



North Carolina Housing Finance Agency
Servicing Policy Waiver Request

_____ (Servicer Name)

NCHFA Policy: (Section _____, page _____)

Reason for Servicer Waiver Request:

Servicer Suggested Alternative Process:

Signed:

Servicer Staff Name: _____ Date _____
Servicer Staff Position: _____
Servicer Staff Phone Number and email address: _____

Approved:

NCHFA Staff Name _____ Date _____
NCHFA Staff Position _____