

PASCO COUNTY COMMUNITY DEVELOPMENT DIVISION

HOMEBUYER ASSISTANCE PROGRAM
RESERVATION REQUEST FORM

Name of Borrower: _____

Property Address: _____

Name of Lender: _____

Lender Contact Person _____

Telephone Number: _____

Facsimile Number or e-mail address: _____

Amount of Reservation: _____

Income Level of Borrower: Very Low Income

Low Income

Moderate Income

Program Applied For: _____

Does the Building meet the SHIP definition of: Existing Home

New Home

Will this be a County funded Purchase - Rehab? Yes (If yes, complete below)

No

TO BE COMPLETED IF PURCHASE-REHAB ONLY

BUYER'S NAME: _____

PHONE NO: _____

REALTOR CONTACT PERSON: _____

PHONE NO: _____

Fax Reservation form to the County at (727) 834-3450. This reservation is only good for 60 days and is NON-TRANSFERABLE TO OTHER LENDERS OF BORROWERS.

DO NOT WRITE BELOW THIS LINE: FOR INTERNAL USE ONLY

Date Received:

