



KYHC SUBORDINATION REQUEST AND HOMEOWNER AUTHORIZATION FORM - LOSS MITIGATION ONLY

Homeowner Name(s): _____

Property Address: _____

Homeowner ID Number:
(if available) _____

Lender/Servicer: _____

Escrow/Title Company:
(if applicable) _____

Lender Legal Name:
(as it should appear on the Subordination Agreement) _____

The undersigned authorize(s) the California Housing Finance Agency ("CalHFA")/ Keep Your Home California ("KYHC") to release any and all information it may have that is requested by the above referenced Lender, Servicer, Title Company and/or Escrow Company (each a "Third Party") in order to process the loss mitigation subordination request. This authorization is valid in original or copy form, and remains effective until such time, if any, KYHC receives, in writing, an update or change to this form from the undersigned. KYHC reserve the right to decline, at their sole discretion, any request for release of information received from any Third Party.

Homeowner #1 Name: _____ Date: _____

Homeowner #1 Signature: _____

Homeowner #2 Name: _____ Date: _____

Homeowner #2 Signature: _____

SUBMIT REQUEST TO: subordinations@kyhca.org

PLEASE NOTE:

This form is intended for CalHFA -Keep Your Home California (KYHC) liens only.