

**EXHIBIT D
LAGNIAPPE ADVANTAGE PROGRAM**

**Administered by the
JEFFERSON PARISH FINANCE AUTHORITY**

DOWN PAYMENT ASSISTANCE FUNDING REQUEST

THIS FORM MUST BE FILLED IN COMPLETELY AND SUBMITTED BY AN AUTHORIZED REPRESENTATIVE OF THE CLOSING ATTORNEY OR TITLE COMPANY WITH THE FOLLOWING ATTACHMENTS:

- 1. A copy of the Closing Disclosure Form or HUD-1. If the final Closing Disclosure Form or HUD-1 is not available a preliminary or draft may be accepted.**
- 2. Insured Closing Letter reflecting the Jefferson Parish Finance Authority as a covered party.**

THE FORM MUST BE RECEIVED BY 1:00 PM FOR NEXT DAY FUNDING. ALL REQUESTS RECEIVED AFTER 1:00 PM WILL BE PROCESSED WITH THOSE SUBMITTED THE FOLLOWING JPFA BUSINESS DAY.

E-MAIL TO financeauthority@jpfinanceauthority.com OR FAX TO (504) 736-6313

Please call the Jefferson Parish Finance Authority at (504) 736-6311 if there are any problems.

Originating Lender: _____

SMC Loan No. and Borrower Name: _____

DPA Amount: \$ _____ (circle one) 0%, 3% or 4%; Closing Date: _____

Attorney

Title Company

Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____ Email: _____

Financial Institution: Address: _____

City, State, Zip: _____

Routing / ABA No.: _____ Account No.: _____

Account Name: _____

Reference (Borrower's Name & SMC Loan No.): _____

JPFA is hereby authorized to initiate credit entrie(s) to our account with the financial institution identified above, and debit entries, if necessary, for any credit entries determined to be made in error.

Date: _____

Signature of Closing Attorney / Title Company

Name (Printed)

Date: _____

Signature of Originating Lender

Name (Printed)

Do NOT Write Below This Line -- for JPFA Use Only

Date Received _____ Approved _____