OHFA SUBORDINATION REQUEST FORM

Items Required for a Complete Subordination Request:

Enclosed	Required Items*		
	Copy of Full Title Commitment – All Pages		
	Copy of Recorded Second Mortgage		
	Copy of Preliminary HUD-1 Settlement Statement		
	Clean, Recordable Legal Description of the Property		
	Signed copy of Completed Subordination Request Form		
	\$100.00 Check Payable to OHFA (certified or company check; no personal checks) Non-Refundable		
	Return Overnight Label or Overnight Envelope		

*Failure to provide any Required Information will result in a delay in processing

Mail Subordination Package to: Questions? Call us at 614.466.7970 **OHFA** Notes: Attn: Homeownership **57 E Main Street** Columbus OH 43215

	Borrow	er Information			
Full Name of Borrower #1:			Last 4 Digits of SS#		
	Current Marital Status: Is the Current Marital Status Different from the Original Second Mortgage?				
Full Name of Borrower #2:			Last 4 Digits of SS#		
Current Marital Status:	Is the Current Marital Status Different from the Original Second Mortgage?				
	Proper	y Information			
Property Address:		-			
Parcel #:					
	Lender, Loan & Ti	le Company Information			
Name of New Lender:					
mount of New Loan: \$ Is this a Cash-Out Refi? Approx. Amount of Proceeds from Refi: \$					
_			_		
Requestor Information		Subordination Delivery Add	dress		
Company Name:		Company Name:			
Contact Name:		Attn:			
Street:		Street:			
City/State/Zip:		City/State/Zip:			
Phone:		Phone:			
Thores.	Tun.	Thories			
I acknowledge the above informati					
Authorized Signature of Req		Date:			

Borrower Acknowledgement & Authorization

I/We acknowledge the above information is true and correct, to the best of my/our knowledge. By signing below, I/We authorize OHFA to share any information provided for this subordination request, including any and all information associated with the loan. I/We understand there is a Non-Refundable Subordination Fee with each Subordination Request.

Signature of Borrower #1:	Date:
Cignoture of Power #2.	Date

5/4/2015 **OHFA Subordination Request Form**