



fahe
Strength in Numbers

| servicing

319 Oak Street, Berea, KY 40403
859.986.2321 | www.fahe.org

Subordination Request Form

Fahe, Inc. will consider requests for subordination of your loan after a thorough review. Please note: Fahe, Inc. may consider the request to subordinate to new first mortgage only if:

- Rate & term refinance with lower interest rate and/or payment
- Borrower death or divorce, where one of original borrowers remains in property
- Other evidence that the refinance is in the best interest of the borrower

Required Items

- Completed Subordination Request Form (use this form as your cover sheet)
- 1003 - Uniform Residential Loan Application
- 1008 - Uniform Underwriting Approval or Transmittal Summary
- Loan Estimate, or Settlement Statement Summary
- Copy of appraisal for subject property, if required for new closing
- Copy of note or statement of terms* for existing first mortgage being paid off

Please send all requests to: loanservicing@fahe.org

Requestor's Name: _____

Requestor's Email Address: _____

Requestor's Phone No.: _____

Requestor's Fax No.: _____

Our Next Steps

- Requests will not be processed until all required items are received.
- Please allow 7 to 10 business days for processing from the date we receive all required documentation.
- If the subordination request is approved, the first mortgage lender is responsible for the preparation of the subordination agreement.

*Terms to include product type, term, monthly principal and interest payment, and interest rate.

Borrower Information:

First Name: _____

Last Name: _____

Last four (4) digits of Social Security Number (SSN): _____

Co-Borrower Information:

First Name: _____

Last Name: _____

Last four (4) digits of Social Security Number (SSN): _____

Property Address: _____

Loan Number: _____**Mortgage Servicer Name: Fahe, Inc.**

I/We am/are the borrower(s) on the above referenced loan. By signing below, I/we hereby authorize Fahe, Inc. to discuss my/our mortgage loan with the following individual/company:

Authorized Individual or Company_____
Street Address City State Zip Phone Number

I understand this authorization is only valid until such time as my loan is paid in full, my authorization is revoked in writing, or it expires on (MM/DD/YYYY) _____

Borrower Signature_____
Date Signed_____
Borrower Printed Name_____
Co-Borrower Signature_____
Date Signed_____
Co-Borrower Printed Name

*Terms to include product type, term, monthly principal and interest payment, and interest rate.