

**HOME INVESTMENT PARTNERSHIPS PROGRAM
1ST TIME HOMEBUYERS
AUTHORIZATION FOR DRAWDOWN OF FUNDS**

This form must be submitted to KHRC to confirm the actual amount of HOME funds needed to close. The amount indicated cannot exceed the amount originally reserved, but it may be less. This must be received by KHRC AT LEAST 10 working days prior to closing.

List all normal fees charged by lender which have been waived for match purposes:

Today's Date: _____

Homebuyer: _____

KHRC Confirmation/Loan #: _____

HOME Funds Requested: \$ _____

Closing Date: _____ Occupancy Date: _____

Lender: _____

Institution Name

Complete Mailing Address

Has your lending institution completed forms to request Electronic Transfer? **YES NO**

I certify the amount listed above is the confirmed amount of HOME funds requested for closing for this homebuyer. All of the amount will be used for the downpayment/closing costs.

Loan Officer's Printed Name

Loan Officer Signature

FOR STATE USE ONLY

Approved By: _____ Date: _____

Project #: _____

HOME Funding: _____ Match: _____ Program Income: _____