



HOMETAXSOLUTIONS

Property Tax Loan Specialists

PAYOFF REQUEST FORM

REQUIRED BY THE OFFICE OF CONSUMER CREDIT COMMISSIONER

E-MAIL COMPLETED FORM TO PAYOFF@HOMETAXSOLUTIONS.COM

Name(s) of Customer _____

Account Number _____

Last Four Digits of Primary Borrower's SSN: _____

Property Address _____

Requestor (Name): _____

REASON FOR REQUEST FOR THE PAYOFF

A) SALE OF PROPERTY

B) REFINANCE

C) 90 DAYS DELINQUENT

D) OTHER

(Lienholders & other third parties must attach proper documentation.)

Address for Correspondence (Where we send the Payoff Quote):

(Physical or E-mail address acceptable) _____

PAYOFF DATE REQUIRED:

(Date you anticipate we will receive your payment at Home Tax Solutions)

Please include wiring instructions with my payoff quote

Signature: x _____ Date: ____/____/____

Instructions for sending payoff funds will be included in the payoff quote and may change depending on account circumstances. Payoff funds received after the expiration of the payoff quote will accrue additional interest. Liens will not be released until the account is paid in full and funds are confirmed.

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