

SUBORDINATION QUALIFICATION APPLICATION

Dear Lender:

A \$100.00 dollar application fee payable to the Atlantic County Improvement Authority is due prior to consideration of the request. The Office of Community Development will subordinate if one of the three conditions listed below on this form are met. **Please fill out Section A, B, or C below indicating which condition applies, sign it and send it back** to the above address along with the appropriate supporting documentation for our review. If based on appraisal, please forward a copy to the office. If approved, you will need to prepare the subordination agreement for our signature.

A) Loan Information:

BORROWER'S NAME: _____

BORROWER'S ADDRESS: _____

MUNICIPALITY: _____

AMOUNT OF ACIA LOAN: \$ _____

B) The three separate options where we will refinance are:

(1) In every instance we will accept payment for half and subordinate half. For very-low income homeowners, we will accept payment for the permanent half and subordinate the half that is forgiven in six years OR;

(2) We will subordinate if there will be a post-refinance LTV of 80% based on;

Loan
 New first mortgage maximum principal: \$ _____
 Other mortgages or liens now senior
 to ACIA: + \$ _____
 ACIA mortgage: + \$ _____
 Total: = \$ _____ Total Loans

Assessed value of property: \$ _____
 Equalization rate: x _____
 Assumed value of property = \$ _____ Value
 OR, APPRAISAL or: \$ _____

(3) We will subordinate to the extent we remain in the same “dollar” position we were in when we made the rehab loan being subordinated. For example, if there was \$75,000 balance in mortgages in place when we made our rehabilitation mortgage there can be \$75,000 in mortgages after the refinance before us.

C) New Bank or Mortgage Company Information

Company Name: _____ Phone#: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Bank Representative
 Name: _____ Title: _____

 Signature Date

Approved: _____
 Joseph J. Giraldo Title Date