

**Housing and Community
Development Department**



Property Management Division

John McInnes
Director

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Deputy Director

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Owner Request to Refinance

➤ Property Address: _____ # _____
Street Unit

City State Zip

➤ I/We, _____, homeowners of the above-mentioned address, am/are requesting to refinance our current mortgage(s) listed below for the purpose of _____, and am/are providing the County of Santa Barbara Housing and Community Development department permission to speak to the lender as listed on this page below, as well as the escrow company and appraiser the lender will be using.

- Are all owners on title currently living in the above-mentioned property address? _____ (yes or no)
- Are all owners on title currently in compliance with the covenant secured against the property? _____ (yes or no)
- Email address: _____

CURRENT LOAN(S)/MORTGAGE LIENS/LINES OF CREDIT/ETC. SECURED ON PROPERTY (please attach an additional sheet as necessary):

1. \$ _____ Original Loan Amount, with _____ (lending institution)
\$ _____ Current Balance at ____/____/____ (date)
Type: _____ Term: _____ years Interest Rate: _____%
2. \$ _____ Original Loan Amount, with _____ (lending institution)
\$ _____ Current Balance at ____/____/____ (date)
Type: _____ Term: _____ years Interest Rate: _____%

Proposed Lender: _____
Loan Officer: _____
Office Address: _____
Phone: () _____ - _____ Fax: () _____ - _____
Email: _____

REQUESTED NEW LOAN TERMS ARE AS FOLLOWS:

Loan Amount: \$ _____; Term: _____ yrs; Interest Rate: _____%;
Type (fixed, variable, etc.): _____; Monthly payment: \$ _____

Read before signing → Signatures must be in BLUE INK ONLY.

BY: _____	_____	_____
Signature	Print Name	Date
BY: _____	_____	_____
Signature	Print Name	Date