

NEW LOAN TAX AND INSURANCE INFORMATION

(This form shall also be used as a tax certification form)

Please complete all sections

Mortgagor(s) Name(s) _____

Property Address _____

Previous Owner _____

Is this New Construction? YES NO

If this was a new construction, please estimate tax on as completed/fully assessed property.

List each tax collector that will collect a tax assessment for this property. All bills that are available and become delinquent or lose discount prior to the First Pay Date should be paid at closing. If they are not paid, an explanation must be listed on page two.

1. Type of tax: (Choose one) School County Township/Boro/Municipality

Tax Authority Name _____

Address _____

Phone No. _____

Tax ID/Parcel/Lot/Block # _____

Amount of last bill: _____ Date of Last Payment: _____

Amount of next bill: _____ Next (Discount) Due Date: _____

2. Type of tax: (Choose one) School County Township/Boro/Municipality

Tax Authority Name _____

Address _____

Phone No. _____

Tax ID/Parcel/Lot/Block # _____

Amount of last bill: _____ Date of Last Payment: _____

Amount of next bill: _____ Next (Discount) Due Date: _____

3. Type of tax: (Choose one) School County Township/Boro/Municipality

Tax Authority Name _____

Address _____

Phone No. _____

Tax ID/Parcel/Lot/Block # _____

Amount of last bill: _____ Date of Last Payment: _____

Amount of next bill: _____ Next (Discount) Due Date: _____

4. Hazard Insurance

Hazard Insurance Co. Name _____ Policy # _____

Address _____ Premium Amt. _____

Agent's Name _____

Agent's Address _____

Phone No. _____

5. Mortgage Insurance (Choose one) HUD Private Mortgage Insurance

Company Name _____ Premium Amt. _____

Certificate No. _____

FHA Case No. _____

How is premium paid? (check one) Monthly Annually

6. Flood Insurance (if applicable)

Insurance Co. Name _____ Policy # _____

Address _____ Premium Amt. _____

Agent's Name _____

Agent's Address _____

Phone No. _____

7. Mine Subsidence (if applicable) Department of Environmental Protection

Certificate # _____

Address _____ Premium Amt. _____

Agent's Name _____

Agent's Address _____

Phone No. _____

AVAILABLE TAXES NOT PAID BECAUSE: _____

Settlement Agent Name: _____ Phone # _____

Preparer's Signature: _____

Closer's Name: _____ Phone # _____