



VOUCHER ASSISTED MORTGAGE OPTION PROGRAM

Closing Certificate

To be completed by the Lender

Client's Name: _____

Address of property: _____

Lender Name: _____

Lender Contact: _____

Email address or FAX# _____

Closing Date: _____

Final Numbers:

P&I _____

Taxes _____

Hazard _____

MI _____

Condo fee _____

TOTAL pmt. _____

Once completed please Fax to 472-8729 - AHD To be completed by Assisted Housing Div.

HQS _____ (initials)

Home Inspection _____ (initials)

Foundation Inspection _____ (initials)

(For manufactured homes only, please attach when sending in the form for completion)

Final Voucher Amount: \$ _____

Congratulations you're good to close: _____
New Hampshire Housing Monitor