

Tax Record Information Sheet

Borrower/Loan Information

Seller Name:						
Borrower Name:			Homebridge Loan Number:			
Property Address:						
City:			State:		Zip:	
Loan Closing Date:			Purchase <input type="checkbox"/> Refinance <input type="checkbox"/>			

Property Legal Description

Legal Description (prelim may be provided in lieu of completing):								
Section		Block		Lot(s)		Tract		
APN				Tax ID Number				
Map			Unit #		Twnship		Range	
Subdivision				Metes & Bounds		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Taxing Authority (complete for county, city and any other applicable taxing authority)

Type of Tax				Last Amount Paid	\$
Taxes Paid Thru Date		Next Due Date		Next Amount Due	\$
Next Amount Due Is: <input type="checkbox"/> Estimate <input type="checkbox"/> Actual					
Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Tri-Annually <input type="checkbox"/> Other				
Taxing Authority Name & Address:					

Type of Tax				Last Amount Paid	\$
Taxes Paid Thru Date		Next Due Date		Next Amount Due	\$
Next Amount Due Is: <input type="checkbox"/> Estimate <input type="checkbox"/> Actual					
Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Tri-Annually <input type="checkbox"/> Other				
Taxing Authority Name & Address:					

Type of Tax				Last Amount Paid	\$
Taxes Paid Thru Date		Next Due Date		Next Amount Due	\$
Next Amount Due Is: <input type="checkbox"/> Estimate <input type="checkbox"/> Actual					
Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Tri-Annually <input type="checkbox"/> Other				
Taxing Authority Name & Address:					

Type of Tax				Last Amount Paid	\$
Taxes Paid Thru Date		Next Due Date		Next Amount Due	\$
Next Amount Due Is: <input type="checkbox"/> Estimate <input type="checkbox"/> Actual					
Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Tri-Annually <input type="checkbox"/> Other				
Taxing Authority Name & Address:					