



VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

3202 Demarara Plaza • Suite 200 • St. Thomas, USVI 00802-6447
Telephone: (340) 777-4432 • Fax: (340) 775-7913 • Email: vihfa@vihfa.gov

REQUEST FOR DOCUMENTS/SERVICES FORM

(PLEASE PRINT OR TYPE INFORMATION)

REQUESTOR'S INFORMATION:

Request Date: _____

Owner's Name: _____ Owner's Signature: _____
(NAME PROPERTY IS REGISTERED IN)

Address/Parcel No. _____
ISLAND: STT STX STJ

Date Document is needed: _____ Phone No.: _____

DOCUMENTS REQUESTED:

Request(s) is/are hereby made for the following document(s)/services:

PHOTOCOPIES	DOCUMENTS	SERVICES
<input type="checkbox"/> AMORTIZATION SCHEDULE	<input type="checkbox"/> EASEMENTS	<input type="checkbox"/> COUNSELING
<input type="checkbox"/> ASSIGNMENT OF MTG.	<input type="checkbox"/> PAYOFF LETTERS	<input type="checkbox"/> HOMEBUYER ED. PROGRAM
<input type="checkbox"/> DECLARATION	<input type="checkbox"/> QUIT CLAIM DEED	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> DEED	<input type="checkbox"/> REVISION TO DEED	
<input type="checkbox"/> MORTGAGE	<input type="checkbox"/> RESEARCH OF VIHFA RECORDS	
<input type="checkbox"/> NOTE	<input type="checkbox"/> SUBORDINATION OF MTG.	
<input type="checkbox"/> SUBDIVISION MAP	<input type="checkbox"/> WAIVER OR RELEASE	
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	

FOR VIHFA USE ONLY

APPLICATION ACCEPTED BY: _____ COST FOR REQUESTED DOCUMENT(S)/ SERVICE: _____

AMOUNT OF PAYMENT RECEIVED: _____ RECEIPT NUMBER: _____

DOCUMENT(S) COMPLETION DATE: _____ CLIENT CONTACTED ON/BY: _____

DOCUMENT(S) PICKED UP DATE: _____ DOCUMENT(S) PICKED UP BY: _____



Unlocking the Door to Affordable Housing

St. Croix Office: 100 Lagoon Complex • Suite 4 • Frederiksted, VI 00840-3912 • Telephone: (340) 772-4432