

Leasehold Mortgage Lender Checklist

Please return this form to the following Agency:

REGION		
AGENCY		
AGENCY POC		
PHONE NO.		
COMPANY INFORMATION		
Lender Name and mailing address (including dba):		
Lender's Contact Name:		Phone Number:
Lender Case File No.:		
Lender's Fax Number:	Lender's Email Address:	
Borrower(s) Name(s) and Address, City, State, Zip:		
Borrower(s) Loan Amount: \$		
Maturity Date of Loan:		
RESIDENTIAL/MASTER LEASE/ROW INFORMATION – NOTE: Borrower must have an encoded, approved and recorded Residential lease with the BIA Agency.		
LAND AREA CODE/Tract or Allotment Number: (attach copy of latest Title Status Report (TSR))		
BIA LEASE/RIGHTS-OF-WAY (ROW) NUMBER:		
Lease/ROW Expiration Date:		
CHECKLIST		
1.	Does borrower have a BIA approved (master or direct) lease? - If NO, STOP , do not proceed. Contact borrower and/or BIA Agency to confirm a Residential Lease has been filed, approved and recorded. A Mortgage/Deed of Trust cannot be filed for approval or recording without an approved lease.	YES or NO
	- If YES, attach a copy of an approved and recorded Residential/Master Lease (1 st page is sufficient).	
2.	Attach a copy of TSR. Dated:	
3.	Original Mortgage/Deed of Trust document. Dated:	
4.	Attach a copy of the legal description (Metes and Bounds)/Survey Plat of the home site location to the Deed of Trust/Mortgage.	YES or NO or N/A
5.	Attach an original or certified copy of Promissory Note.	YES or NO or N/A
6.	Attach Consents or Notice (as applicable). As required by 25 CFR Part 162.358, unless the lease states otherwise; notify all landowners of a Mortgage/Deed of Trust filing.	YES or NO
7.	Program Rider (if applicable)	YES or NO

Paperwork Reduction Act (PRA) Statement: This information is collected to meet reporting requirements and is subject to the PRA. An agency may not request nor sponsor, and a person need not answer a request for information that does not display a valid OMB control no. A response to this request is required to obtain a benefit. The public reporting burden for this form is estimated to average 40 hours per response, including the time for reviewing the instructions, gathering and maintaining data, and completing and reviewing the form. Send comments on the burden estimate or any other aspect of this form to Information Collection Clearance Officer–Indian Affairs, 1849 C Street, NW, MS-3642, Washington, DC 20240.

8.	Release or Satisfaction (if applicable)	YES or NO
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