

NEW HAMPSHIRE HOUSING RESERVATION OF FUNDS

To be used only if requested by NHH staff or when the Lender Online system is unavailable during normal business hours - 9:30a - 8:00p

DATE:

Please submit via secure email to reservations@nhhfa.org

LENDER INFORMATION

Lender Name:		Email Address:	
Loan Originator Name:		Office #:	
Address:		Mobile #:	
City, State, Zip:		Fax #:	

LOAN INFORMATION

Product:		1Point	2 Point	Base Loan Amount:		Cash Assistance Amount:	
Program:	Purchase	Refi	VAMO	Rehab	Purchase Price:		
Interest Rate:				%	Mortgage Amount:		Lender Paid Credit:
*DU/DO Case Number:					Mortgage Insurer:		

*Findings must be accurate and complete. NH Housing shall not be responsible for changes in interest rate due to incomplete/inaccurate submission.

BORROWER INFORMATION

Last Name:		First Name:		Middle Initial:	
DOB:		SSN:		Email:	
Phone (Primary):		Phone (Secondary):			
Mailing Address: (Number)		Mailing Address: (Street)		Mailing Address: (City, State, Zip)	
Annual Income:		Household Size:			

CO-BORROWER (1) INFORMATION

Last Name:		First Name:		Middle Initial:	
DOB:		SSN:		Email:	
Phone: (Primary)		Phone: (Secondary)			
Mailing Address: (Number)		Mailing Address: (Street)		Mailing Address: (City, State, Zip)	

CO-BORROWER (2) INFORMATION

Use additional forms for additional borrowers

Last Name:		First Name:		Middle Initial:	
DOB:		SSN:		Email:	
Phone: (Primary)		Phone: (Secondary)			
Mailing Address: (Number)		Mailing Address: (Street)		Mailing Address: (City, State, Zip)	

Reservation Comments: (optional)

PROPERTY INFORMATION

Property Address: <i>(Enter street details, City/Town, State, & zip)</i>	
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Please submit via secure email to reservations@nhhfa.org

nhhomeownership.org

NHH USE ONLY

Reservation # _____

Expiration Date _____