## Town of Davidson Affordable Housing Division Home Buyer Assistance Program

## **REQUEST FOR RESERVATION OF HOME BUYER ASSISTANCE FUNDS**

## **Lender Information:**

| Submitting Lender Name:                    |                                  | Tax ID No           |  |
|--|----------------------------------|---------------------|--|
| Address:                                   |                                  |                     |  |
| Lender Contact Person:                     |                                  |                     |  |
| Contact Phone No                           | _Ext                             | Fax No              |  |
| Included MLO Signed Pre-Approv             | al/Pre-Q                         | ualification Letter |  |
| <b>Applicant/Property Information:</b>     |                                  |                     |  |
| Reservation Amount Requested: \$           | (\$10,000.00 maximum)            |                     |  |
| Number of People in Household              |                                  |                     |  |
| Number of dependents under 18 or full-time | e studen                         | t:                  |  |
| Applicant Information:                     | <b>Co-Applicant Information:</b> |                     |  |
| Name:                                      | Name:                            |                     |  |
| Date of Birth:                             | Date of Birth:                   |                     |  |
| Current Address:                           | Current Address:                 |                     |  |
| Annual gross income:                       | Annual gross income:             |                     |  |
| Property Address:                          |                                  |                     |  |

We are processing an application from the above named person(s) and expect to complete loan approval within 60 days. Please reserve down payment assistance for this applicant. We have reviewed the applicant's income and credit history and have tentatively determined the applicant has sufficient qualifying income and credit history to proceed with this application.

Date: \_\_\_\_\_

(Authorized Lender Representative)

Once you have completed this form, please send this along with the Signed Pre-Approval/Pre-Qualification letter to <u>affordablehousing@townofdavidson.org</u> for review.