UNIVERSITY OF CALIFORNIA HOME LOAN PROGRAM CORPORATION

**ZERO INTEREST SUPPLEMENTAL HOME LOAN PROGRAM (ZIP LOAN)**

# LOAN ACCOUNTING INFORMATION FORM

**(This form is for ZIP Loans only)**

**ZIP Participant Name:** (Last, First) **Location:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Loan Amount: Campus Funding Source:**

(Max Loan Amount is $150,000) (GL Account No.)

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Lien Position:** (Select one)

*Note: If the campus is offering a combination of 3 Program loans, ZIP should be in third position.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Second |  | Third |

**Transaction Type: Purchase Only**

**Loan Term: The loan term will be approximately 11 years depending on the funding date.**

**Special Instructions (if any):**

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Home Loan Coordinator: |  | Printed name of Home Loan Coordinator |  | Date |