FAX THIS FORM WITHIN 7 Business Days of Closing – FUNDS CANNOT BE WIRED WITHOUT PROPER NOTICE

FAX TO 651-228-3341 ATTENTION: Michelle Vojacek

Housing and Redevelopment Authority of the City of Saint Paul ("HRA")
FIRST-TIME HOME BUYER CityLiving Affordability Gap PROGRAM
LENDER CERTIFICATION AND REQUEST FOR DISBURSEMENT

Date Request Faxed _____

HRA Contact – Direct questions, receive instructions for return of funds:
MICHELLE VOJACEK, PED, 25 WEST FOURTH STREET, SUITE 1200, ST. PAUL, MN 55102
Phone: 651-266-6599 Fax 651-228-3341
STEPHANIE HAWKINSON, PED, 25 WEST FOURTH STREET, SUITE 1200, ST. PAUL, MN 55102
Phone: 651-266-6585 Fax: 651-228-3341

LENDER NAME _____ (the "Lender")
Contact _____ Phone _____
Email _____
Borrower Name _____ City Living Loan Number _____
Borrower Marital Status _____ **Property Zip Code** _____
Property Address _____Saint Paul, MN

Fax must include (1) this form, (2) a copy of the title binder, (3) all documentation of eligibility identified on the documentation chart provided online and (4) a copy of preliminary HUD 1.

PLEASE REMIT:
Amount of Assistance Loan $ _____
Date Funds are needed _____ for closing date of _____

Wire Transfer To: Bank: _____
ABA: _____
Account: _____
Account Name: _____
Telephone: _____
Attn: _____
Email _____

CERTIFICATION. The undersigned authorized representative of the Lender, hereby certifies for the benefit of the HRA that (i) the borrower(s) named above qualify(ies) for the Minneapolis/Saint Paul CityLiving Program and the HRA's CityLiving Affordability Gap Loan Program and has(have) met all requirements including, without limitation, the first-time homebuyer, income, purchase price and other assistance requirements, and (ii) the Lender understands and agrees that **if Lender is notified by the HRA that the borrower does not qualify for a CityLiving Mortgage or a CityLiving Affordability Gap Loan, the Lender will remit the Hero Loan amount to the HRA and the HRA will assign the second mortgage to the Lender. Within 24 hours of closing,** the Lender will fax a copy of this Request for Disbursement form and a final, executed HUD-1 to the HRA**. If closing does not occur within 24 hours of the proposed closing date**, the Lender understands that funds must be returned to the HRA.

_____ _____
Signature of Authorized Officer Print name and title of Authorized Officer

---------- FOR HRA USE ONLY ----------