

**TENNESSEE HOUSING DEVELOPMENT AGENCY
PAYOFF REQUEST FORM**

ADDRESS OF ASSISTED PROPERTY:

STREET ADDRESS

CITY STATE ZIP

WHICH PROGRAM WAS THE PROPERTY ASSISTED UNDER (ATTACH DEED OF TRUST):

- KEEP MY TENNESSEE HOME HOME ADDI
 NATIONAL HOUSING TRUST FUND NSP OTHER _____

ENTITY REQUESTING PAYOFF:

- ORIGINAL HOMEOWNER/BENEFICIARY THIRD PARTY _____

IF THE ENTITY REQUESTING THE PAYOFF IS NOT AN ORIGINAL HOMEOWNER/BENEFICIARY, THEN THE THIRD PARTY MUST OBTAIN THE SIGNATURE OF AN ORIGINAL HOMEOWNER/BENEFICIARY, UNLESS THE REQUEST IS DUE TO A FORECLOSURE, DEATH OF ALL ORIGINAL HOMEOWNER/BENEFICIARIES, OR DOCUMENTATION IS PROVIDED TO THDA WHEREBY AN ORIGINAL HOMEOWNER/BENEFICIARY HAS AUTHORIZED THE THIRD PARTY TO ACT ON BEHALF OF THE HOMEOWNER/BENEFICIARY.

IF AN ORIGINAL HOMEOWNER/BENEFICIARY DOES NOT SIGN THIS FORM, THEN THE THIRD-PARTY CERTIFICATION BELOW MUST BE COMPLETED, UNLESS THERE HAS BEEN A FORECLOSURE.

ORIGINAL HOMEOWNER/BENEFICIARY: _____

REASON FOR PAYOFF REQUEST:

- SALE OF PROPERTY REFINANCE FORECLOSURE
 DEATH OF HOMEOWNER/BENEFICIARY DATE OF DEATH: _____ *attach death certificate
 OTHER: _____

REQUESTED PAYOFF/GOOD THROUGH DATE: _____

EMAIL ADDRESS TO SEND PAYOFF TO: _____

HOMEOWNER/BENEFICIARY

DATE

THIRD-PARTY CERTIFICATION

I hereby attest that I have the authority to request this payoff without an original Homeowner/Beneficiary signing this form and have provided the Tennessee Housing Development Agency with supporting documentation.

THIRD PARTY

DATE