

## CALIFORNIA SUPPLEMENTAL TAX PAYMENT REQUEST FORM

MORTGAGE LOAN NUMBER		
BORROWER'S FULL NAME		CO-BORROWER'S FULL NAME
By signing below, you request tha account for the loan number above		Funding pay your supplemental tax bill out of the escrow dge and agree to the following:
<ul> <li>account, which may cause a sl</li> <li>An escrow analysis may be coror shortage in your escrow accountified of your new required e</li> <li>You must provide this signed rodays before the due date for your the late payment of your supplemental</li> </ul>	hortage in the accommunity and a result count will cause an escrow payment arrequest form and the cour supplemental takes and the tax bill timely, or a second course.	Ilt of the supplemental tax payment(s). Any decreased balance n increase in your required escrow payments. You will be
By signing below, I/we understan	ıd and agree to the	e 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:	+1 (800) 549-5566
	Email:	NAF_Correspondence@lereta.com

A copy of the supplemental tax bill must be provided with the request form in order for your request to be processed. Confirmation of payment will be sent via regular mail.

New American Funding 901 Corporate Center Drive

Pomona, CA 91768

Mail:

LAST MODIFIED: June 2023