Town of Burrillville Housing Rehabilitation Loan Program

Request for Verification of Mortgage

The Applicant(s) below has applied for a residential rehabilitation loan through the Town of Burrillville Housing Rehabilitation Loan Program. The Applicant(s) has signed below authorizing the release of any and all information, verification and documentation requested by the Town. Please complete this form as soon as possible and return it in the enclosed envelope.

Date: _____

Applicant(s): _____ Social Security Number: _____

_____ Social Security Number: _____

Bank/Mortgage Company: _____

_____

_____

Authorization:

I/We authorize my/our mortgage company to release the information requested regarding my/our mortgage(s).

Signature:_____ Signature:_____

To be completed by Lender:

Address of Mortgaged Property:_____

_____

Mortgage Account Number: _____

Date of Mortgage:_____ Date of Maturity:_____

Original Amount:_____ Present Balance:_____

Interest Rate:_____ % Fixed Rate:_____ Variable Rate:_____

6 Month Adjustable: _____

1 Year Adjustable: _____

Type of Mortgage: Conventional: _____ 3 Year Adjustable: _____

FHA: _____ Other: _____

VA: _____ If other, please explain:_____

_____

Total Monthly Payment: _____ Is there a Pre-Payment Penalty? ___ Yes ___ No

Principal & Interest: _____ If yes, what are the terms? _____

Mortgage Insurance: _____ _____

Real Estate Taxes: _____ Is there a Balloon Payment? ___ Yes ___ No

Insurance: _____ If yes, what is the amount due & the date due?_____

_____

Are payments current? _____Yes ____ No

If not, how far in arrears? _____ Month(s) _____ Amount

Date:_____ Signature:_____

Name (Print):_____

Title:_____

Town of Burrillville Planning Department
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