|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Administrator:** |  | | | **Contract/RSP Number:** |  |
| **Administrator Address:** | |  | | | |
| **Buyer Name:** |  | | | | |
| **Seller Name:** |  | | | | |
| **Assisted Property Physical Address:** | | |  | | |
| **Assisted Property Legal Description:** | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Buyer’s Authorization to Provide Payoff Information** | | | |
| I hereby authorize Seller to provide payoff information to Administrator.  Please return this completed form to Administrator by: | | /       / | |
|  | |
| Signature of Buyer |  | | Date | |

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| --- | --- | --- | --- |
| **Seller’s Payoff Statement** | | | |
| The payoff amount of the Contract for Deed executed by and between Seller and Buyer on the above-referenced Property is detailed below: | | | |
| Unpaid Principal Balance: | | | **$      .** |
| Interest through (date): | /       / | Amount of pro-rated interest: | **$      .** |
| Unpaid Late Charges Accrued to Date: | | | **$      .** |
|  | TOTAL PAYOFF AMOUNT: | | **$      .** |

|  |  |  |
| --- | --- | --- |
| **Per Diem Interest:** | **$****.** | per day should be added to the payoff amount for each day after Payoff Date. |

|  |  |  |
| --- | --- | --- |
| Signature of Seller |  | Date |

*Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.*

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| --- | --- | --- |
| **SimpleSeal BLACK med res.jpg** | **Texas Department of Housing and Community Affairs**  Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711  Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.texas.gov Web: www.tdhca.texas.gov | Eq Hsng logo transparant |