

## **Refinance or Home Equity Request Form**

For Shared Equity Home Owners

Homeowner Name(s): (if married, include both names) Property Address:			
Best contact information:	Phone #	E-m	nail:
What is your current mortga	ge balance?		
Please list any other liens on	the property (tax	liens, lead program, r	rehab loans, etc)?
Are there any repairs that yo	ou know your hom	ne needs right now or	in the next five years?
Reason for Refinance/Home	Equity Loan: If yo	ou are taking cash out,	be specific about how you will be using that cash.
Have you met with a financia	ıl counselor about	t this refinance?	
By signing below, I am:			
Authorizing ACCT to s	speak with my finar	ncial institution about r	my refinance/home equity loan.
			document required to close my new loan. ACCT om all funders involved.
	If paying these in		sponsible for the legal costs and will be expected to ip that we agree to pay them within three months
Signature			Date
Signature			Date

Physical Address: 272 Main Street Vergennes, VT 05491 Mailing Address: P.O. Box 311 Vergennes, VT 05491

Phone: 802-877-2626 Fax: 802-877-2627 Website: www.addisontrust.org