

**Exhibit M**  
**Mortgage Revenue Bond Program**  
**Extension Request**

Reservation Date \_\_\_\_\_ Borrower \_\_\_\_\_  
LHC Number \_\_\_\_\_  
Servicer Number \_\_\_\_\_

Property Address \_\_\_\_\_  
Property City \_\_\_\_\_ Property Parish \_\_\_\_\_  
Property State \_\_\_\_\_ Property Zip Code \_\_\_\_\_

Lender \_\_\_\_\_

	Name	Phone	Email
Loan Officer	_____	_____	_____
Processor	_____	_____	_____
Underwriter	_____	_____	_____
Manager	_____	_____	_____

**Lender acknowledges that there will be a fee, listed below, assessed at the time of purchase by Lakeview Loan Servicing for the extension lock. The extension fee will be netted from the First Mortgage Loan when purchased by Lakeview Loan Servicing. If the loan is not purchased, the Lender will be billed by LHC for the extension fee. Any Lender with total outstanding extension fees of 90 days will not be eligible to continue to participate in the program until the unpaid balance is paid in full.**

\_\_\_ **15 days 0.125%**     \_\_\_ **30 days 0.25%**     \_\_\_ **45 days 0.375%**     \_\_\_ **60 days 0.5%**

\_\_\_\_\_  
Lender

\_\_\_\_\_  
Signature of Lender Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Lender Representative

\_\_\_\_\_  
Title

LHC SINGLE FAMILY REQUIRED DOCUMENT AS OF 09/25/2024