



**SUBMIT ENTIRE SUBORDINATION FILE  
BY OVERNIGHT COURIER OR MAIL TO:**

CalHFA Single Family Lending – Special Programs – MS 320  
**Regular Mail:** P. O. Box 4034 • Sacramento • CA • 95812-4034  
**Overnight/Courier:** 500 Capitol Mall, Ste. 400 • Sacramento • 95814  
 Phone (916) 326-8033 • Fax: (916) 326-6425

**APPLICATION FOR SUBORDINATION**  
Please complete all sections of this form

<b>CalHFA JUNIOR LOAN # (s)</b> _____	
<b>BORROWER NAME(S):</b> _____ _____	<b>PROPERTY ADDRESS:</b> _____ _____
<b>LENDER NAME</b> <small>LENDER NAME AS IT IS TO APPEAR ON SUBORDINATION AGREEMENT</small>	<b>ESCROW CO.</b>
<b>LENDER ADDRESS</b>	<b>ADDRESS</b>
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
<b>CONTACT NAME</b> _____	<b>ESCROW OFFICER</b> _____ <b>ESCROW #</b> _____
<b>PHONE NUMBER</b> ( ) _____	<b>PHONE NUMBER</b> ( ) _____
<b>FAX NUMBER</b> ( ) _____	<b>FAX NUMBER</b> ( ) _____
<b>EMAIL ADDRESS</b> _____	<b>EMAIL ADDRESS</b> _____

**LEGAL STATEMENT**

Lender acknowledges that this application and documents submitted to CalHFA Single Family Lending Loan Administration Special Programs represents and/or warrants the correctness and completeness of all statements and information contained in such documents.

Signature of lender's authorized representative:

Signature	( ) Telephone Number
Date	( ) Fax Number
Print name	