

### Access Modification Funds Request

Date: \_\_\_\_\_

Borrower: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_

Property Address:  
\_\_\_\_\_

We are requesting an Access Modification loan in the amount of \$\_\_\_\_\_. The funds are needed to cover the cost of the accessibility features.

**Lenders: Please select one of the following three options regarding holding the Access Home Modification Loan Escrow and the need for funds for Initial Payments to Contractors at Closing:**

<input type="checkbox"/> Lender will hold the escrow funds. PHFA will mail the full escrow amount to the lender within 7 days of loan approval	<input type="checkbox"/> PHFA will hold the escrow funds and will transfer them to an internal account. (The lender is not requesting an Initial Payment for the contractor at closing.)	<input type="checkbox"/> PHFA will hold the escrow funds and will transfer them to an internal account. The lender is requesting an Initial Payment for the contractor at closing, in the amount of \$_____ <small>(amount may not exceed 25% of the Access Home Mod. Loan)</small>
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\_\_\_\_\_  
Name of Originating Lender

\_\_\_\_\_  
Signature of Officer

<b>For PHFA use only</b>		B.A. _____
Approved \$ _____ or _____ Rejected because _____		
Date: _____	By: _____	LSAMS#: _____
<b>AGENCY Set-Aside</b>		