



DOWN PAYMENT ASSISTANCE FORGIVABLE LOAN PROGRAM

RESERVATION FORM

(Maximum lock period is 90 days. Please call if an extension is needed.)

This form should be completed, signed and sent via EMAIL to dnarus@waukeshacounty.gov or FAX to 262-896-8510.

LENDER INFORMATION

Lender Name _____

Address _____ City, State, Zip _____

Telephone Number _____ FAX Number _____

Loan Officer _____ Email Address _____

BORROWER INFORMATION

Borrower's Name(s) _____

Borrower's Current Address _____ City, State, Zip _____

Borrower's Telephone Number (home) _____ Borrower's email _____

Household Size _____ Are there children under 6 or pregnant women in household? Yes No

Household Members (including all Borrowers): (use separate sheet for additional)

1.	Name _____	Age _____	Annual Income \$ _____
2.	Name _____	Age _____	Annual Income \$ _____
3.	Name _____	Age _____	Annual Income \$ _____
4.	Name _____	Age _____	Annual Income \$ _____

Total Estimated Annual Household Income \$ _____ First-time Home Buyer? Yes No

Is Borrower interested in applying for additional funds for rehab of home? Yes No

PROPERTY INFORMATION

Property Address _____

City _____ State Wisconsin Zip _____ County _____

Listing Agent's Name _____ Listing Agent's Telephone Number _____

Listing Agent's email _____ Number of Bedrooms _____ Year house was built _____

Purchase Price \$ _____ Amount of Subsidy Requested (maximum is \$10,000) \$ _____

Anticipated Closing Date _____ Is the property currently occupied by renters? Yes No

LOAN INFORMATION

First Mortgage Amount \$ _____ Estimated Closing Costs \$ _____

Borrower Contribution toward purchase \$ _____ Other Down Payment Assistance \$ _____

Housing Debt-to-Income Ratio _____ Total Debt-To-Income Ratio _____

I certify that the above borrower(s) annual household income is equal to, or less than, 80% of the county median income, adjusted by household size, as indicated by the HOME Consortium DPA Income Limits, and this household is qualified to receive the direct subsidy under the HOME Consortium DPA Program Guidelines. In addition, I agree to provide all the documents required by the HOME Consortium DPA Program following the closing.

Name of Authorized Officer

Title of Authorized Officer

Signature of Authorized Officer

Date