

Deceased Homeowner Notification Form

Date Form Submitted: _____

Recipient Name: _____

Phone/Email: _____

Name of Deceased Homeowner: _____

Address: _____

Date Deceased: _____

Identify all Persons on the Note and Mortgage: _____

Amount of Loan: \$ _____

Current Occupancy Status: ___ Occupied or ___ Vacant

If occupied, identify occupants: _____ Phone # _____

Family Member: ___ yes or ___ no

Contact information of any known family members:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a Copy of the following:

- **Copy of death certificate**
- **Copy of obituary displayed in newspaper**

Please remit to the contact person identified below:

Deanne Jennings
P.O. Box 8023
Little Rock, AR 72201
Email: deanne.jennings@adfa.arkansas.gov
Phone: 501-682-5929
Fax: 501-682-5859