CITY OF EVERETT MORTGAGE ASSISTANCE PROGRAM
LENDER AFFIDAVIT

STATE OF MASSACHUSETTS
COUNTY OF

I, _____ [Lender's Full Name], representing

_____ [Lending Institution Name], do hereby affirm the following in connection with the mortgage assistance application submitted by _____ [Borrower's Full Name] for the property located at _____ [Property Address], with loan number _____:

1. I am an authorized representative of the lending institution holding the mortgage on the above-referenced property.
2. The borrower is currently listed as the mortgagor on the loan associated with this property.
3. To the best of my knowledge, the property is owner-occupied and serves as the borrower's primary residence.
4. The mortgage is [current / in default / in forbearance] as of the date of this affidavit.
5. The outstanding principal balance on the mortgage is $_____ as of _____ [date].
6. I understand this affidavit will be used to determine the borrower's eligibility for mortgage assistance and certify that the information provided is accurate and complete.
7. Should the borrower listed above be accepted into the program, I authorize the City of Everett, MA, to remit mortgage payments directly on behalf of the borrower.
8. Payments received from the City will be applied directly to the borrower's mortgage account indicated above.

Signature of Lender Representative:

Printed Name:

Title:

Lending Institution:

Phone Number:

Email Address:

Date:

Notary Public Use Only

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public Signature:

My Commission Expired:

Department of Planning and Community Development
484 Broadway, Everett, MA 02149
T-617-394-2452 Email:ci.everett.ma.us

EQUAL HOUSING OPPORTUNITY

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