



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 tax bills out of an escrow or impound account for the loan number above. Further, you acknowledge and agree to the following:

- An escrow or impound account will be established for the payment of your taxes.
- A monthly escrow payment will be added to your monthly loan payment. As a result, your Regular Monthly Payment will increase. We will notify you of your new Regular Monthly Payment.
- You must provide this signed request form and the copy of your tax bill no later than 15 business days before the due date for your taxes. Failure to provide such information timely may result in the late payment of your 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 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 tax bill to New American Funding at:

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

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