



Please give this form to your lender.



Dear Participants and Loan Officers:

The Home Stretch Program receives financial support from several different agencies. Each of these funders has specific reporting requirements, which necessitates gathering information from you. In order for our funding to continue, we need the following information for each closing. Thank you for your help and understanding.

Purchaser's Name: _____

Current Mailing Address: _____

Veteran: Yes _____ No _____

Purchase Property Information:

Purchase Property Address: _____

City: _____ Zip: _____

Purchase Price: \$ _____ Loan Amount: \$ _____ Closing Date: _____

Lender (Bank/Mortgage Co.): _____

Loan Program Name/Names: _____ Interest Rate: _____%

Loan Officer's Name & Phone Number: _____

Mortgage Insurance Type: _____ Monthly Mortgage Insurance Payment _____

PI: _____ Monthly Taxes: _____

Monthly Homeowners Insurance Costs: _____ Closing Costs: _____

Second Mortgage: _____ Type of Second Mortgage: _____

Please Note: If it is more convenient, a Good Faith Estimate (GFE) will work for answering these questions. You can fax this form or the GFE to (507) 836-8866 or email it to sues@swmhp.org.

Thank you.

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