



KYHC PAYOFF REQUEST AND HOMEOWNER AUTHORIZATION FORM

Homeowner Name(s): _____

Property Address: _____

Homeowner ID Number: _____
(if available)

**Lender/Escrow Company/
Title Company/Realtor:** _____

Contact's Name: _____

Phone Number: _____

Email Address: _____
(Payoff Demand will only be sent to one email address)

Escrow/Title/Loan Number: _____

AUTHORIZATION

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 Escrow Company, Title Company, Lender, and/or Realtor (each a "Third Party") in order to process the request for payoff, short sale, or deed in lieu of foreclosure. The undersigned further agree(s) that electronic delivery of a Payoff Demand to the email address above satisfies the requirements of Civil Code § 2943. This authorization is valid in original or copy form for 90 days from the date it is signed and remains effective until such time. CalHFA or KYHC will require an update or change to this form from the undersigned AFTER 90 days. CalHFA and KYHC reserve the right to decline, at their sole discretion, any request for release of information received from any Third Party.

The following fees will be assessed for each active lien, and are payable at the time of payoff:
\$30 Demand Fee, \$45 Reconveyance Fee, and \$20 Recording Fee (subject to change without notice)

Homeowner #1 Name: _____ **Date:** _____

Homeowner #1 Signature: _____

Homeowner #2 Name: _____ **Date:** _____

Homeowner #2 Signature: _____

SUBMIT REQUEST TO: payoffs@kyhca.org

PLEASE NOTE:

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