

001 – MCC RESERVATION OF FUNDS

Fax or email to the Program Administrator at 214-953-8799 or sgonzalez@firstsw.com

LENDER INFORMATION

Company Name	
Contact Name	
Phone Number	
Email	

APPLICANT INFORMATION

	Primary Applicant	Co-Applicant or Non-Purchasing Spouse
First Name		
Middle Initial		
Last Name		
Social Security #		
Current Address		
City, State Zip		
Email Address		
Marital Status		
Owned a Home in the Last Three Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		
Employer		
Annual Income		

HOUSEHOLD INFORMATION

Number of Persons that will live in the Residence: _____

Name	Age	Relationship	Will they be executing the Mortgage/Deed of Trust?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOAN INFORMATION

Loan Amount: \$ _____ Interest Rate: _____% Term: _____ Sales Price: \$ _____

Expected Closing Date: _____ Loan Type: _____

PROPERTY INFORMATION

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Census Tract: _____ Targeted Area: Yes No

New/Existing: _____ Property Type: _____

FORT BEND COUNTY HFC MCC PROGRAM ONLY

Applicant will be utilizing the Fort Bend County HFC DPA Grant Program in conjunction with the MCC Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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