

EXHIBIT C

SINGLE FAMILY MORTGAGE REVENUE BOND PROGRAM

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:

• 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.

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-MAILTO financeauthority@jpfinanceauthority.com

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

Originating Lender:	
Loan No. and Borrower Name:	
DPA Amount: \$4% Heroes to Homeown Total DPA Amount: \$	
Attorne	ey Title Company
Name:	
Address:	
	Email:
Financial Institution Name:	
City, State, Zip:	
Routing / ABA No. Account No.	Account Number:
Reference (Borrower(s) Name & Loan No.)	
JPFA is hereby authorized to initiate credit entrie(s) entries, if necessary, for any credit entries determined	to our account with the financial institution identified above, and debit d to be made in error.
Date: Signature of Closing Atto	rney / Title Company Name (Printed)
Date: Signature of Originating I	Lender Name (Printed)
Do NOT Wri	te Below This Line for JPFA Use Only
Date Received Approv	ed