

HOUSING LIEN SERVICE REQUEST FORM

DATE _____

REQUESTOR INFORMATION

Name _____ Relationship to Owner _____
 Contact Information _____

PROPERTY INFORMATION

Property Owner _____

Property Address _____

What lien service is requested?

Release	Payoff	Subordination	Status
Reason for Request? _____	_____	_____	_____

What program or programs were involved?

Jumpstart	Property Rehab
Down Payment Assistance	CDBG
Property Rehab	HOME
Rental Rehab	Lead Hazard Control Grant
ROOTS/Single Family New Construction	First Time Home Buyer

LENDER OR SETTLEMENT COMPANY CONTACT INFORMATION (IF APPLICABLE)

Name _____

Contact Information _____

OFFICE USE ONLY

Paid Amount Due

Release	Payoff	Subordination	Status

Update Log

Update Database

File

City of Cedar Rapids · Housing Services
 101 First Street SE · Cedar Rapids, IA 52401
 (319)286-5872 · housingliens@cedar-rapids.org