MMAP - HOMEOWNER ASSISTANCE PLAN

Assistance Request Form

(Please Print Legibly)

Date: _____

Applicant Name: _____ SS#: _____

Co- Applicant: _____ SS#: _____

Property Address: _____ _____ _____ _____

Street City Zip Code Census Tract #

Lender's Name: _____ 1st Mort. Loan Program Name _____ o FHA

o Conv.

Loan Officer: _____ Phone#:_____ Fax#_____ Email: _____

Loan Processor: _____ Phone#:_____ Fax#_____ Email: _____

Purchase Price: $_____ 1st Mort. Loan Amount: $ _____ 1st Mort. LTV: _____

Other Mortgage Financing (amounts & sources): $ _____

CLTV% (w/o MMAP) _____ CLTV% (w/ MMAP) _____ Total Cash to Close: $ _____

Applicant's Available Funds: $ _____ **MMAP-HAP Assistance Requested: $_____**

Closing Agent: _____ Contact Person _____

Address: _____ _____ _____

Street City Zip

Phone No.: ( ) _____ Fax: ( )_____ Email: _____

_____ _____

MMAP Approved Officer Name (Printed) MMAP Approved Corporate/ Loan Officer Signature

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Documentation Submission Checklist (in order – left to right)

o MMAP-HAP Assistance Request
o Good Faith Estimate
o MMAP-HAP Rider
o MMAP-HAP Pre-Application Form
o Executed Contract
o Loan Commitment Letter
o Homebuyers Education Certificate
o Title Binder & Hazard Ins
o 3 Mos of Bank Statements
o 3 Years of Tax Returns-1040 or 1722
o Full FNMA Form 1003
o IRS Forms 4506 or 8821
o MMAP Underwriter Cert. Form