

FAX THIS FORM ACCORDING TO THE CHART BELOW – FUNDS CANNOT BE WIRED WITHOUT PROPER NOTICE
Please note the office is not open on Thursday afternoon or all day Friday

FOR CLOSINGS ON	SUBMIT BY 10 AM
MONDAY	WEDNESDAY
TUESDAY	THURSDAY
WEDNESDAY	THURSDAY
THURSDAY	MONDAY
FRIDAY	TUESDAY

FAX TO 651-228-3341 ATTENTION: STEPHANIE HAWKINSON
 Rev 11-13-09

**Housing and Redevelopment Authority of the City of Saint Paul (“HRA”)
 FIRST-TIME HOME BUYER HEROES PROGRAM
 LENDER CERTIFICATION AND REQUEST FOR DISBURSEMENT**

Date Request Faxed _____

HRA Contact – Direct questions, receive instructions for return of funds:
 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 _____ MCC 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 Hero 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 **TakeCredit!** MCC Program and the HRA’s Hero Loan Program and has(have) met all requirements including, without limitation, the first-time homebuyer, income, purchase price and Hero requirements, and (ii) the Lender understands and agrees that **if Lender is notified by the HRA that the borrower does not qualify for an MCC or for a Hero 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** -----