

SPECIAL CASE WORKSHEET – ADA COUNTY

BOARD DATE

BY:

REQUEST:

Subordination Purchase Refinance Modify Reimbursement

Other:

| | |
|------------------------|--|
| Applicants Name(s) | |
| Case Number | |
| Original Board Date | |
| Lien Number(s) | |
| Lien Balance | |
| Catastrophic | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Promissory Note | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Promissory Note Amount | |
| Promissory Note Terms | \$ |
| Payments | |
| Beginning Date | |
| Applicants Request | |
| Reviewed by Director | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Initials: _____ |

Subordination:

| | |
|-------------------------|--|
| Request to PA | Preparation of Lien Yes <input type="checkbox"/> date: |
| Subordination Agreement | Board signature: Yes <input type="checkbox"/> No <input type="checkbox"/> Summary Date: |

BOCC Determination

| | | |
|------------------------------------|--------------------------------|---------------------------------|
| Approval: <input type="checkbox"/> | Deny: <input type="checkbox"/> | Other: <input type="checkbox"/> |
|------------------------------------|--------------------------------|---------------------------------|

Synopsis of Request: