

**HFA OF MIAMI-DADE COUNTY  
2007A Single Family Bond Program  
REQUEST FOR REIMBURSEMENT**

Date: \_\_\_\_\_

Email To: Adela Garcia, [axx@miamidade.gov](mailto:axx@miamidade.gov)

**PLEASE REMIT:**

Amount of Second Mortgage \$ \_\_\_\_\_

**Check payable to:**

Lender Name: _____	Wire Payment Instructions (preferred method):
Lender Address: _____	Bank: _____
_____	ABA Routing Number: _____
Attention: _____	A/C Number: _____
Lender Contact: _____	A/C Name: _____
Phone Number: _____	Attention: _____
Email: _____	Reference: _____

Borrower(s) Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

**Scan, pdf and attach**

1. Internet Reservation System **Loan Detail** for this Borrower
2. Executed Second Note/Mortgage
3. Final, executed HUD 1

The original note and recorded mortgage must also be submitted to the Authority in order to receive reimbursement.

Questions should be directed to Adela Garcia, HFA of Miami-Dade County  
[axx@miamidade.gov](mailto:axx@miamidade.gov) 305.594.2518 305.392.2722 fax

----- **FOR HFA USE ONLY** -----

**Account Name/Number: 2007A Low Rate Ln DAP 2<sup>nd</sup> Deferred/# 22442018**

**Date submitted to Trustee:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Patricia Braynon, Director