

APPLICATION FOR WAIVER OF OCCUPANCY

Return form & documentation to:
 IDAHO HOUSING & FINANCE
 ASSOCIATION
 PO Box 7899
 Boise, Idaho 83707-1899

LOAN INFORMATION

IHFA Loan :	Extension: <input type="checkbox"/>	Name of Mortgagor(s):	
Property Address:	New Mailing Address:	LPI Date:	Loan Type:
		Principal Balance:	

Status of Property: Vacant Rented ⇒ **Renter Information:**
 Other (Explain Below) Name _____
 _____ Phone Number _____

2nd Mortgage Amount: \$ _____ Monthly Rent \$ _____

Reason For Waiver:	Required documentation to be submitted:
<input type="checkbox"/> Selling Mortgaged Property ⇒	- Copy of current sales listing.
<input type="checkbox"/> Employment Transfer/Change ⇒	- Verification of employment/transfer from employer. - Copy of current sales listing or letter stating property will be owner occupied within 6 months.
<input type="checkbox"/> Educational Pursuit ⇒	- Copy of completed confirmation papers or enrollment acceptance issued by school. - Copy of current sales listing or letter stating when property will be reoccupied by owner.
<input type="checkbox"/> Military Induction/Transfer ⇒	- Copy of draft notice or transfer papers. - Copy of current sales listing.
<input type="checkbox"/> Medical or Hospitalization ⇒	- If available, statement from doctor or hospital stating illness or injury. - Copy of current sales listing or letter stating when property will be reoccupied by owner
<input type="checkbox"/> Change of Marital Status ⇒	- If available, copy of divorce decree, separation papers, marriage certificate or other documentation. - Copy of current sales listing or letter stating when property will be owner occupied within 6 months.
<input type="checkbox"/> Other (Explain) ⇒	- Applicable documentation to support request for waiver.

Mortgagor's Comments: (Provide a brief statement regarding any special circumstances IHFA should consider in granting this waiver.)

The Mortgagor(s) identified herein request a waiver for a period not to exceed 6 months for the above reason. If this waiver is granted by IHFA, the mortgagor(s) agree(s): to keep the loan current at all times during the period of this waiver, to obtain the proper hazard insurance coverage to cover the property, to be responsible for property maintenance, to comply with all other conditions and provisions of the Deed of Trust and Addendum, and to keep the Lender/Service informed of any conditions or circumstances affecting this waiver. **This is a temporary 6 month waiver, intended to allow time to permanently resolve the occupancy violation.**

Borrower Signature _____	Co-Borrower Signature _____	Date _____
Phone Numbers: (____) _____ - _____	(____) _____ - _____	(____) _____ - _____
Residence	Borrower Business	Co-Borrower Business

For IHFA use only (A copy of this form will be returned to borrower upon IHFA review)

Based on the representations contained herein and the information submitted, Idaho Housing and Finance Association does hereby render the following decision regarding the above waiver application: Approve ____ Deny ____ Not Required ____ . **The expiration date of this waiver is** ___/___/____.

_____	_____	_____
Date	IHFA Authorized Representative	

Comments _____

