



Disaster Assistance Loan Guarantee Program *Loan Modification Request*

LENDER NAME _____ WHEDA LENDER # _____

CONTACT PERSON _____ PHONE _____

MAILING ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

WHEDA LOAN # _____ BORROWER _____

OUTSTANDING PRINCIPAL AS OF
BALANCE _____ (DATE) _____

PRINCIPAL AMOUNT PAID INTEREST
TO DATE _____ PAID _____

LENDER NOTICE

This form must be submitted for approval prior to modifying any terms of the existing Disaster Assistance guaranteed loan. Upon approval, the Lender must forward a copy of a Note Modification/Change in Terms Agreement signed by the Borrower, or other modified documents as applicable. The original Note date, principal balance amount, and all other aspects of the original loan must remain in place.

- 1) With regard to the above-referenced Disaster Assistance loan, the Lender is requesting approval of the following change in terms:
 - Change in PAYMENT STRUCTURE
 - EXTENSION OF MATURITY DATE (cannot exceed five years from the original note date)
 - Change in COLLATERAL securing the loan
 - Other

- 2) Describe the details of the proposed change indicated above. Include sufficient reason(s) for approval of this request. Attach additional (s) if necessary.

Lender Signature

Print Lender Name

Date

FOR WHEDA USE ONLY:

Date Received _____

Status _

APPROVED

DENIED

REASON:

**Mail or Fax to:
WHEDA – DISASTER
PO Box 1728
Madison WI 53701-1728
(608) 267-2440**