

Payoff Request Form

Date: _____

TO: CALIFORNIA HOUSING FINANCE AGENCY

Please provide a payoff statement for the referenced loan(s) below. (All payoff statements are issued for a period of 30 days.) If you wish a different expiration date, please indicate here: _____

Loan Number(s): _____

Borrower Name(s): _____

Property Address(s): _____

Mailing Address(s): _____

Borrower Telephone No.: _____

The payoff statement should be mailed or faxed to:

Attn: _____

Company: _____

Address: _____

Fax No.: _____

Telephone No.: _____

CHECK BOX FOR EXPEDITED PAYOFF PROCESSING

(Checking box acknowledges \$50.00 fee per request for expedited processing. This fee will remain on the loan until paid. Requests will only be processed if faxed to 916-326-6422)

CHECK BOX TO FAX PAYOFF REQUEST

BORROWER SIGNATURE

CO-BORROWER SIGNATURE

Fax this request to CalHFA, Loan Servicing, 916-326-6420.

Privacy Notice on Collection:

Your personal information is requested by Single Family Loan Servicing, California Housing Finance Agency ("CalHFA"). The authority which authorizes the collection of your personal information by CalHFA is the [Information Practices Act of 1977](#) ("IPA") (California Civil Code Sections 1798-1798.78). Personal information collected by CalHFA is subject to the limitations in the IPA and state policy. The principal purpose for which this information is used is for servicing your loan. The only known or foreseeable disclosures which may be made of this information is to CalHFA employees who service your loan or respond to your inquiries, credit reporting agencies, and contractors and service providers who have a legitimate business purpose for the information. When contacting CalHFA, you should not provide personal information that is not requested. Submission of your information for the purposes of servicing your loan is mandatory. The consequences of not providing all of the requested information is that your CalHFA loan file may be incomplete, and CalHFA will be unable to effectively service your loan. You have the right to access records containing your personal information maintained by CalHFA by contacting Single Family Loan Servicing, Customer Service Representative, MS 980, P.O. Box 4034, Sacramento, CA 95812-4034, (800) 669-1079, subloans@calhfa.ca.gov. Please refer to the [CalHFA Information Practices Act Policy](#) and the [CalHFA Privacy and Information Safeguarding Policy](#) for more information. You may access these policies on our website, or call (916) 326-8496 to have a free copy sent to you.