

KANSAS HOUSING

LOAN PAYOFF REQUEST First Time Homebuyer Program

ATTENTION: Cynthia Howerton
FTHB Program Manager

FAX NUMBER: 785-232-8073

This notice serves as a request for a payoff for a loan received via the federally funded HOME Investment Partnerships Program administered by the Kansas Housing Resources Corporation.

Homeowner Name: _____

Property Address: _____

City, State, Zip: _____

Loan Number (if known): _____

Purchase Date: _____

Sale/Payoff Date: _____

**Amount Charged by Your County to
Release The Recorded Second Mortgage: \$** _____

Reason for Payoff Request: _____

Contact Person Name: _____ Phone #: _____

I hereby grant permission for _____ to
receive this information at the following fax number _____.

Name and address KHRC should send the mortgage release documents to for recording:

Signed: _____
Homeowner Date

Signed: _____
Homeowner Date