***Please Type or Print all information and use additional sheets if necessary.***

Grantee Name:

Grantee Address:

Documents Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title

Documents Will Be Executed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title

Grant Year: \_\_\_\_\_\_\_\_\_\_\_

Date of Award Letter: ***MM/DD/YYYY***

Beginning Date of Grant Term: ***MM/DD/YYYY***

**Instructions:**

*If the acquisition has already occurred, submit the Legal Documents Request Form (LDRF) to THDA prior to the request to draw down grant funds. Legal documents must be in place before grant dollars may be drawn down. Submit this form and any required supporting documentation via email to the coordinator assigned to the grant.*

*If TN HTF CHI-2 funds are being used at closing,* ***submit the LDRF at least 2 weeks prior to the closing date.***

**Please complete the following for each address that THTF CHI-2 funds will be going into:**

1. List each address that TN HTF CHI-2 funds will go into.
2. Specify the amount of development and/or acquisition funds from the grant going into each property.
3. Developer Fee amounts should not be included in the amount of the grant going into each property.

**Address # 1:**

Street:

City:

County:

Zip Code:

Total TN HTF Grant Amount Going into Address # 1:

Amount of grant to be used toward acquisition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of grant to be used toward rehabilitation or new construction: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address # 2:**

Street:

City:

County:

Zip Code:

TN HTF Amount Going into Address # 2:

Amount of grant to be used toward acquisition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of grant to be used toward rehabilitation or new construction: $\_\_\_\_\_\_\_\_\_\_\_\_

**Address # 3:**

Street:

City:

County:

Zip Code:

TN HTF Amount Going into Address # 3:

Amount of grant to be used toward acquisition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of grant to be used toward rehabilitation or new construction: $\_\_\_\_\_\_\_\_\_\_\_\_

**If TN HTF CHI-2 funds are requested for rehabilitation or new construction, please include the following for each property:**

1. Copy of the recorded deed conveying property to the grantee.
2. Microsoft Word version of the property description, which includes the current derivation clause.  The derivation clause must include the name of the party that conveyed the property to the grantee and the recording information.

**If TN HTF CHI-2 funds are requested for acquisition of property, please submit a copy of the preliminary settlement statement and provide the following regarding the Attorney/Title Company conducting the closing:**

1. Attorney/Title Company Name:
2. Contact Person:
3. Address:
4. Phone #:
5. Email:
6. Wiring Instructions
7. Closing Date

Upon receipt of this request, THDA will prepare the Grant Note, Deed of Trust, and Declaration of Restrictive Covenants. If there is a closing involved, the documents will be sent to the grantee or the title company conducting the closing. If there is no closing involved, the documents will be sent to the grantee. The grantee must fully execute the documents and have the Restrictive Covenants and the Deed of Trust recorded by the County Register of Deeds. The Restrictive Covenants should be recorded first, ***BEFORE*** the Deed of Trust. After recordation, the original documents must be sent back to THDA at the address indicated below:

**Tennessee Housing Development Agency**

**Community Programs Division**

**Andrew Jackson Building**

**502 Deaderick St., Third Floor**

**Nashville, TN 37243**

\*\*\* Please Note - the executed and recorded documents should be sent to the attention of the coordinator assigned to the grant.

**For THDA Use:**

**Proposal Submittal Date** (date applications were due): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Working Agreement Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address # 1:**

Length of Compliance Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Forgiveness Reduction Rate:

[ ] 20 % per year for 5 year compliance period (if amount going into property is < $15,000)

[ ] 10 % per year for 10 year compliance period (if amount going into property is $15,000 - $40,000)

[ ]  6.67% per year for 15 year compliance period (if amount going into property is > $40,000)

**Address # 2:**

Length of Compliance Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Forgiveness Reduction Rate:

[ ] 20 % per year for 5 year compliance period (if amount going into property is < $15,000)

[ ] 10 % per year for 10 year compliance period (if amount going into property is $15,000 - $40,000)

[ ]  6.67% per year for 15 year compliance period (if amount going into property is > $40,000)

**Address # 3:**

Length of Compliance Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Forgiveness Reduction Rate:

[ ] 20 % per year for 5 year compliance period (if amount going into property is < $15,000)

[ ] 10 % per year for 10 year compliance period (if amount going into property is $15,000 - $40,000)

[ ]  6.67% per year for 15 year compliance period (if amount going into property is > $40,000)

**Documents Requested:**

[ ] Deed of Trust

[ ] Restrictive Covenant

[ ] Grant Note

[ ] Escrow Letter (if closing has not taken place)

**Housing Coordinator Requesting Documents:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_