South Carolina State Housing Finance and Development Authority
Development Division 300-C Outlet Pointe Boulevard Columbia, South Carolina 29210

Date: _____

Payoff Request

In order for your request to be processed, please complete all of the following information and submit to Developmentpayoffs@schousing.com

SC Housing Development Lien Information:

Mortgagor/Beneficiary: _____

Property Address: _____

City: _____ County: _____

Project#: _____ Loan#: _____

Type of Transaction:

☐Traditional Sale ☐Traditional Refinance ☐Cash-out Refinance ☐Refinance Other

If none of the above applies, please explain the circumstances necessitating a Payoff.

Payoff good through: _____

Tentative Closing Date: _____

Requestor's Contact Information:

Name: _____

Phone Number: _____

Email Address: _____

Affiliation to Mortgagor: _____

Closing Attorney Contact Information:

Firm Name:_____

Name: _____

Phone: _____

Email: _____

Mailing Address: _____

_____

(If applicable) Address of where to send Escrow Payoff Refund Check to _____

_____

SC Housing reserves the right to request additional information regarding your affiliation to Mortgagor.