

**SECOND MORTGAGE NOTE  
DOWNPAYMENT ASSISTANCE PROGRAM**

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

\$ \_\_\_\_\_, Connecticut Date: \_\_\_\_\_

AFTER DATE, FOR VALUE RECEIVED, the undersigned ("Borrower") promises to pay to the order of CONNECTICUT HOUSING FINANCE AUTHORITY ("Lender") at its office at 999 West Street, Rocky Hill, Connecticut 06067 or at such other place as the Holder hereof may designate in writing, the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) dollars with interest, in arrears, at the rate of \_\_\_\_\_ percent (\_\_\_\_\_% ) per annum upon the unpaid principal balance and together with all costs, expenses and attorney's fees incurred by the Holder hereof in any proceeding for collection of the debt, in any foreclosure of the mortgage securing the same, in protecting or sustaining the lien of said mortgage, or in any litigation or controversy arising from or connected with this Note or the Mortgage securing the same.

Said principal and interest shall be payable in installments as follows:

The sum of \_\_\_\_\_ (\$ \_\_\_\_\_) dollars shall be due and payable on the first day of \_\_\_\_\_, 20\_\_\_\_, and on the first day of each and every month thereafter until this Note is fully paid, except that if not paid sooner, the entire amount of the interest and principal unpaid shall be due and payable on \_\_\_\_\_. Each installment shall be applied first to the payment of interest on the unpaid balance of this Note and the balance on the principal of this Note.

Default for a period of thirty (30) days in the payment of any of said installments of principal or interest, or default with respect to any prior mortgage on the premises securing this Note (the "Premises"), or failure to pay the taxes or municipal assessments on said Premises when due, or failure to carry on said Premises fire or other insurance required by Lender or to pay the premiums therefor when due, or failure to keep said Premises in a condition of good repair, or failure of the Borrower to reside continuously at said Premises while this Note remains unpaid, or transfer of said premises to anyone other than a maker hereof, or failure to keep and perform any of the agreements or provisions contained in the mortgage securing this Note, or the filing of a petition in bankruptcy by or against any maker or other owner of said Premises shall render the whole of the Note together with accrued interest thereon immediately due and payable at the option of the Holder hereof. Any failure to exercise said option shall not constitute a waiver of the right to exercise the same at any time.

Borrower agrees to pay a late charge of five dollars (\$5.00) for each monthly installment paid more than fifteen (15) days after its due date. Any such charges shall be collected from the Borrower in addition to the regular monthly payment. Any payment made subsequent to the imposition of late charges shall first be applied to the late charge or charges then outstanding and any remainder applied to the regular mortgage payment.

Borrower has the right to prepay any and all payments hereof without penalty. Each prepayment shall be credited to the unpaid principal installments of this Note in the inverse order of their maturity. Prepayment shall only be made with the regular monthly installment and shall not affect the obligation to pay the regular monthly installment requirement hereunder, until the entire indebtedness has been paid.

NMLS LO: \_\_\_\_\_

CO ID/Name: \_\_\_\_\_

Each and every party to this instrument either as maker, endorser or otherwise hereby waives presentment for payment, notice of dishonor, protest and notice of protest hereof and waives any and all defenses on the ground of any extensions or partial payments, which may be granted or accepted by the Holder hereof before or after default.

If signed by more than one person, this Note shall be the joint and several obligations of all signers.

This Note is secured by a mortgage of even date herewith on premises known as \_\_\_\_\_, \_\_\_\_\_, Connecticut.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Borrower

NMLS LO: \_\_\_\_\_

CO ID/Name: \_\_\_\_\_