

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: _____