POST-CLOSING COMPLIANCE REVIEW FILE CHECKLIST House Key Program – Washington State Housing Finance Commission

WSHFC Loan #	Lending Institut	ion:	
Mortgagor Name:			
Contact Name:	First	FAX:	MI
Contact E-mail:			
Δ	ALL COPIES MUST BE LE	CIRL F	
✓ CHECK THE ITEMS INCLUDED THESE ITEMS ARE REQUIRED FOR ALL FILES			WSHFC USE ONLY
☐ This checklist (15.20) (rev.12/05/2022)			
□ Copy of "Notice of Potential Recapture Tax on Sale of Your Home" (15.14) (rev.6/1/99)			
☐ Copy of FINAL Closing Disclosure for 1 st & 2 nd mortgage (if applicable)			
\Box Copy of Final 1003 signed and dated by Borrower(s).			
☐ Copy of Executed Note for 1 st mortgage			
☐ Copy of Executed Note for Commission Downpayment Assistance Program (if applicable)			
□ 1 st Mortgage Deed of Trust MERS Min Number			
☐ Copy of Executed Commission 2 nd Mortgage Deed of Trust, if applicable			
☐ Pre-Closing Compliance Approval Conditions:			
For ARCH & Bellingham DPA Loans:			
☐ Original Signature for Home Recapture or Resale Agreement on ARCH & Bellingham			
WHEN COMPLETE, UPLOAD TO EMPH	<u>IASYS</u>		
Please check our EMPHASYS for the curren	<u> </u>		e any questions.
	te Housing Finance Comn		
Date: Reviewed by:			
	Recapt	ure Tax Notice Sent Date:	