

LOAN PURCHASE REQUEST – FORM 066-0408



**FORWARD COPIES OF THE FULLY EXECUTED NOTE/S (1ST MTG., DAP & TTO, IF APPLICABLE), COMMITMENT LETTER/S (FOR DAP & TTO ONLY),
AND THE FULLY COMPLETED LOAN PURCHASE REQUEST FORM TO CHFA.
(THE NOTE/S, COMMITMENT LETTER/S AND LOAN PURCHASE REQUEST INFORMATION MUST MATCH AND BE ACCURATELY STATED)**

EMAIL: Fin-Fax-Purchases@chfa.org

DOCUMENTS MUST BE RECEIVED BY 12:00PM EST FOR SAME DAY FUNDING
(IF DISCREPANCIES ARE NOTED, FORMS ARE INCOMPLETE, OR REQUEST IS RECEIVED AFTER 12:00PM EST - LOAN WILL NOT FUND THE SAME DAY)

NOTE: EXTRA PROCESSING TIME IS REQUIRED FOR GNMA / FNMA / FHLMC LOANS. IF FIRST MORTGAGE INCLUDES CHFA DOWN PAYMENT ASSISTANCE PROGRAM LOAN/S, FUNDING MAY OCCUR SAME DAY, NEXT BUSINESS DAY OR LATER PER PROGRAM TYPE.

CHFA DISCLAIMS ANY AND ALL LIABILITY FOR FAILURE TO FUND

CHFA Loan #: _____	CHFA Originator Code: _____
Borrower Last Name: _____	
Originating Lender: _____	
Contact Name: (Processor or Closer) _____ (Type/Print Name)	
Contact Email: _____	Phone: _____
Confirm Contact Name: _____ (Type/Print Name)	Fax: _____

Loan Information	1 st Mortgage	Down Payment Assistance Program (DAP) (if applicable)	Time To Own Program (if applicable)
Servicer Loan #			
Interest Rate			0.00%
Closing Date			
First Due Date			N/A
Maturity Date			
Loan Amount			
P&I Amount			N/A
Odd Days Interest			N/A
Taxes	Applies to Service Released Mtg only	N/A	N/A
Insurance(s)	Applies to Service Released Mtg only	N/A	N/A
Aggregate Adjustment	Applies to Service Released Mtg only	N/A	N/A
Other Description:	Applies if Additional Mtg Funding used	N/A	N/A

LENDER CERTIFICATION

I certify that the loan closed on the date indicated above and to the best of my knowledge all of the information provided herein is accurate. I understand that if this loan did not close on the date indicated above, there will be a penalty of \$250. I further understand that false certification or any circumstances requiring the repurchase of a loan by the lender will also result in a penalty of \$250.

Duly Authorized Signatory: _____

Print Name: _____ **Title:** _____

*****THIS SECTION TO BE COMPLETED BY CHFA ONLY*****

CHFA Purchase Date: _____	Entered By: _____
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Comments: _____