

Notification of Income Based Deed Restriction / CLT
(Complete this form for *each* Additional Assistance Program)

Lender Name:

Borrower Name:

ServiSolutions Loan Number:

Lender Contact Email:

List source of down payment (Agency Provider & Program Name):

Program Type (check all that apply):

☐ Community Land Trust (CLT)

☐ Shared Equity/ Appreciation

☐ Down Payment Assistance

☐ Grant

☐ Other:

Deed Restriction Type (check all that apply):

☐ Income-Based

☐ Sales Price Cap

☐ Income Based Zoning

☐ Subsidy
Recapture

☐ Occupancy

☐ First Right of Refusal

☐ None

☐ Other (explain below)

Explanation/ Details:

Deed restriction terminates at foreclosure: ☐ Yes ☐ No

**Deed restriction is part of HOA/Entity recorded Declarations/Bylaws/Rules & Regs
or City/County Ordinance:** ☐ Yes ☐ No

If YES, include full copies of these documents with this notification.

Date:

By signing below, the lender confirms notification to ServiSolutions/AHFA that the above property is subject to an income-based deed restriction or Community Land Trust covenant. Lender certifies that all relevant documents have been provided for review and approval in accordance with agency requirements.

Lender Authorized Representative Signature:

Printed Name:

Title: