



WHEDA Home Improvement Advantage Funding Certificate

PLEASE TYPE OR PRINT

Loan # _____

Borrower _____
First Name M.I. Last Name

Co-Borrower _____
First Name M.I. Last Name

Closing Date _____ Total Loan Amount \$ _____

Funding Date _____ Less Processing Fee (\$ **25.00**)

1st Payment Date _____ Plus Lender Fee \$ _____
(1st Payment Date is one month after the Funding Date)

Funds to be Transferred \$ _____

Lender _____

Lender Number _____

Address _____

Contact Person _____

Phone # _____

The following documents must be faxed with the Funding Certificate:

- **Note**
- **Evidence any real estate taxes due have been paid**

Please see the approval letter for this loan for any outstanding condition(s) that must be satisfied prior to funding, if applicable.

The Closing Package Checklist must be provided within 15 days of closing

**Fax to:
(608) 267-1095**