CONNECTICUT HOUSING FINANCE AUTHORITY
LOAN PAYOFF

CHFA SERVICER #: _____

CHFA SERVICER NAME: _____

PREPARED BY: _____   **CONTACT PHONE #:** _____

CHFA LOAN #: _____   **SERVICER LOAN #:** _____

MORTGAGOR'S NAME: _____

LOAN PAYOFF DATE: _____   **DATE REMITTED:** _____

PRINCIPAL BALANCE PRIOR TO PAYOFF, PER LATEST CHFA DETAILED LEVEL PAYMENT BILLING:	_____
DATE OF CHFA DETAIL LEVEL PAYMENT BILLING REPORT USED:	_____
INTEREST P-T-D @ PAYOFF:	_____
PRINCIPAL PORTION OF LEVEL PAYMENTS APPLIED PRIOR TO PAYOFF:	− _____
PRINCIPAL PORTION OF NSF REVERSALS:	+ _____
CURTAILMENTS APPLIED PRIOR TO PAYOFF:	− _____
CURTAILMENT REVERSALS PRIOR TO PAYOFF:	+ _____
UNIDENTIFIED (SEND A LOAN HISTORY):	+/− _____
SERVICER PRINCIPAL BALANCE AT PAYOFF (PRINCIPAL COLLECTED AT PAYOFF):	= _____ −
INTEREST COLLECTED AT PAYOFF:	+ _____
SERVICER FEE RETAINED AT PAYOFF:	− _____
TOTAL REMITTED (WITHIN 3 BUSINESS DAYS AFTER PAYOFF DATE):	= _____ −

DO NOT WRITE BELOW THIS LINE

CHFA PROOF

$ _____

_____

_____

$ _____

PAYMENT IS OVER (SHORT): _____

LATE _____ DAYS @ _____%

_____

PROCESSED BY:	_____
REVIEWED BY:	_____
INVESTOR REPORTING:	_____
INVESTOR REPORTING:	_____
ACCOUNTING:	_____
ACCOUNTING:	_____