

HOME PURCHASE ASSISTANCE PROGRAMS
Home Purchase Information Form

Applicant: This document should be completed with the assistance of your real estate agent. Attach the completed document to a copy of the ratified sales contract and forward to DCHFA, Single Family Programs @ SingleFamilyPrograms@dchfa.org or Fax (202) 986-6723.

| | |
|---------------------------|---|
| Section A: | <u>Application Information</u> |
| Borrower: | _____ |
| | (Last) (First) (Middle Initial) (SS No.) |
| Co-Borrower: | _____ |
| | (Last) (First) (Middle Initial) (SS No.) |
| Current Residence: | _____ |
| | _____ |
| | _____ |
| | (Ward) |
| Home Phone: | _____ |
| Email Address: | _____ |
| Borrower's Work Phone: | _____ |
| Borrower's Cell Phone: | _____ |
| Co-Borrower's Work Phone: | _____ |
| Co-Borrower's Cell Phone: | _____ |

| | |
|--------------------|--|
| Section B: | <u>Property to be Purchased</u> |
| Address: | _____ |
| | (Number) (Street) (Unit #) |
| Washington, D.C. | _____ |
| | (Zip Code) (Ward) |
| Purchase Price: \$ | _____ |
| Seller's Name: | _____ |

Section C:

Real Estate Agent Information

Selling Agent: Name of Company: _____

Address: _____

Phone # : _____

Name of Agent: _____

Phone/Email.: _____

Section D: **First Trust Loan Information**

First Trust Lender's Loan Number: _____

Amount of First Trust Mortgage for which applicant has applied: \$ _____

Type of Mortgage:

Conventional [] FHA [] VA []

DC Housing Finance Agency DC Open Doors []

Other (please specify): _____

Interest Rate: _____ % Term _____ months

Important: **LOCK - IN EXPIRATION DATE:** _____

Name of Lender: _____

Business Address: _____

Telephone No.: _____ Fax No.: _____

Contact Person: _____

Projected Closing Date: _____