



# 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](mailto: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