

TPO Lender Pre-Closing Checklist

Borrower Name: _____

Reservation Number: _____

Lender/Processor Name: _____

Email/Phone: _____

KHC Approval & Conditions

_____ Final Typed 1003 signed/dated by LO

_____ FHA 92900-A Addendum signed/dated by LO

_____ Final/Repair Inspection

Loan Estimate

_____ Extension Fee(s), paid by Borrower or Lender

_____ Bucket A -- \$495 UW, \$105 Admin, Extension Fees

Hazard Insurance

_____ Coverage Amount (at least Loan Amount)

_____ Effective Date (at or before Note Date)

_____ Address matches subject property

_____ Borrower Name(s) – Correct Spelling

_____ One Full Year of Coverage

_____ \$1,000 Deductible or 5% of face amount

*Not to exceed \$5,000

_____ Condo – Master Condo Policy

*Reflects Borrower(s) Name & Unit #

_____ Separate Condo Policy

*If Master Policy does NOT cover interior

MORTGAGEE CLAUSE:

Kentucky Housing Corporation ISAOA

PO Box 4150

Frankfort, KY 40604-4150

Flood Insurance

_____ KHC to pull Flood Cert.

_____ Flood Cert in KHC's Name

_____ Address matches subject property

_____ Borrower Name(s) – Correct Spelling

_____ Life of Loan Coverage

_____ Flood Zone YES or NO

*If YES in Flood Zone

_____ Flood Insurance/Application

LENDER'S NAME/MORTGAGEE CLAUSE:

Kentucky Housing Corporation ISAOA

PO Box 4150

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Title Commitment

_____ MERS/KHC as Proposed Insured

_____ Signature of Closing Agent

_____ Coverage Amount (loan amount) \$ _____

_____ Legal description matches appraisal legal description

_____ Includes Taxes

_____ Dated within 60 days of Closing Date

_____ Owner's Name matches Appraisal

_____ Closing Protection Letter

_____ Outstanding Liens/Judgements **MUST** be resolved

*Prior to or at closing **AND** subject to KHC's UW Approval

Termite Report

Existing Property – ONLY required on VA Loans

New Construction – Soil Treatment required - FHA, VA & RHS

_____ Property Address Matches Subject Property

_____ All structures inspected

_____ Dated within 90 days of closing

_____ Signed by Termite Representative

_____ If POC need Paid Receipt

Treatment Needed – YES or NO

_____ If Yes, provide documentation for treatment

_____ Any damage to main support beams

*Structural Engineer Inspection required

_____ If Standing Water in Crawlspace – Section V

*Repairs to correct **MUST** be completed prior to closing

FHA, VA, RHS and Conventional

_____ Verbal VOE(s) for borrower(s)

*Within **10 days prior** to note date

RHS

_____ RHS Conditional Commitment Conditions met

*Closing prior to expiration date