



## Project-Specific Loan Subordination Application

Please note that the Housing Authority **does not subordinate to loans with balloon payments or to loans that take cash out** except for reasonable closing costs.

### 1. APPLICANT INFORMATION

Application Date		
Date Response Needed (Please allow 4 – 6 weeks)		
Borrower Legal Name	Name	
	Address	
	Contact Person & Title	
	Contact's Email	
	Contact's Phone #	
Property Name/Address		
Loan Number(s)		
Other contact name/phone (optional):		

## 2. REQUIRED INFORMATION

<input type="checkbox"/>	<b>SUBORDINATION INFORMATION</b>
<input type="checkbox"/>	Name of Lender Requiring Subordination _____
<input type="checkbox"/>	Current Loan Amount Being Refinanced \$ _____
<input type="checkbox"/>	Current Loan Interest Rate, Payment Structure, and Term _____
<input type="checkbox"/>	Proposed Loan Amount \$ _____
<input type="checkbox"/>	Proposed Terms of Refinance (Interest Rate, Payment Structure, and Term) _____
<input type="checkbox"/>	Subordination Request Fee of \$2,462 (Amount subject to change July 1)
<input type="checkbox"/>	<b>DOCUMENTS REQUIRED (SUBMIT WITH APPLICATION LETTER)</b>
<input type="checkbox"/>	Current Property Appraisal
<input type="checkbox"/>	Preliminary Title Report Dated Within 6 Months of Request
<input type="checkbox"/>	Draft Loan Documents for New Loan (Note, Deed of Trust, Regulatory Agreement if applicable, etc.)
<input type="checkbox"/>	Draft Subordination Agreement (Prepared by new lender or title company)
<input type="checkbox"/>	Estimated Settlement Statement (if applicable)
<input type="checkbox"/>	Current Financial Statements for Property
<input type="checkbox"/>	Project Proforma Analysis Showing Refinance (if applicable)
<input type="checkbox"/>	Resolution from Applicant's Governing Body authorizing refinance and subordination request
<input type="checkbox"/>	Current proof of insurance (see original Housing Authority loan documents)

## 3. CERTIFICATION

_____ Authorized Signature	_____ Date	_____ Authorized Signature	_____ Date
_____ Print Name:		_____ Print Name:	
_____ Title:		_____ Title:	

Please submit application with all required documents to:

City of Santa Rosa Department of Housing & Community Services  
**ATTN: Housing Trust**  
90 Santa Rosa Avenue  
Santa Rosa, CA 95404

90 Santa Rosa Avenue/P.O. Box 1806 | Santa Rosa, CA 95402 | Tel (707) 543-3300 | Fax (707) 543-3353