

MORTGAGE CREDIT CERTIFICATE PROGRAM
Washington State Housing Finance Commission

MCC RESERVATION FAX-IN LOAN RESERVATION FORM
Please complete all for reservations to be accepted
FAX TO: Washington State Housing Finance Commission
FAX No. (206) 287-4456

Date _____

LOAN ORIGINATOR INFORMATION:

Loan Originator: _____ Phone (____) _____

Bank: _____ E-mail _____

Which MCC Participating Bank Will Fund Loan? _____

Fax Reservation Confirmation to: FAX (____) _____

APPLICANT(S) INFORMATION:

MCC Applicant Name _____ **Homebuyer Ed Cert.#** _____

Social Security Number: _____

Gross Monthly Income: _____ Occupation: _____

Ethnicity: _____ Sex: _____ Marital Status: _____

Years in Profession _____ Years of Schooling: _____ Age: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Select (a) or (b) as appropriate:

- (a) Have not owned a principal residence within the last three years; or
- (b) Have owned a principal residence within the last three years, but one of the following applies:
 - Loan relates to Property is located in Targeted Area;
 - Loan is a Rehabilitation Loan; or
 - Loan is a Home Improvement Loan

Co-MCC Applicant's Name _____ **Homebuyer Ed Cert.#** _____

Social Security Number: _____

Gross Monthly Income: _____ Occupation: _____

Ethnicity: _____ Sex: _____ Marital Status: _____

Years in Profession _____ Years of Schooling: _____ Age: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Select (a) or (b) as appropriate:

- (a) Have not owned a principal residence within the last three years; or
- (b) Have owned a principal residence within the last three years, but one of the following applies:

Borrower's Name: _____

- Loan relates to Property is located in Targeted Area;
- Loan is a Rehabilitation Loan; or
- Loan is a Home Improvement Loan

Total Monthly Gross Household Income: \$ _____

Household Size _____ Number of Wage Earners: _____

Number of Household Residents: Over 62 years of age _____ Disabled _____

PROPERTY INFORMATION:

Street Address _____

City _____ Zip Code _____ County _____

Census Tract: (if applicable) _____

- Check one: Non-Targeted Area Check one: Existing Home
 Targeted Area New Home

FIRST MORTGAGE LOAN INFORMATION:

Loan Term Selected: 30 year Rate Selected: _____ %

40 year Circle One: Fixed Adjustable

Loan Amount \$ _____ Purchase Price of Residence \$ _____

Loan Type (Check One):

FHA VA RHS HUD 184

Other _____

Fannie Mae Products: Conv. 97 Comm. Solutions

My Comm. My Comm. LTV < 97%

Sec. 8 Comm. Land Trust

Other _____

Freddie Mac Products: Home Possible

Other _____

All loans conventional loans must be conforming mortgages and eligible for sale to Fannie Mae or Freddie Mac

These documents must be faxed along with this checklist:

- Purchase and sale agreement signed by buyer(s) and sellers(s)
- Homebuyer education certificate from Commission sponsored seminar

**IF A FAXED CONFIRMATION IS NOT RECEIVED WITHIN 2 BUSINESS DAYS, PLEASE
CALL (206) 287-4499 TO CONFIRM**

You may also submit this checklist and required information by surface mail to the following address:

Washington State Housing Finance Commission
Attn: MCC Program Administration
1000 Second Avenue, Suite 2700
Seattle, WA 98104-1046