STATEMENT OF LENDER-PURCHASE

To be completed by Lender

Lender Name (as it will appear on Not	e) :				
Borrower Name(s) (as it will appear	on Note):				
Property Address:					
Lender is informed that the Propaffordable housing program. Le approval of all financing secured	ication from the Borrower, or has approperty is subject to City of Santa Barbara ender is also informed that under the by the property from the City of Santang, Lender must provide the following is	a recorded a se controls a Barbara.	affordability Borrower To enable	y controls as pa is required to	rt of said authority's obtain prior written
FIRST LOAN AMOUNT:	\$				
MONTHLY PAYMENT (P&I):	\$				
LOAN TERM:	Years				
Interest Rate (check one):	FIXED INTEREST RATE: ARM: INITIAL RATE:_	% % I	ndex:	_ Margin:	Lifetime Cap:
Loan Type (check one):	☐ FULLY-AMORTIZED ☐ INTEREST ONLY				
SECOND LOAN AMOUNT:	\$				
MONTHLY PAYMENT (P&I):	\$				
LOAN TERM:	Years				
Interest Rate (check one):	☐ FIXED INTEREST RATE: ARM: INITIAL RATE:_	% % Ir	ndex:	_ Margin:	Lifetime Cap:
Loan Type (check one):	☐ FULLY-AMORTIZED ☐ INTEREST ONLY				
**********	ESCROW/TITLE MUST COORDINAT	E WITH C	TTY****	*****	*******
Escrow Company:Ph.:					
payment provisions. Lender acknowledge	IES: Loan will be fully amortized over tweldges that "Affordability Covenant and for Notice" will be recorded through the ap	Option to F	Purchase," "		
LENDER/ BROKER:	Signature	_	Date		
	Print Name	_	Title		
	Telephone Number		Email		

Please return this form with a copy of the loan application to one of the City's Housing Programs Specialists listed below:

Melissa Bonillo, Housing Programs Specialist PH. (805) 564-5461 x4585

FAX (805) 564-5477

Email: MBonillo@SantaBarbaraCA.gov

Susan Freebourn, Housing Programs Specialist

PH. (805) 564-5461 x4577

FAX (805) 564-5477

Email: SFreebourn@SantaBarbaraCA.gov