



(Formerly known as AmeriNational Community Services, LLC)

Dear Mortgage Originator,

We would like to take this opportunity to introduce ourselves. We are AmeriNat (formerly known as AmeriNational Community Services, LLC), a Sub-Servicer for Connecticut Housing Finance Authority. To facilitate communications between our two companies please provide AmeriNat “ New Loan Setup Dept.” with a list of personnel at your company to contact for questions relating to the servicing released files.

Below is a list of employees that will be able to help you with any questions or concerns you may have.

**EMPLOYEE DIRECTORY & CONTACT LIST**

**Customer Service:**

Toll Free: (800) 943-1988 • Fax: (562) 745-1281

**Payment Correspondence Address:**

AmeriNat  
P.O. Box 52211  
Phoenix, AZ 85072-2211

**Loan File Submission Address:**

AmeriNat  
Attention: Loan SetupDept.  
217 S. Newton Ave  
Albert Lea, MN 56007

**New Loan Setup Email:**

[Loansetups@amerinatls.com](mailto:Loansetups@amerinatls.com)

**Tax and Insurance Email:**

[taxins@amerinatls.com](mailto:taxins@amerinatls.com)

Employee Name	Ext.	Position/ Title	Email Address
Kasey Wolters	1316	Setup Supervisor	<a href="mailto:kwolters@amerinatls.com">kwolters@amerinatls.com</a>
Frank Camble	1912	Customer Service Manager	<a href="mailto:fcamble@amerinatls.com">fcamble@amerinatls.com</a>
Customer Service	7920	Group Email	<a href="mailto:CustomerService@amerinatls.com">CustomerService@amerinatls.com</a>

(888) 263-7628 • (507) 377- 6030 • 217 S. Newton Avenue, Albert Lea, MN 56007 • [www.amerinatls.com](http://www.amerinatls.com)

*Quality Through Innovation and Experience*



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## Servicing Transfer Guidelines for CHFA Loans

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### I. SERVICING FILE / DOCUMENTS

- A. Loan files must be submitted to AmeriNat **within 10 days after purchase**. Please deliver files to:

**AmeriNat**  
**Attention: Loan Setup Dept.**  
**217 S. Newton Ave**  
**Albert Lea, MN 56007**

- B. Required Documentation in loan file: **SEE ATTACHED FILE DOCUMENT ORDER CHECK LIST.**
- C. All CHFA first mortgage loans delivered to AmeriNat **must include an assignment in the name of the Connecticut Housing Finance Authority (CHFA), 999 West Street, Rocky Hill, CT06067.**

### II. ESCROW

- A. The AmeriNat Escrow Information Sheet must be completed in its entirety.
- B. The originating lender/seller is responsible for preparing the notification to the insurance company/agent regarding the change of servicer and requesting a change of loss payee endorsement, as well as a new declaration page. The mortgagee clause should read as follows:

**Connecticut Housing Finance Authority**  
**C/O AmeriNat,**  
**Its Successors and/or Assigns, ATIMA**  
**PO Box 123**  
**Downey, CA 90241**

1. Please forward copies of the mortgagee change letters to AmeriNat.
- C. FHA
1. An individual HUD form 92080 must be completed. Also, a copy of the screen-print from the FHA Connection showing Mortgage Record Change complete. **AmeriNat's HUD MTG ID is # 23422 and CHFA Holder # 06238-09998.**
- D. USDA/RS (RHS)
1. A copy of the LNG should be included in the loan file.
  2. The originating lender/seller should notify USDA/RD (RHS) of the servicing transfer and include a copy of the transfer notice in the file.
- E. Optional Insurance
1. Please provide a list of all loans that have optional insurance and the insurance company name, type of coverage (life, health, or disability), and whether the coverage is single or joint.
- F. Real Estate Taxes
1. Any bills received after the transfer date must be forwarded to AmeriNat prior to the delinquent date. Any penalties incurred due to the late arrival of servicing packages will be charged back to the originating lender/seller.

### III. Customer Service

- A. Any pending research or customer inquiries should be completed prior to the transfer. Any problems outstanding as of transfer should be forwarded with a synopsis of what has been completed, and clearly marked in the file.
- B. All correspondence, insurance renewals/cancellations, customer inquiries, real estate tax bills, etc., received after the transfer date, should be identified with your loan number and forwarded to AmeriNat.

*If you have any questions or concerns regarding the loan transfer, please contact the Loan Setup Dept. at [loansetups@amerinatls.com](mailto:loansetups@amerinatls.com). We look forward to working with you and would like to take this opportunity to thank you in advance for your cooperation.*



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LOAN INFORMATION SHEET

Borrower 1. \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Borrower 2. \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Property Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone 1. \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone 2. \_\_\_\_\_

Your Loan # \_\_\_\_\_

CHFA Loan # \_\_\_\_\_

Original Loan Amount \_\_\_\_\_

P & I Payment \_\_\_\_\_

Purchase Loan Amount \_\_\_\_\_

Escrow Payment \_\_\_\_\_

Interest Rate \_\_\_\_\_

Escrow Pymt Breakdown \_\_\_\_\_

Closing Date \_\_\_\_\_

County Tax \_\_\_\_\_

Interest Paid Thru Date \_\_\_\_\_

City Tax \_\_\_\_\_

Maturity Date \_\_\_\_\_

Hazard Insurance \_\_\_\_\_

Loan Type \_\_\_\_\_

Other \_\_\_\_\_

(1 - Conventional, 2- VA, 3- FHA, 4 Conventional Insured)

Total Payment \_\_\_\_\_

FHA / VA Case # \_\_\_\_\_

Mortgage Ins. Commitment# \_\_\_\_\_

# ESCROW INFORMATION SHEET

Borrower/s \_\_\_\_\_ Loan # \_\_\_\_\_

## County Taxes

County Name \_\_\_\_\_ Tax ID # \_\_\_\_\_  
Address \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
\_\_\_\_\_ Paid Thru Date \_\_\_\_\_  
Telephone # \_\_\_\_\_ Annual Tax Amount \_\_\_\_\_  
Taxes Paid: \_\_\_\_\_ Annually \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Other \_\_\_\_\_

## City / Town / Borough Taxes

County Name \_\_\_\_\_ Tax ID # \_\_\_\_\_  
Address \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
\_\_\_\_\_ Paid Thru Date \_\_\_\_\_  
Telephone # \_\_\_\_\_ Annual Tax Amount \_\_\_\_\_  
Taxes Paid: \_\_\_\_\_ Annually \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Other \_\_\_\_\_

## School Taxes

County Name \_\_\_\_\_ Tax ID # \_\_\_\_\_  
Address \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
\_\_\_\_\_ Paid Thru Date \_\_\_\_\_  
Telephone # \_\_\_\_\_ Annual Tax Amount \_\_\_\_\_  
Taxes Paid: \_\_\_\_\_ Annually \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Other \_\_\_\_\_

## Mortgage Insurance

Name of PMI Company \_\_\_\_\_ Next Due Date \_\_\_\_\_  
Annual Amount \_\_\_\_\_  
Certificate # \_\_\_\_\_ Effective Date \_\_\_\_\_

## FHA MIP

FHA Case # \_\_\_\_\_ Annual Amount \_\_\_\_\_  
One Time MIP Amount \_\_\_\_\_ Monthly Premium \_\_\_\_\_  
Date Last Paid \_\_\_\_\_ Next Due Date \_\_\_\_\_

## Hazard Insurance

**Attach a Copy of Policy**

Name of Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Dwelling Coverage Amount \_\_\_\_\_ Annual Premium \_\_\_\_\_  
Effective Dates \_\_\_\_\_ Replacement Cost Coverage? \_\_\_\_\_

## Flood Insurance

**Attach a Copy of Policy**

Name of Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Dwelling Coverage Amount \_\_\_\_\_ Annual Premium \_\_\_\_\_  
Effective Dates \_\_\_\_\_

# **SAMPLE LETTER - HAZARD INSURANCE COMPANY**

Date

Name and Address  
of Insurance  
Company

Re: Policynumber  
Effective (Policy start date to policy end date)  
Name of Insured: Joe Smith  
Sue Smith  
1 Main Street  
Downtown, MD 12345

The servicing of the above referenced loan has been transferred. Please forward all future renewal billing to the address listed below and issue an endorsement to correct the mortgagee clause to read:

**Connecticut Housing Finance Authority  
C/O AmeriNat  
Its successors and/or assigns, ATIMA  
PO Box 123  
Downey, CA 90241**

Thank you for your immediate attention to this matter.

Sincerely  
Service Release Administrator

## AMERINAT DELIVERY CHECKLIST

Lender Loan Number: \_\_\_\_\_

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

Lender Contact Name: \_\_\_\_\_

File Contact Email Address \_\_\_\_\_

File Contact Phone #: \_\_\_\_\_

<b>FINAL ORIGINAL DOCUMENTS – Do NOT include in loan file. Ship under separate cover to:</b>	
Recorded Security Instrument, including Riders (if applicable)	AmeriNat
Recorded Assignment to MERS (if applicable)	Attn: Loan Setup Department
Recorded Power of Attorney (if applicable)	217 S. Newton Avenue
Final Title Policy	Albert Lea, MN 56007
Insurance Certificates, if applicable, (e.g., FHA MIC, VA LGC or USDA LNG)	

**LOAN FILE DELIVERY - Please deliver documents in the preferred stacking order listed below.**

### DOCUMENTS

<input type="checkbox"/>	AmeriNat – Loan Information Sheet
<input type="checkbox"/>	AmeriNat – Escrow Information Sheet
<input type="checkbox"/>	CHFA Commitment Letter
<input type="checkbox"/>	Assignment, if applicable
<input type="checkbox"/>	Loan Underwriting and Transmittal Summary
<input type="checkbox"/>	Final Signed 1003
<input type="checkbox"/>	Flood Life of Loan Determination – Transferred to AmeriNat
<input type="checkbox"/>	Flood Insurance Policy (if applicable) List CHFA c/o AmeriNat as Mortgagee
<input type="checkbox"/>	Hazard Insurance Policy/Binder (if applicable) List CHFA c/o AmeriNat as Mortgagee
<input type="checkbox"/>	Condo Master Policy (if applicable)
<input type="checkbox"/>	Well, Septic Inspections (if applicable)
<input type="checkbox"/>	Appraisal

<input type="checkbox"/>	UCDP – Submission Summary Report
<input type="checkbox"/>	UCD – Final Submission Report
<input type="checkbox"/>	Servicing Transfer Goodbye Letter
<input type="checkbox"/>	Initial Escrow Account Disclosure
<input type="checkbox"/>	Original Note
<input type="checkbox"/>	Mortgage Deed/Riders- Copy First Mortgage
<input type="checkbox"/>	Tax Exempt Financing Rider – CHFA Form 053-1199
<input type="checkbox"/>	Borrower Signature Affidavit
<input type="checkbox"/>	W-9
<input type="checkbox"/>	Closing Disclosure
<input type="checkbox"/>	Initial/First Payment Letter
<input type="checkbox"/>	