

**EXHIBIT E**  
**LAGNIAPPE ADVANTAGE PROGRAM**

**Administered by the**  
**JEFFERSON PARISH FINANCE AUTHORITY**

**DOWN PAYMENT ASSISTANCE FUNDING REQUEST**

**THIS FORM MUST BE FILLED IN COMPLETELY AND SUBMITTED BY AN AUTHORIZED REPRESENTATIVE OF THE CLOSING ATTORNEY OR TITLE COMPANY WITH THE FOLLOWING ATTACHMENTS:**

- 1. A copy of the Closing Disclosure Form or HUD-1. If the final Closing Disclosure Form or HUD-1 is not available a preliminary or draft may be accepted.**
- 2. Insured Closing Letter reflecting the Jefferson Parish Finance Authority as a covered party.**

**THE FORM MUST BE RECEIVED BY 1:00 PM FOR NEXT DAY FUNDING. ALL REQUESTS RECEIVED AFTER 1:00 PM WILL BE PROCESSED WITH THOSE SUBMITTED THE FOLLOWING JPFA BUSINESS DAY.**

**E-MAIL TO [financeauthority@jeffparish.net](mailto:financeauthority@jeffparish.net) OR FAX TO (504) 736-6313**

**Please call the Jefferson Parish Finance Authority at (504) 736-6311 if there are any problems.**

Originating Lender: \_\_\_\_\_

SMC Loan No. and Borrower Name: \_\_\_\_\_

DPA Amount: \$ \_\_\_\_\_ (circle one) 0%, 3% or 4%; Closing Date: \_\_\_\_\_  
(incl. any Affordable Subsidy Amount indicated on Exhibit G – please don't round amounts)

Attorney  Title Company

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Financial Institution: Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Routing / ABA No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Account Name: \_\_\_\_\_

Reference (Borrower's Name & SMC Loan No.): \_\_\_\_\_

JPFA is hereby authorized to initiate credit entrie(s) to our account with the financial institution identified above, and debit entries, if necessary, for any credit entries determined to be made in error.

Date: \_\_\_\_\_  
Signature of Closing Attorney / Title Company Name (Printed)

Date : \_\_\_\_\_  
Signature of Originating Lender Name (Printed)

Do NOT Write Below This Line -- for JPFA Use Only

Date Received \_\_\_\_\_ Approved \_\_\_\_\_