REVOLVING CLOSING COST ASSISTANCE LOAN

FILLABLE FORM

RESERVATION OF FUNDS 60 DAY RESERVATION WITH A CONTRACT

EMAIL TO: paulette.dudley@hocmc.org

SUBJECT: RCCAP Reservation [Borrower Name]

The Revolving Closing Cost Assistance Loan

Single Family Programs

Housing Opportunities Commission

10400 Detrick Avenue Kensington, MD 20895 PHONE: 240-627-9798

PROGRAM: RCCAP LOAN - MBS **5% Interest Rate 10 YR SECURED SECOND**

To be filled out by HOC ONLY

RESERVATION NUMBER__

eHousingPlus SL Loan#:__

- A. THIS RESERVATION form <u>ALL BLANKS COMPLETED (EXCEPT RESERV #)</u>

D. First page and sigr	Int's Profile n Confirmation Letter for First Monature page of the ratified sales of the received page of the rec	ontract	<u>Borrower</u> MUST complete clas
DATE:	NEW REQUEST	CHANGE	CANCEL
	BF ARTICIPATING LENDERS ARE ABLE TO RE		
LOAN ORIGINATOR:	EMAIL:		Phone#:
Check all that apply PLACE OF EMPLOY	VIUST BE WORKING IN MON Y: Borrower currently works Co-Borrower currently works YMENT: ty Government Employee?	in Montgomery Cou s in Montgomery Co	ounty: Yes No No
BORROWER:		The following info	ormation MUST be provided
		Current Mailing	Address:
Property Address: Street Address		Street Address	
City	Zip Code	City	State Zip Code
SALES PRICE: \$		Settlement Agent Information:	
\$ MAXIMUM LOAN IS	(round down \$1.00) \$10,000 OR UP TO 5% OF /HICHEVER IS LOWER.	Name of Company/Contact Name Email	
	te: DC: [FUNDS ARE NOT DEEMED BE SUBMITTED TO HOC PRIOR		
DATE:	Valid until:		
BY:			