



**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

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

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 | |