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: Spring - 20 Fall - 20	
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 For to the request to draw down grant funds. Legal documents must be in place by drawn down. Submit this form and any required supporting documentation via assigned to the grant.	efore grant dollars may be
If TN HTF funds are being used at closing, submit the LDRF at least 2 weeks pr	ior to the closing date.
Please complete the following for each address that THTF funds will be going	; into:
<ol> <li>List each address that TN HTF funds will go into.</li> <li>Specify the amount of development and/or acquisition funds from the property.</li> <li>Administrative funds should not be included in the amount of the gran</li> </ol>	
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 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 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:
	Phone #:
	Email:
	Wiring Instructions
7.	Closing Date
Restrict title cor grantee Deed of first, <u>BE</u>	eceipt of this request, THDA will prepare the Grant Note, Deed of Trust, and Declaration of ive Covenants. If there is a closing involved, the documents will be sent to the grantee or the inpany conducting the closing. If there is no closing involved, the documents will be sent to the inpany conducting the closing. If there is no closing involved, the documents will be sent to the inpany conducting the closing. If there is no closing involved, the documents will be sent to the inpany conducting the closing. If there is no closing involved, the documents will be sent to the inpany conducting the closing. The grantee must fully execute the documents and have the Restrictive Covenants and the inpany conducting the closing. The Restrictive Covenants should be recorded in the property of the property of the property of the closing involved, the documents and the inpany conducting the closing involved, the documents will be sent to the inpany conducting the closing involved, the documents will be sent to the inpany conducting the closing involved, the documents and the inpany conducting the closing involved, the documents will be sent to the inpany conducting the closing involved, the documents will be sent to the inpany conducting the closing involved, the documents will be sent to the inpany conducting the closing involved, the documents will be sent to the inpany conducting the closing involved, the closing involved involve
Commu Andrew 502 Dea	see Housing Development Agency Inity Programs Division Jackson Building Iderick St., Third Floor Ie, TN 37243
	ase Note - the executed and recorded documents should be sent to the attention of the ator assigned to the grant.
For THD	DA Use:
Proposa	al Submittal Date (date applications were due):
Workin	g Agreement Date:
Address	s # 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	s # 2:
	Length of Compliance Period

Annual Forgiveness Reduction Rate:
$\square$ 20 % per year for 5 year compliance period (if amount going into property is < \$15,000)
$\square$ 10 % per year for 10 year compliance period (if amount going into property is \$15,000 -
\$40,000)
$\square$ 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:
$\square$ 20 % per year for 5 year compliance period (if amount going into property is < \$15,000)
$\square$ 10 % per year for 10 year compliance period (if amount going into property is \$15,000 -
\$40,000)
$\square$ 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
$\square$ Escrow Letter (if closing has not taken place)
Housing Coordinator Requesting Documents: