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DOC REQUEST FORM

DATE: _____

Please fill out completely.

TO: Community Housing Works

- Borrowers Names: _____
- Family Size: _____
- Family Annual Income: _____
- % AMI: _____

- Close of Escrow Date: _____

- Borrowers Vesting: _____

- Seller's Name: _____

- Property Address: _____
- Purchase Price \$: _____
- Appraised Value \$: _____

- Escrow Company: _____
- Escrow Officer: _____ Phone # _____ Fax# _____
- Escrow #: _____
- Escrow Address: _____

- Title Company: _____
- Title Officer: _____ Phone # _____ Fax# _____
- Title Address: _____
- Title Order #: _____

• **CHW Programs and Loan Amount**

Lien Position	Program	Loan Amount	Rate	Term	Fees
_____	HOOP	_____	5.95%	240	_____
_____	CASH	_____	3.00%	120	_____
_____	HITH	_____	6.00%	360	_____
_____	CALHOME	_____	3.00%	360	_____
_____	Other	_____	_____	_____	_____

- Loan Officer _____
- Contact Tel: _____
- Email Docs to: _____