
ANITA MOF	Anita's Bank	Checking Account	xxx3	\$500	Del
ANITA MOF	EMD	Cash Deposit on Sales Contr.		\$1,000	Del
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 contribution 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 contribution to closing costs	-	\$0.00
h. Closing costs remaining after Borrower contribution	=	\$5,400.00

2. DOWNPAYMENT CALCULATION

a. Downpayment (% covered by DAP)		\$3,000.00
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. UFMP (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

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.

ANITA MORTGAGE

Date

Lender: _____

NMLS ID: _____

Loan Originator: _____

NMLS ID: _____

REV. 04/2018

DOWNPAYMENT ASSISTANCE PROGRAM (DAP) BORROWER CERTIFICATE

Each borrower must read and initial 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. |

_____ <i>(Borrower-Signature)</i>	/	_____ <i>(Type/Print Name)</i>	Date:	_____
_____ <i>(Borrower-Signature)</i>	/	_____ <i>(Type/Print Name)</i>	Date:	_____

Lender: _____
 NMLS ID: _____
 Loan Originator: _____
 NMLS ID: _____

- Submit Original to CHFA -

CONDOMINIUM ELIGIBILITY CERTIFICATION

CHFA Loan #: _____ CHFA Lender ID: _____

Lender Name: _____

Borrower/s Name: _____

Property Address: _____
(Include unit #)

Condominium Complex Name: _____

THE CONDOMINIUM COMPLEX MEETS ALL ELIGIBILITY REQUIREMENTS AS FOLLOWS:

FHA Approved and;

_____ FHA Connection is attached.

FNMA Warrantable:

_____ Full Review *(CPM is acceptable in lieu of this form)*

_____ Limited Review

FHLMC Warrantable:

_____ Established, New or Detached Review

_____ Streamline Review

USDA Eligible

VA Approved and;

_____ VA Approval is attached

This information is certified to the Connecticut Housing Finance Authority by:

_____ *(Lender Name)* hereby certifies that the information contained
 herein is true and accurate to the best of their knowledge as of, _____ *(Date)*.

(Authorized Lender Representative Signature)

(Title)

(Print Name - must be legible)

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 Applicant)

Per Section 8-265pp of the Connecticut General Statutes, as amended by Public Act 19-74 (Eff. July 1, 2019), a mortgage assistance program is provided for the purchase of a primary residence for certified teachers who:

Check only one box:

Holds a valid Connecticut certificate and;

- Is employed as a teacher in a priority or transitional school district;
- Is employed by the State of Connecticut in a technical high school that is located in a priority or transitional school district;
- Graduated from a public high school in an educational reform district as defined in Section 10-262u of the Connecticut General Statutes;
- Graduated from a historically black college or university or a Hispanic-serving institution;

~ OR ~

- Holds a valid Connecticut certificate and is employed as a teacher in his/her respective endorsement area/s in one of the following 2019-2020 identified certification endorsement shortage areas:

Check only one box:

- | | |
|--|--|
| <input type="checkbox"/> Bilingual Education, PK-12 | <input type="checkbox"/> Science, 7-12 |
| <input type="checkbox"/> Comprehensive Special Education, K-12 | <input type="checkbox"/> Speech and Language Pathologist |
| <input type="checkbox"/> Mathematics, 7-12 | <input type="checkbox"/> Technology Education, PK-12 |
| <input type="checkbox"/> Occupational Subject, Vocational
Technical High School | <input type="checkbox"/> TESOL, PK - 12 |
| <input type="checkbox"/> School Library and Media Specialist | <input type="checkbox"/> World Languages, 7-12 |

In the case of certified teachers teaching in a priority or transitional school district, or in a technical high school located in a priority or transitional school district, the dwelling must be located in the district in which the school is located.

Signed: _____
(Original Signature of: Superintendents of Schools, Charter School Directors, Principals of Endowed & Incorporated Academies, Executive Directors of Regional Educational Service Centers, or Directors of State Approved Non-Public Special Education Facilities)

Name & Title of Signatory: _____/_____

School District: _____

Telephone: _____ Date: _____



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.*

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)]

* 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 subsidy provided to this tenant:

- _____ Housing managed by municipal housing authority
- _____ Federal Section 8 Certificate or Voucher
- _____ Project-based Certificate
- _____ Existing Certificate or Voucher
- _____ Rental Assistance Program ("RAP")
- _____ State Moderate Rental ("MR")
- _____ State Affordable Housing
- _____ CHFA Financed Subsidized Apartment
- _____ Other

Name, address and telephone number of agency administering subsidy: _____

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 knowledge, the above-stated information is true and accurate.

_____/_____
(Signature of person completing this form) *(Date)*

****Submit Original to CHFA****

AUS Automated Findings

SUMMARY

Recommendation	APPROVE/ELIGIBLE		
Primary Borrower	BORROWER'S NAME	Co-Borrower	
Lender Loan Number	0000000	Casefile ID	000000000
Submission Date	09/25/2017 9:47 am	Submitted by	a1b2cdef
First Submission Date	08/01/2017 3:01 pm	DU Version	10.2
Submission Number	6		

Mortgage Information

LTV/CLTV	97.00%/100.00%	Note Rate	3.50%
Housing Ratio	00.00%	Loan Type	Conventional
Debt to Income Ratio	00.00%	Term	360
Loan Amount	\$000,000	Amort	Fixed
Sales Price	\$000,000	Purpose	Purchase
Appraised Value	\$000,000		

Property Information

Property Address	999 West Street Rocky Hill, CT 06067	Units	1
		Occupancy	Primary Residence

RISK/ELIGIBILITY

The risk profile of this loan casefile appears to meet Agency Guidelines.

This loan casefile appears to meet Agency eligibility requirements.

Verify that the income for the loan casefile complies with the allowable income limit for the area in which the property is located, as established by the HFA.

Lenders must be approved by a participating HFA to originate HFA loans. Approved HFAs and their designated Master Servicer may deliver HFA loans.

Mortgage Insurance is required for this HFA loan. The lender must obtain mortgage insurance coverage of at least 18%. Verify the mortgage insurance premium is accurately reflected in the loan application.

Verify that the qualified income for the loan casefile complies with the maximum allowable income limit for the area in which the property is located, as established by the Community Seconds provider, the community land trust or the resale restrictions associated to the property.

VERIFICATION MESSAGES/APPROVAL CONDITIONS

Based on the Community Seconds Indicator there is a Community Seconds loan associated with this transaction but the Community Seconds Repayment Structure field has not been completed. The repayment structure information should be completed and the loan casefile resubmitted to AUS, otherwise the risk assessment of the loan may be inaccurate.

Verify and warrant that the terms of the Community Seconds Loan meet the guidelines in the selling guide. Document the casefile accordingly.

Based on the credit report obtained, this loan must close by MM/DD/YY

At least one borrower signing the Note must complete an acceptable homeownership education program. The lender must follow the HFA homeownership education requirements.

EMPLOYMENT AND INCOME

ASSETS

PROPERTY APPRAISAL INFORMATION

OBSERVATIONS

The following list of special feature codes is provided to assist you in determining which codes may be associated with this loan. Other codes may be required

Special Feature Code	Description
118	Community Seconds (if applicable)
741	HFA Preferred
127	DU Loan

Loan Feedback Certificate

Evaluation Summary

Purchase Eligibility	Risk Class
ELIGIBLE	ACCEPT

Loan Data

Borrower Name

BORROWER NAME

Social Security Number

Results

Credit Report Information

Mortgage Information

Asset Information

Calculated Values

Borrower Information

Transaction Information

Employment & Income

Assets & Reserves

Credit & Liabilities

Property & Appraisal

General Messages

The loan submitted as a Home Possible Advantage for HFA (HFA Advantage) mortgage, must be delivered by the HFA or its Master Servicer under the required Negotiated Commitment for HFA Advantage Mortgages. The seller must ensure all HFA program and income eligibility requirements are met

Secondary Financing: The secondary financing on this loan must be an Affordable Second and must meet all the requirements applicable to Affordable Seconds

Loan submitted as Home Possible Advantage for HFA mortgage

Mortgage Insurance & Fees

This Home Possible Advantage for HFA mortgage requires 18% MI coverage



IDAHO HOUSING AND FINANCE - FIRST MORTGAGE

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

COMMITMENT FOR MORTGAGE PURCHASE

Date:

ENMA - HFA Preferred

CHFA Loan No.:

This Commitment shall terminate on:

Participating Lender:

Connecticut Housing Finance Authority (CHFA) has reviewed and approved the loan submission package for the following 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 : _____



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

**COMMITMENT FOR MORTGAGE PURCHASE
DOWNPAYMENT ASSISTANCE PROGRAM ("DAP")**

MUST BE SIGNED BY BORROWER(S) AT CLOSING - (Original to IHFA - Copy to CHFA)

Date: _____ **This Commitment shall terminate on:** _____

CHFA Loan No.: _____

Participating Lender: _____

Connecticut Housing Finance Authority (CHFA) has reviewed and approved the loan submission package for the following Mortgage Loan:

Borrower(s): _____

Property Address: _____

CHFA Mortgage Program: _____

Principal Amount: _____

Interest Rate: _____

Term: _____

Monthly principal and interest payment: _____

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 referred to above, subject to and in accordance with the requirements of the Connecticut Housing Finance Authority Home Mortgage Programs Operating Manual and the DAP Participating Lender Agreement. The Connecticut Housing Finance Authority 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.

The servicer of this DAP second mortgage loan will be Idaho Housing and Finance Association.

(Delivery of the CHFA first mortgage loan to Idaho Housing and Finance Association is also required). The Declaration Page of the Insurance Policy/Binder Second Mortgagee Clause must read as follows:

Connecticut Housing Finance Authority

C/O HomeLoanServ, Its successors and/or assigns, as their interest may appear

P.O Box 7899 - Boise, ID 83707

All closed loan documents for both the CHFA first mortgage loan and the CHFA second mortgage loan (DAP) listed on the CHFA - Loan File Submission Forms 009-1107A and Form 009-1107B must be uploaded in IHFA Lender Connection.

Loan Reviewed By:

I/We hereby agree to the terms and conditions hereof:

CONNECTICUT HOUSING FINANCE AUTHORITY

Dated:

Dated:

**MUST BE SIGNED BY BORROWER(S) AT
CLOSING - (Original to IHFA - Copy to CHFA)**

By :

Lender:

NMLS ID:

Loan Originator:

NMLS ID:

SAMPLE



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 (CHFA) has reviewed and approved the loan submission package for the following 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 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

CONNECTICUT HOUSING FINANCE AUTHORITY

CHFA Reviewer:

By : _____



SERVICE RETAINED LENDER

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 (CHFA) has reviewed and approved the loan submission package for the following 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 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:

LENDER NAME

CONNECTICUT HOUSING FINANCE AUTHORITY

CHFA Reviewer:

By : _____



SERVICE RETAINED OR AMERINAT - DAP
CONNECTICUT HOUSING FINANCE AUTHORITY
999 West Street
Rocky Hill, CT 06067

COMMITMENT FOR MORTGAGE PURCHASE
DOWNPAYMENT ASSISTANCE PROGRAM ("DAP")

MUST BE SIGNED BY BORROWER(S) AT CLOSING (Original to C4C - Copy to CHFA)

Date:

CHFA Loan No.:

Participating Lender:

Connecticut Housing Finance Authority (CHFA) has reviewed and approved the loan submission package for the following Mortgage Loan:

Borrower(s):

Property Address:

CHFA Mortgage Program:

Principal Amount:

Interest Rate:

Term:

Monthly principal and interest payment:

This letter constitutes a Commitment by the Connecticut Housing Finance Authority (CHFA) to fund a DAP second mortgage, and note secured thereby, on the above-described property, 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 and the DAP Participating Lender Agreement. The Connecticut Housing Finance Authority 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.

The servicer of this DAP second mortgage loan will be Capital For Change, Inc. The following documents must be faxed or delivered overnight to the DAP loan servicer within 24 hours of loan closing to the attention of:

Loan Set-up: Fax: (860) 920-2041 Phone: (860) 233-5165 Ext. 2041

1. A copy of the Signed Second Mortgage Note and Deed naming CHFA as Mortgagee.
2. A copy of the fully executed TRID - Closing Disclosure (CD).
3. The Declaration Page of the Mortgagor's Homeownership Insurance Policy and Binder with a copy of the paid receipt:

The Second Mortgagee Clause is to read as follows:

Connecticut Housing Finance Authority

Its successors and/or assigns as their interest may appear

Capital For Change, Inc

120 Tremont Street

Hartford, CT 06105

4. A copy of the Mortgage Loan Application; (First Page only).
5. A copy of W-9 Form for all Borrowers (*Request for Taxpayer Identification Number & Certification*).
6. A copy of this Commitment Letter signed by the Borrower(s) at or before closing.

This Commitment shall terminate on:

Loan Reviewed By:

I/We hereby agree to the terms and conditions hereof:

CONNECTICUT HOUSING FINANCE AUTHORITY

Dated:

Dated:

**MUST BE SIGNED BY BORROWER(S) AT CLOSING
(Original to C4C - Copy to CHFA)**

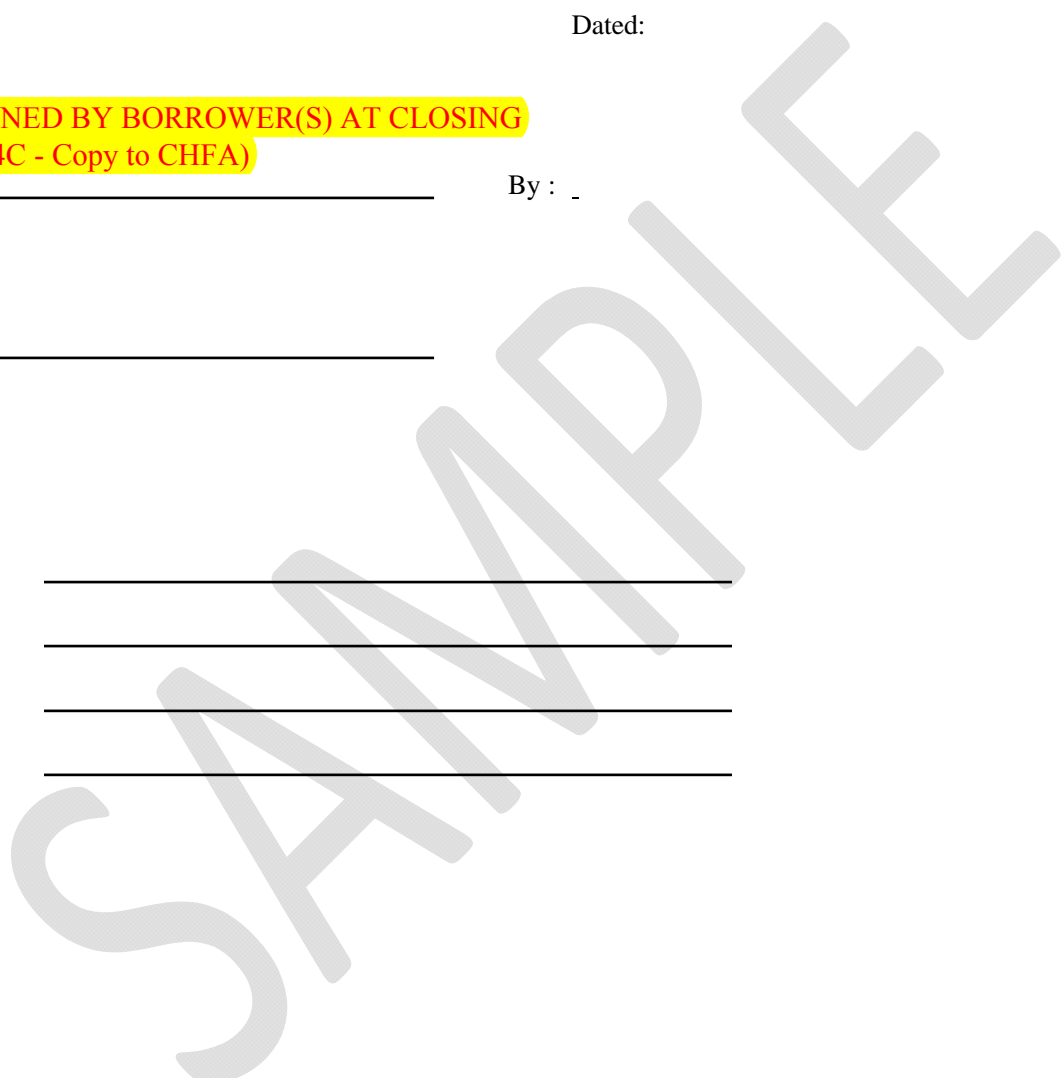
By : _

Lender:

NMLS ID:

Loan Originator:

NMLS ID:



CHFA - LOAN FILE SUBMISSION FORM

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 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

LENDER / SELLER CONTACT INFORMATION

File Contact Name & Title	Telephone & Ext.	Contacts Email Address
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BORROWER INFORMATION

CHFA Loan #	IHFA 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

<input type="checkbox"/> 1 File Submission Checklist - CHFA Form 009-1107 - ID <input type="checkbox"/> 2 Other Subordinate Financing - Initial Financing Approval Document <i>(i.e. Housing Dev. Fund, Equity Builder, City of HTFD, etc.)</i>	<input type="checkbox"/> 3 Loan Exception Documentation <input type="checkbox"/> 4 Final Transmittal Summary (1008) FNMA (dated/signed by Underwriter)
---	---

First Mortgage Loan Approval & Application

<input type="checkbox"/> 1 Final/Verified Loan Application (1003) <input type="checkbox"/> 2 Initial Loan Application (1003) (signed by Borrower & Ln Originator)	<input type="checkbox"/> 3 AUS Findings - Final version (DU, LPA) <input type="checkbox"/> 4 Private Mortgage Insurance Certificate - Copy (if applicable)
--	---

Credit & Fraud Checks

<input type="checkbox"/> 1 Credit Supplements (if applicable) <input type="checkbox"/> 2 Credit Report - RMCR / Tri-Merge (associated to AUS, if applicable) <input type="checkbox"/> 3 Bankruptcy Report / Discharge (if applicable) <input type="checkbox"/> 4 Letter addressing Adverse Credit and/or Discrepancies - signed & dated	<input type="checkbox"/> 5 Credit Report Inquiry Explanation with Documentation - signed & dated <input type="checkbox"/> 6 Divorce Decree / Property Separation Agreements (if applicable) <input type="checkbox"/> 7 Child Support Verification (if applicable)
--	---

Income / Employment - (Most recent Documentation on Top)

<input type="checkbox"/> 1 Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Repayment) <input type="checkbox"/> 2 Income Analysis Worksheet - Lender or CHFA Form 064-0309 (Income Limit) <input type="checkbox"/> 3 Verification of Employment (past 2 yrs with start/end dates) <input type="checkbox"/> 4 Current paystubs (reflecting 30 days & YTD income) <input type="checkbox"/> 5 Verif. of Supplemental Income - Soc Sec, Pension Award (or per AUS) <input type="checkbox"/> 6 W-2's, 1099's - Most recent 2 yrs	<input type="checkbox"/> 7 Academic Student Transcript - for full-time student (or pay stub) if DAP LN <input type="checkbox"/> 8 IRS Tax Return Transcripts - 3 most recent - 1 yr if targeted area <p style="text-align: center;">~ OR ~ (Do Not Include Both - Delays File Review Process)</p> <input type="checkbox"/> 8 Fed. Tax Return- <i>Personal</i> Signed 3 most recent - 1 yr if target area - all schedules <input type="checkbox"/> 8 Fed. Tax Return- <i>Business</i> Signed 3 most recent - 2 yrs if target area - all schedules <input type="checkbox"/> 9 Income Letter(s) of Explanation (if applicable)
---	---

Assets - (Most recent Documentation on Top)

<input type="checkbox"/> 1 Cleared Earnest Money Check (copy) with source of funds (if applicable) <input type="checkbox"/> 2 Gift Documentation per FNMA guidelines <input type="checkbox"/> 3 DAPS: Document source of deposit & withdrawals ≥10% of mnthly income	<input type="checkbox"/> 4 Any Additional Supporting Asset Documentation (if applicable) <input type="checkbox"/> 5 Asset Statements (Bank name & ownership) most recent 3 mths - all accounts
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Property / Appraisal

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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)

CLOSING DOCUMENTS - IDAHO HOUSING AND FINANCE ASSOC.

Final FNMA 1003 uploaded in "Lender Connection" Web Portal	Documents Delivered Electronically in "Lender Connection"
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"Lender Connection" Loan Information Completed Online	Original/Final Documents Mailed To: Idaho Housing and Finance Association - 565 W. Myrtle St. - Boise, ID 83702
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Detail Purchase Advice Funding Sheet - CHFA Form 066-0408	Participating Lender Certification - CHFA Form 019-1101
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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 - (<i>Uniform Closing Dataset</i>) - 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/USDA-RD LNG must be delivered within 90 days of loan purchase****

CHFA DAP Closing Documents (if applicable)

Homeowners Hazard insurance policys to include second mortgagee clause as follows:

Connecticut Housing Finance Authority C/O HomeLoanServ, its successors and/or assigns as their interests may appear: P.O. Box 7899-Boise, ID 83707

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)	

Miscellaneous Documents (if applicable)

1	4
2	5
3	6

CHFA - LOAN FILE SUBMISSION FORM

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 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

LENDER / SELLER CONTACT INFORMATION

File Contact Name & Title	Telephone & Ext.	Contacts Email Address
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BORROWER INFORMATION

CHFA Loan #	IHFA Loan #	Primary Borrower Name (Last, First)
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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

1	File Submission Checklist - CHFA Form 009-1107 - ID	5	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	7	VA Form 26-6393 Loan Analysis (signed by UW & dated)
4	Final Transmittal Summary (1008) FNMA (USDA Loans ONLY - signed by UW & dated)		

First Mortgage Loan Approval & Application

1	Final/Verified Loan Application (1003)	3	AUS Findings - Final version (DU, LPA, GUS)
2	Initial Loan Application (1003) (signed by Borrower & Ln Originator)		

Credit & Fraud Checks

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 / Employment - (Most recent Documentation on Top)

4	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 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- <i>Personal</i> 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- <i>Business</i> 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)

Assets - (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
3	DAPS: Document source of deposit & withdrawals ≥10% of mnthly income		

Property / Appraisal

1	Appraisal Report (include Color Photos, Street View, Comparables)	10	Escrow Holdback Agreement (if applicable)
2	Final / Repair Inspection with Color Photos - FNMA 1004D (if applicable)		
3	Certificate of Occupancy (if applicable)	1	HUD 92700 - Maximum Mtg Worksheet
4	Evidence Condo is VA / FHA approved	2	HUD Consultant Report (if applicable)
5	Flood Life of Loan Determination Certificate	3	Work Estimates - Fully Executed - Copy
6	Flood Hazard Notice	4	Work Write-up and signed Contract - Copy
7	Verification of Property Census Tract - FFIEC Geocoding print-out or Other	5	Contractor Licenses - Copy
8	Purchase Agreement - short sale agreement, probate approval...(fully executed)	6	Contractor Liability Insurance - Copy
9	Purchase Agreement - All Addendums & Counter Offers (fully executed)		

203(K) Rehabilitation Loans

IHFA Government Mtg - Continued

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FHA, VA, USDA-RD SPECIFIC DOCUMENTS

FHA Documents (if applicable)

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VA Documents (if applicable)

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CHFA - LOAN FILE SUBMISSION FORM

SERVICER: AMERINAT

CONVENTIONAL MORTGAGES

(Form for HFA Preferred™ & Uninsured 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 Screens
- Upload The Final Loan Application (1003) In CHFA LOS

LENDER / SELLER CONTACT INFORMATION

File Contact Name & Title	Telephone & Ext.	Contacts Email Address
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BORROWER INFORMATION

CHFA Loan #	Lender Loan #	Primary Borrower Name (Last, First)
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First Mortgage Loan Approval & Application

<input type="checkbox"/> 1 Final/Verified Loan Application (1003) signed by Mtg Loan Originator <input type="checkbox"/> 2 Initial Loan Application (1003) (signed by Borrower & Loan Originator)	<input type="checkbox"/> 3 AUS Findings - Final version (DU, LPA) <input type="checkbox"/> 4 Private Mortgage Insurance Certificate - Copy (if applicable)
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Property / Appraisal

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AmeriNat - Conventional Mtg - Continued

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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

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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 - 121 Tremont St.- Hartford, CT 06105

Miscellaneous Documents (if applicable)

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CHFA - LOAN FILE SUBMISSION FORM

SERVICER: AMERINAT - or - Service Retained Lender

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



CHFA LEAN LOAN

Date: _____

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First Mortgage Loan Approval & Application

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203(K) Rehabilitation Loans

- 1 HUD 92700 - Maximum Mtg Worksheet
- 2 HUD Consultant Report (if applicable)
- 3 Work Estimates - Fully Executed - Copy
- 4 Work Write-up and signed Contract - Copy
- 5 Contractor Licenses - Copy
- 6 Contractor Liability Insurance - Copy

AmeriNat Government Mtg - Continued

CHFA REQUIRED DOCUMENTS (if applicable)

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CLOSING DOCUMENTS - AMERINAT

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Detail Purchase Advice Funding Sheet - CHFA Form 066-0408	Participating Lender Certification - CHFA Form 019-1101																																																												
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FHA, VA, USDA-RD SPECIFIC DOCUMENTS

FHA Documents (if applicable)

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****Recorded Mtg & Assignment, Title Policy and FHA MIC/VA LGC/USDA-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 - 121 Tremont St.- Hartford, CT 06105

Miscellaneous Documents (if applicable)

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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%
(50% allowable on FHA and HFA Preferred loans with Approve/Eligible AUS and no DAP)
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 must be provided for all files and include both repayment and CHFA income 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 (IHFA) or (AmeriNat & Service Retained Lenders (C4C).
2. Confirm the **interest rate, point, 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.

~ PLEASE SEE OTHER SIDE - DAP TIPS ~

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).*
2. 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.
9. 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

SPECIAL NOTE: *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.*