



## Supplemental Tax Payment Request Form

Mortgage Loan Number: \_\_\_\_\_

Borrower's Name: \_\_\_\_\_ Co-Borrower's Name: \_\_\_\_\_

By signing below, you request that New American Funding pay your supplemental tax bill out of the impound account for the loan number above, and acknowledge and agree to the following:

- The payment of supplemental taxes out of your impound account will decrease the balance of your impound account, which may cause a shortage in the account.
- Any decreased balance or shortage in your impound account will cause an increase in your required impound payments. We will notify you of your new required impound payment amount.
- You must provide this signed request form and the copy of your supplemental tax bill no later than 15 business days before the due date for your supplemental taxes. Failure to provide such information timely may result in the late payment of your supplemental taxes and the imposition of tax penalties. New American Funding is not responsible for tax penalties that you incur as a result of your failure to provide this signed request form and the copy of your supplemental tax bill timely.

By signing below, I/we understand and agree to the terms above.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

Return this signed request form with a copy of the supplemental tax bill to New American Funding at:

Fax: (800) 880-0639  
Email: [CustomerCare@nafinc.com](mailto:CustomerCare@nafinc.com)  
Mail: New American Funding  
P.O. Box 170581  
Austin, TX 78717-0031

**A copy of the supplemental tax bill must be provided with this request form  
in order for your request to be processed.**

12-21-2016