



Thank you for your interest in the **MyHomeCT Program**. A collaboration agreement, vendor information form, information on MyHomeCT program, and a CDF (common data file) toolkit are included in this package. Please return the following to [myhomect@chfa.org](mailto:myhomect@chfa.org)

- executed collaboration agreement
- completed vendor Information form
- completed and signed W-9 form
- ACH instructions on your letterhead

SFTP instructions are below – please send the required information as soon as possible.

**SFTP Instructions – please indicate your preference: MyHomeCT will host or your organization will host**

**Instructions to connect to MyHomeCT SFTP (MyHomeCT hosts)**

To connect to MyHomeCT SFTP, the following details will be needed.

1. Creditor/Service Name:
2. IP address or range you will be connecting to SFTP:
3. Port to connect: 22

We will white list your IP address in our firewall to allow the secure connection. After that we will provide:

1. SFTP User ID:
2. SFTP Password:

To whitelist MyHomeCT IP address, the IP address is: 76.12.237.194

**Instructions to connect to your SFTP (your organization hosts)**

**To connect to your SFTP, the following details can be used.**

1. Connecting Party: MyHomeCT (Connecticut HAF Program)
2. MyHomeCT IP address to be whitelisted: 67.59.187.236

Once MyHomeCT SFTP is whitelisted we will need the following details:

1. SFTP User ID:
2. SFTP Password:
3. Port Number to connect to:
4. Please provide your IP address.

Please do not hesitate contact the MyHomeCT team at [myhomect@chfa.org](mailto:myhomect@chfa.org) if you have any questions or would like additional information. For general questions about MyHomeCT or to sign up for updates, visit: [www.chfa.org/MyHomeCT](http://www.chfa.org/MyHomeCT).

*Thank you.*

**MyHomeCT Team**

*This project is being supported, in whole or in part, by federal award number HAFP-0206 awarded to Connecticut by the U.S. Department of the Treasury.*



FOR MORE INFORMATION VISIT:  
[www.chfa.org/MyHomeCT](http://www.chfa.org/MyHomeCT)



**MyHomeCT**  
Foundation for a Brighter Future

## MyHomeCT – Vendor Information

Vendor Information	
Vendor Name	
Contact Name	
Contact Title	
Contact email	
Contact Phone Number	
Tax ID	
Mailing Address 1	
Mailing Address 2	
City	
State	
Zip	
Preferred Payment Method	<input type="checkbox"/> ACH <input type="checkbox"/> CHECK If ACH, please complete the BANK information below. If CHECK, they will be mailed to the address provided above
Bank Information	
Bank Name	
Account Type	
Account Number	
Routing Number	
Bank Address	
Bank City	
Bank State	
Bank Zip Code	
Will you use the CDF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Per CDF guidelines, the approved file name is: StateID_HAF_ServicerName_FromState_YYYYMMDD_01 TPA document naming will be: Loan1234_CT_ServicerName_H.pdf Please provide your preferred "short name" for these files. Thank you <b>Short Name:</b>	
SFTP HOST	<input type="checkbox"/> SERVICER <input type="checkbox"/> MyHomeCT
Servicer Hosted	
SFTP User ID	
SFTP Password	
Port number to connect to	
IP Address	
MyHomeCT Hosted	
IP Address or range you will be connecting to <b>MyHomeCT</b>	
****For MyHomeCT Use Only****	
Collaboration Agreement Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACH or Check instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
W9 Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
SFTP set-up complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTES	
OnBoarded Date	Click or tap to enter a date.

# Program Overview



**MyHomeCT**

Foundation for a Brighter Future

Connecticut has been awarded approximately \$123 million from the U.S. Department of the Treasury's Homeowner Assistance Fund ("HAF") program. The HAF Program in the State of CT is known as **MyHomeCT** and is being administered by the Connecticut Housing Finance Authority (CHFA).

The goal of **MyHomeCT** is to provide assistance to eligible CT homeowners who have experienced a COVID-19 related financial hardship. The assistance is meant to cure and/or prevent mortgage and housing related delinquencies and foreclosure. Qualified expenses under this program include:

- ▶ Mortgage delinquencies/payment assistance
- ▶ Non-escrowed real estate taxes (not included in mortgage payment)
- ▶ Condominium and/or homeowners' association fees or special assessments
- ▶ Non-escrowed (not included in mortgage payment) homeowners' insurance and flood insurance
- ▶ Water and sewer liens
- ▶ Ground lease or lot payments
- ▶ Fees that were advanced by the loan servicer/lender on behalf of an applicant with a reverse mortgage

*Assistance can be made in the form of a one-time reinstatement, ongoing forward payments, or a combination of both.*

**Homeowners may apply for up to \$50,000 in grant assistance**

## How to Apply:

Visit: [www.chfa.org/MyHomeCT](http://www.chfa.org/MyHomeCT) to learn more and to apply. You can also complete a short online questionnaire to see if you may be eligible.

If you need help with your application, you may call 877-894-4111 or visit one of the **MyHomeCT** Resource Centers for help with your application. The list of resource centers can be found on [www.chfa.org/MyHomeCT](http://www.chfa.org/MyHomeCT).



## Eligibility Requirements:

- ▶ Applicant must live in the state of Connecticut and occupy the property as their primary residence.
- ▶ Applicant/household member must have experienced a COVID-19 related financial hardship after January 21, 2020, or experienced a financial hardship before January 21, 2020, which was then exacerbated by the pandemic. Assistance for a delinquency prior to January 21, 2020, is capped to three months.
- ▶ Property must be an owner-occupied 1-to-4 unit house, condominium, townhouse, or manufactured home.
- ▶ Homeowners applying for mortgage assistance must have a mortgage that had a principal balance at or below the Federal Housing Finance Agency's conforming loan limits for Fannie Mae and Freddie Mac at time of origination.
- ▶ Household income must be equal to or less than 150% area median income (AMI), adjusted for household size.



CONNECTICUT HOUSING FINANCE AUTHORITY 999 West Street, Rocky Hill, CT 06067 | (860) 721-9501 | [www.chfa.org](http://www.chfa.org)

*The CT Department of Housing is the responsible entity for the program, and has designated the Connecticut Housing Finance Authority (CHFA) to administer it on its behalf.*

This project is being supported, in whole or in part, by federal award number HAFP-0206 awarded to Connecticut by the U.S. Department of the Treasury.

**HOMEOWNER ASSISTANCE FUND**  
**COLLABORATION AGREEMENT**

COLLABORATION AGREEMENT made this \_\_\_\_\_ (“Agreement Date”) between \_\_\_\_\_, an entity organized and existing under the laws of the \_\_\_\_\_ the State/Commonwealth of \_\_\_\_\_ / United States of America, with an address and place of business at \_\_\_\_\_ (“Servicer”) and the Connecticut Housing Finance Authority, a body politic and corporate constituting a public instrumentality and political subdivision of the State of Connecticut and having its office at 999 West Street, Rocky Hill, Connecticut 06067, which has been engaged by and is acting as administrator ( the “Program Administrator”) on behalf of the State of Connecticut, acting by and through the State of Connecticut Department of Housing, for the Homeowner Assistance Fund Program, known as MyHomeCT.

**BACKGROUND**

1. Pursuant to Section 3206 of the American Rescue Plan Act of 2021, Congress established in the Department of the Treasury and funded a Homeowner Assistance Fund (“HAF”) to mitigate financial hardships associated with the coronavirus pandemic by providing appropriated funds to eligible entities for, among other purposes preventing homeowner mortgage delinquencies, defaults, and foreclosures through “qualified expenses” related to mortgages and housing, which include financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default.
2. Program Administrator is a participating agency for the distribution of certain of the HAF funds and has, on behalf of the State of Connecticut, adopted or is adopting a Program to guide such distribution of funds.
3. Servicer services residential mortgage loans of borrowers who are delinquent or in default, forbearance or deferral and who may be eligible for the receipt of HAF funds from the Program Administrator.
4. Program Administrator and Servicer desire to cooperate to, among other things, facilitate the timely distribution of HAF funds to Servicer for the account of eligible borrowers to enable the borrower to cure or reduce outstanding arrearages and cause the reinstatement of the mortgage loan or to pay other housing-related costs related to a period of forbearance, delinquency, or default assistance, in accordance with the principles and processes outlined in this Agreement.

**UNDERSTANDINGS**

Program Administrator and Servicer acknowledge and agree that:

1. As between Servicer and Program Administrator, Program Administrator has sole responsibility to determine whether a borrower is eligible for HAF funds and, if so, for how much and for what purpose(s).
2. As between Servicer and Program Administrator, Servicer has sole responsibility to administer and service the mortgage loan as to which a borrower may be eligible for HAF funds, including to determine the amounts of either any outstanding arrearages that the borrower may owe on a mortgage loan in order to reinstate the mortgage loan or to enable the borrower to pay other housing related costs related to a period of forbearance, delinquency, or default.
3. Servicer administers and services any such mortgage loan in accordance with applicable law, a third-party servicing agreement, applicable insurance policies, and potentially other contractual requirements. Nothing in this Agreement is intended to require, or will require, Servicer to violate or breach these requirements.
4. Program Administrator may contact Servicer, or Servicer, with proper authorization from the borrower, may contact Program Administrator, about the potential availability of HAF funds to cure a particular borrower's arrearages or to pay other housing-related costs related to a period of forbearance, delinquency, or default.
5. Subject to the receipt of an executed "Borrower Consent Form" in the form attached to this Agreement as Exhibit A ("Borrower Consent Form") authorizing Servicer to share with Program Administrator and any service provider(s) engaged by or on behalf of Program Administrator (each a "Service Provider"), which may include (but not be limited to) IndiSoft LLC and Springboard Nonprofit Consumer Credit Management, Inc. dba "credit.org", information about the status of borrower's mortgage loan, Servicer will share such information with Program Administrator, acting directly or with the assistance of one or more Service Providers, through a mutually agreeable form of common data file, or other mutually-agreed upon format. Program Administrator, acting directly or with the assistance of a Service Provider, in turn will, subject to the terms of the Plan for the HAF Program approved by the Department of the Treasury and within the funds available to Program Administrator and the time constraints set forth in the Plan, make a good faith effort, evaluate such information, determine if the borrower is eligible for HAF funds and, if so, for how much and for what purposes(s) and share such determinations with the borrower and Servicer.
6. If the amount of approved HAF funds is insufficient to cure any arrearage or pay other outstanding amounts due under the mortgage loan, Program Administrator may consult with the borrower to discuss borrower's willingness and ability, either directly or through other third parties, to supplement the available HAF funds to cure such arrearage or pay other outstanding amounts due under the mortgage loan and Program Administrator may notify Servicer accordingly.

7. If the amount of approved HAF funds is sufficient to cure any arrearage or pay other outstanding amounts due under the mortgage loan, either alone or in combination with any other funds payable by or on behalf of borrower, Program Administrator and Servicer will cooperate to facilitate the timely distribution of HAF funds by Program Administrator to Servicer for the account of the borrower and the timely application by Servicer of such funds (and any other funds paid by or on behalf of borrower) to the account of the borrower, in accordance with applicable law and servicer's standard policies and procedures for handling mortgage payments.
8. Timely application by Servicer of sufficient HAF funds and other supplementary funds for the account of the borrower is governed by applicable law.
9. All communication that includes borrower's "Nonpublic Personal Information" between Program Administrator (including any Service Provider) and Servicer will be through encrypted email, secure loan port or other similar secure electronic delivery system. In accordance with HUD, privacy, telemarketing, and information security laws, regulations, and guidelines, Program Administrator and Servicer will maintain or implement appropriate measures designed to (a) ensure the security and confidentiality of any Nonpublic Personal Information it receives from the other party, including, without limitation, appointing a manager or group to coordinate compliance with the confidentiality obligations herein, (b) protect against any anticipated threats or hazards to the security or integrity of such information, including, without limitation, implementing necessary screening and background checks for individuals that may access or use the Nonpublic Personal Information as permitted by this Agreement, (c) protect against unauthorized access to or use of such information that could result in substantial harm or inconvenience to the subject of such information, (d) ensure the proper disposal of all Nonpublic Personal Information received from the other party upon the termination of this Agreement for any reason, unless the information is required to be retained for legal or regulatory record retention purposes (including for purposes of demonstrating compliance with the Department of the Treasury guidelines, the American Rescue Plan Act of 2021, and the HAF Plan approved by the Department of the Treasury), (e) treat the Nonpublic Personal Information with at least the same degree of care that it uses to protect its own confidential and proprietary information of a similar nature but with no less than a reasonable degree of care, and (f) implement or utilize appropriate technological safeguards that are at least in compliance with the Gramm-Leach Bliley Act as well as any generally recognized industry standards. For the purposes of this Agreement, the term "Nonpublic Personal Information" is any information received from or provided by the other party which pertains to or identifies an individual, such as a name, postal address, e-mail or IP address, facsimile or phone number, mother's maiden name, social security or identification number, transactional, employment, or financial data, medical or health records, personal, gender, political, profile, account, and password information. Notwithstanding the foregoing, "Nonpublic personal information" does not include: (i) Publicly available information, except as included on a list that is derived using any personally identifiable financial information that is not publicly

available; or (ii) any list, description, or other grouping of consumers (and publicly available information pertaining to them) that is derived without using any personally identifiable financial information that is not publicly available.

10. Execution of this Agreement is voluntary and either party may terminate this Agreement without cause with 30 days written notice. A Servicer may choose to participate in one or more HAF programs.
11. Program Administrator or its third-party vendor assisting in the intake function must secure written authorization from each borrower to share Nonpublic Personal Information. Servicer must receive a copy of the signed Borrower Consent Form.
12. The Program Administrator intends to specify the allowable uses of HAF Program funds based on the HAF Plan which the Department of the Treasury has approved or is expected to approve. The Program Administrator intends that funds will be used by Servicer as instructed by Program Administrator.
13. Servicer and Program Administrator may agree for the provision of reports and other information in mutually agreeable form and content relating to the subject of this Agreement.
14. Program Administrator is responsible for determining continuing eligibility of the borrower for its HAF program and any related fraud detection that it deems necessary or appropriate. Servicer will not be required to repay amounts applied to a borrower's loan if that borrower is later determined to be ineligible based on either a borrower's fraud or the Program Administrator's error in calculating the borrower's household income or the applicable income limitations.
15. Servicer will conduct any transfer of servicing rights pertaining to mortgage loans covered under this Agreement in accordance with Regulation X implementing the Real Estate Settlement Procedures Act.
16. Program Administrator will make reasonable efforts to notify Servicer of the cessation, reduction or other change in the amount of periodic assistance payments with respect to a borrower made by or on behalf of Program Administrator, but nothing herein shall limit Program Administrator's right to make such changes without notice to either a borrower or Servicer.
17. Should Servicer receive more funds than needed from Program Administrator for the account of any particular borrower, Servicer will remit the surplus funds back to Program Administrator within thirty (30) days of receiving the funds. Notwithstanding the foregoing, Program Administrator reserves the right in the event that the surplus funds are equal to or less than \$100.00 to authorize Servicer to instead apply those funds to reduce that borrower's outstanding loan principal instead of remitting such funds to the Program Administrator.
18. Servicer and Program Administrator each will establish a specific point of contact for HAF cases and HAF program matters ("Servicer Point of Contact" and

“Program Administrator Point of Contact”, respectively), whom they may change from time to time at their discretion.

19. Initially, the Servicer Point of Contact is:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

20. Initially, the Program Administrator Point of Contact is:

Name: Liisa Koeper, Assistant Director, Finance

Phone: 860-571-4226

Email: liisa.koeper@chfa.org

21. Servicer is not authorized or empowered to determine and/or communicate to the homeowner eligibility for HAF foreclosure prevention programs. Program Administrator is not authorized or empowered to determine and/or communicate to the homeowner eligibility for foreclosure prevention programs of Servicer. Program Administrator retains sole authority for its program eligibility determination and communication to the homeowner and Servicer. Servicer will communicate with borrowers and Program Administrator regarding loan modification and other Servicer-driven approvals.

22. Servicer acknowledges that: (a) Program Administrator is neither a service provider nor vendor to or for the benefit of Servicer; and (b) Servicer is neither a service provider nor vendor to or for the benefit of Program Administrator.

PROGRAM ADMINISTRATOR:

SERVICER:

CONNECTICUT HOUSING  
FINANCE AUTHORITY

Servicer Name \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Hazim Taib  
Title: Chief Financial Officer

Servicer Official  
Title



**EXHIBIT A**

**Borrower Consent Form  
(Third Party Authorization)**

**MyHomeCT**  
**(Connecticut's Homeowner Assistance Fund Program)**  
**Third Party Authorization**

"I" and "My" means and refers to individually and collectively the undersigned Owner and Co-Owner (if any), and any non-owner borrower identified below.

"Servicer" means the Owner's first mortgage lender/servicer whether or not specifically identified below.

"Creditor" means a person or entity, other than a Lender or Servicer, to which the Owner owes a debt that may result in a lien or in the loss of the Owner's principal dwelling.

"Third Party" means individually and collectively the Owner's homeowner's insurance company or agent, flood insurance company, condominium association (if any), town taxing authority, water or sewer district, landlord under a ground lease or lot lease (if any), attorney, or other designated representative (including their employees, contractors, subcontractors, agents, successor, and assigns), whether or not specifically identified below.

I authorize the Servicer and any Creditor (including their respective legal representatives) and any Third Party (including their legal representatives) to obtain, share, release, discuss, and otherwise provide to and with each other my public and non-public personal information contained in or related to my mortgage loans, insurance policies and associated premiums, tax and homeowner payment obligations. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances (including liabilities), program eligibility, and payment activity of the Owner and non-owner borrower. I also understand and consent to the disclosure of my personal information and the terms of any applications, agreements, or other communications under Homeowner Assistance Fund Programs by Servicer, any Creditor, Third Party, the State HFA, or the State of Connecticut Department of Housing to the State of Connecticut Department of Housing or the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

The Servicer, any Creditor, and any Third Party is authorized to take such steps as it may deem reasonable to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer and any Creditor also have no responsibility or liability for what a Third Party does with such information.

**Before signing this Third Party Authorization, beware of foreclosure rescue scams!**

- A HUD-approved housing counselor, HFA representative or other authorized third party may work directly with the Owner's lender/mortgage servicer.
- The Owner can visit <https://www.hud.gov/findacounselor> to identify a HUD-approved housing counseling agency.
- Beware of anyone who asks for a fee in exchange for a counseling service or modification of a delinquent loan.

All owners and non-owner borrowers should sign this Third Party Authorization. This Third Party Authorization is not revocable except as otherwise required by applicable law.

\_\_\_\_\_  
**First Mortgage Lender/Servicer Name**  
**Property Address:** \_\_\_\_\_

\_\_\_\_\_  
**[Account][Loan] Number** \_\_\_\_\_

**THIRD PARTIES:**

**State HFA:**  
**CONNECTICUT HOUSING FINANCE AUTHORITY**

**IndiSoft, LLC**

**Springboard Nonprofit Consumer Credit Management, Inc.**

\_\_\_\_\_  
**[Counseling Agency]**

\_\_\_\_\_  
**[Agency Contact Name and Phone Number]**

Please complete the below as applicable:

Hazard or Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Flood Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Creditor Name(s):**

Condominium Association/HOA: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

City/Town/County Taxing Authorities: \_\_\_\_\_

Account/Reference Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City/Town/County Water and Sewer Department: \_\_\_\_\_

Account/Reference Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Landlord under a ground lease or lot lease (such as mobile home park operator): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:**

*Owner*

\_\_\_\_\_  
**Printed Name**



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Co-Owner*

\_\_\_\_\_  
**Printed Name**



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Additional Co-Owner*

\_\_\_\_\_  
**Printed Name**



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Additional Co-Owner*

\_\_\_\_\_  
**Printed Name**



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Non-Owner Borrower*

\_\_\_\_\_  
**Printed Name**



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Additional Non-Owner Borrower*

\_\_\_\_\_  
**Printed Name**



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# WHAT TO KNOW BEFORE YOU APPLY



**MyHomeCT**

*Foundation for a Brighter Future*

To help with the application process, review the checklist below and gather all information and documentation before applying for the **MyHomeCT** program.

## Applicant / Co-Applicant Proof of Identity

- Copy of a valid Driver's License, valid photo ID issued by the State of CT, valid Passport or other form of photo ID with identifying information
- Copy of the Social Security card or ITIN issued by the U.S. Internal Revenue Service

## Current Annual Household Income

- Number of individuals who currently reside in your home (do not include individuals who are living there temporarily)
- Name, date of birth, and current income information for all permanent household members (including yourself)
- The current total annual household income for all members

## Documentation of Current Household Income (examples include)

- Employment Income: Most recent 30 days' worth of paystubs
- Self-Employment Income: Most recent complete Federal Tax return and year to date Profit & Loss
- Unemployment/Worker's Compensation: Benefit notification letter or check stub/monthly/bi-weekly statement (if applicable)
- Social Security, Social Security Disability, Retirement/Pension: All applicable benefit verification letters (<https://www.ssa.gov/myaccount/proof-of-benefits.html>) and Retirement/Pension statement of benefits
- Alimony and/or Child Support: Separation Agreement or Divorce Decree reflecting type of support, amount and frequency, or payment ledger from child support enforcement agency or Court Order or other documentation to reflect receipt and frequency
- Rental Income (from 2-4 family home): Current Lease Agreement(s) or other documentation to reflect amounts received
- Armed Forces Payment: Most recent Leave and Earnings Statement (LES)

## Annual Household Income for the Calendar Year Before you Experienced Hardship (e.g. if the hardship date was March 2020, you will provide 2019 information)

- Number of individuals who were residing in your home, including yourself, the calendar year before you experienced hardship (do not include individuals who are living there temporarily)
- Your total annual household income for the year before you experienced hardship

## Documentation of Annual Household Income for the Year Before Your Hardship (examples include)

- Tax Return (or IRS Tax Return Transcript), W-2s/Applicable 1099s (or IRS Wage and Income Statement) (IRS website - <https://www.irs.gov/individuals/get-transcript>)

## Financial Hardship related to COVID-19 pandemic

- The month and year in which your hardship began
- If you received COVID-19 related rental assistance, please provide the source (e.g. UniteCT), the date and the amount
- If you received COVID-19 related mortgage assistance, please provide the source (e.g. CASTLE program), the date and the amount

## Documentation for Mortgage related assistance

- Most current mortgage statement, past due notice from the lender/servicer or reinstatement letter from lender/servicer. Document must include name of creditor, applicant name(s), property address, account number, current amount due and monthly payment amount
- If you live in a condominium or townhouse provide the most current condominium fee/homeowners association invoice
- If you are currently in foreclosure, provide the Foreclosure Sale/Law date, if one has been scheduled

## Documentation for Non-Mortgage (e.g. non-escrowed property taxes, condominium/homeowners association fees, non-escrowed homeowner's insurance, water/sewer lien, ground lease or lot payments) related assistance

- Most current statement reflecting the full amount due

## Required documentation for Proof of Ownership

- Mortgage Deed, Tax Bill or Assessor's Card

## Required documentation for Proof of Occupancy

- Utility bill or cable bill

## Required documentation if you are in an Active Bankruptcy

- Permission from Bankruptcy Trustee confirming you are permitted to receive grant funds from the program

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FOR MORE INFORMATION VISIT:  
[www.chfa.org/MyHomeCT](http://www.chfa.org/MyHomeCT)



# Common Data File (CDF) Tip Sheet

The Common Data File (CDF) is a foundational business tool designed to be a standardized communication method for confidential homeowner, loan and payment information between state agencies and mortgage loan servicers – particularly multi-state servicers.

- 1 Each CDF must be in an excel format.**
  - The CDF can be automated or manually processed.
  - The CDF naming conventions must be agreed upon and utilized each time a CDF is sent:
    - A. When sending file from State to Servicer:**  
*StateID\_HAF\_ServicerName\_FromState\_YYYYMMDD\_01*
    - B. When sending file from Servicer to State:**  
*StateID\_HAF\_ServicerName\_ToState\_YYYYMMDD\_01*
- 2 When reading the CDF Data Dictionary, pay close attention to the detailed description of each Record Type. Various Record Types have been designed to support the exchange of borrower, loan and/or program information. In addition, special attention should be made to the Conditions Under Which Data is Required and Rule Details columns as they provide important information regarding how and when a data field may or may not be applied to a program.**
- 3 To help mitigate errors, servicers should discuss the program details and processing (e.g., is there a wrench in a CDF flow? An idea to improve a CDF flow?) with their HFA.**
- 4 Servicers should discuss important HAF program criteria with their HFA that impacts the exchange of CDF data (e.g., how the servicer will process HAF benefits).**



MyHomeCT  
Foundation for a Brighter Future



Questions? Email us at [myhomect@chfa.org](mailto:myhomect@chfa.org)  
or visit [www.chfa.org/MyHomeCT](http://www.chfa.org/MyHomeCT)

