

Escambia County Housing Finance Authority Homeownership Loan Program Cash Grant DPA Funding Request

This form cannot be hand written. You may only submit a form that was generated from the eHousingPlus Lender Portal AFTER an underwriter certification has been submitted.

DPA FUNDING REQUEST / WIRE TRANSFER FORM

Participating Lender Name: _____
Underwriter Certified Date: _____
Lender Contact: _____
Email/Phone: _____
Date of Request: _____

Loan Closing Date (1)

(1) Prior to 3 pm of the prior day the Lender will request the exact amount of DPA (as per Certified) to be funded the next day. These funds need to be directed to the closing table and not directed to the Lender.

Wire Request Amount:

\$ _____
as shown in the eHousingPlus system

Wiring Instructions

Bank: _____
Bank Address: _____
Bank Phone: _____
ABA # _____
Closing Agent/Title Company: _____
ATTN: _____
Phone Number / Email: _____
Account #: _____
Borrower(s) Name: _____
Reference/GF #/File Number: _____
Property Address: _____

US Bank Loan Number (2)

(2) Assigned at the time the Loan is reserved through eHousingPlus.

For Checks Only (3)

Pay to the Order of: _____
Delivery Instructions: _____

(3) Checks for local closing may be picked up at the Authority (8am-5 pm) at address indicated on this form

Completed forms should be faxed or emailed to:

Karyn Norton and Fran Jones at the Authority
Escambia County Housing Finance Authority
700 South Palafox Street, Suite 310
Pensacola, FL 32502
Fax: (850) 438-5205
Karyn.norton@escambiahfa.com and fran.jones@escambiahfa.com

Please sign:

The undersigned hereby represents that [he/she] is authorized to execute this Funding Request on behalf of the Originating Lender shown herein, and that all of the information is true and correct. Lender agrees that if the Mortgage Loan closing does not occur, or if the Cash Grant DPA Funds otherwise are not used in whole or in part, the funds MUST be returned to the Authority within three (3) business days of closing date/closing cancellation date. Please contact the Authority for further refund payment instructions.

Name: _____

Title of Authorized Officer: _____

Date: _____