



CA 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 escrow account for the loan number above, and acknowledge and agree to the following:

- The payment of supplemental taxes out of your escrow account will decrease the balance of your escrow account, which may cause a shortage in the account.
- An escrow analysis may be conducted as a result of the supplemental tax payment(s). Any decreased balance or shortage in your escrow account will cause an increase in your required escrow payments. You will be notified of your new required escrow 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, or any penalties that are imposed by a taxing authority at any time prior to New American Funding's receipt of this request form and the copy of the supplemental tax bill.

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

Borrower's Signature:

Date:

Co-Borrower's Signature:

Date:

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

Fax: (800) 549-5566
 Email: DL-NAFDisbTeam@lereta.com
 Mail: New American Funding
 901 Corporate Center Drive
 Pomona, CA 91768

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

Confirmation of payment will be sent via regular mail.