

**(Assumption Checklist for MMP Loans)  
DCA/CDA INTERNAL  
TRANSMITTAL CHECKLIST AND APPROVAL FORM  
LOAN ASSUMPTIONS/RELEASES/ADDITIONS**

Submission Date \_\_\_\_\_

Lender _____	Interest Rate _____
Mortgagor(s) _____	Outstanding Mortgage Amount _____
_____	Principal & Interest Payment _____
_____	Taxes _____
Property Address _____	Hazard Insurance _____ MIP _____
_____	Ground Rent _____
_____	Condo/HOA _____
_____	Other _____
County _____	Gross Annual Income _____
Previous Mortgagor(s) _____	Borrower #1 _____
_____	Borrower #2 _____
_____	Borrower #3 _____
_____	Total _____
Loan Type _____ Conv. _____ FHA _____ VA _____	Settlement Expense Loan _____ Yes _____ No _____
	If yes, paid off? _____ Yes _____ No _____
Primary Insurer _____	
CDA Loan # _____	

- |  |   |
|--|---|
| <p>1. Buyer's Affidavit (Original)<br/>         _____ Signed, Dated<br/>         _____ Address Correct<br/>         _____ Names of Title Holders<br/>         _____ Acquisition Completed<br/>         _____ Household Income Completed</p> <p>2. _____ Seller's Affidavit (Original)<br/>         _____ Name/Signed/Dated</p> <p>3. Compliance Package<br/>         _____ Income certification worksheet<br/>         _____ Tax returns (3 years)<br/>         _____ Income documentation<br/>         _____ Residential loan application (1003)<br/>         _____ Assumption agreement/Contract</p> | <p>4. Letter from previous mortgagor requesting release from liability (if applicable)</p> <p>5. Credit package when Maryland Housing Fund (MHF) is primary insurer</p> <p>6. Package when MHF pool insurance only:<br/>         _____ Credit Package<br/>         _____ PMI's approval of the assumption<br/>         _____ FHA Approval from (2210)<br/>         _____ VA Approval of assumption<br/>         _____ release of liability approval<br/>               by primary insurer (if applicable)</p> |
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**DHCD USE ONLY**

HOMEOWNERSHIP PROGRAM (HP) ELIGIBILITY COMPLIANCE APPROVAL:

BY \_\_\_\_\_ DATE \_\_\_\_\_

RELEASE FROM LIABILITY OF PREVIOUS MORTGAGOR APPROVED BY:

HP \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
 MHF \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

APPROVED FOR ASSUMPTION BY MHF FOR \_\_\_\_\_ PRIMARY INSURANCE  
 \_\_\_\_\_ POOL INSURANCE

BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL LETTER SENT\_\_\_\_\_