

**MISSISSIPPI HOME CORPORATION
MORTGAGE REVENUE BOND
& DOWN PAYMENT ASSISTANCE RESERVATION FORM**

INSTRUCTIONS TO LENDER:

This form must be fully completed prior to faxing in for a MRB w/2nd Mortgage reservation to (601) 718-4672. The following documents must be submitted within three (3) business days of receiving your reservation or the reservation will be canceled.

1. MRB with Down Payment Assistance Reservation Form (MRB 001)
2. MRB with Down Payment Assistance Checklist (MRB 002)
3. Executed copy of Sales Contract
4. **Reservation fee of \$200, excludes HAT/HOYO, payable to MHC (Non-Refundable)**
5. Copy of Executed Loan Application
6. Original Executed MRB Potential Recapture Tax Form
7. Original MRB Assistance and Fee Disclosure Form (Excludes HAT/HOYO loans)
8. Copy of Homebuyer Education Certificate
9. Original HAT Loan Agreement (*If Applicable*)

INTEREST RATE: 3.340% **MRB RESERVATION NUMBER:** 2011A-13

SERVICER: _____ **DPA NUMBER:** _____

COMPANY NAME: _____

BRANCH ADDRESS: _____

COMPLETED BY: _____ **DATE:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

LOAN INFORMATION:

BORROWER (S) NAME: _____

COMPLETE PROPERTY ADDRESS: _____

APPLICATION DATE: _____ **ESTIMATED CLOSING DATE:** _____

SALES PRICE: _____ **COUNTY NAME:** _____

****LOAN AMOUNT: \$** _____ *(Including MIP, PMI, VA Funding or RD Guarantee Fee)*

OPTIONAL 3% SECOND MORTGAGE: _____ *(Calculated on the Full Loan Amount**)*

GRANT ASSISTANCE PROGRAMS – Name of Program, i.e. HAT, HOYO, HLP, City Grant: _____

GROSS HOUSEHOLD ANNUAL INCOME: \$ _____ **REPRESENTATIVE CREDIT SCORE:** _____
Check if Non-Traditional Credit Approval – With No Score (___)

COUNTY INCOME LIMIT: \$ _____

LOAN TYPE: (___)FHA (___)VA (___)RD (___)FannieMae Conventional Products* (___)FreddieMac Conventional Products*
*Only if NO Assistance is being used under the Down Payment Assistance

PROPERTY TYPE:

___ SINGLE FAMILY DETACHED
___ SINGLE FAMILY ATTACHED
___ CONDOMINIUM OR PUD
___ "DE MINIMUS PUD"
___ MANUFACTURED HOUSING

PROPERTY STATUS:

___ CONSTRUCTION
___ NEW (LESS THAN 1 YEAR OLD)
___ EXISTING

CLOSING ATTORNEY (Name, Physical Address, Phone and Fax Numbers):

CONTACT PERSON: _____ **ESTIMATED CLOSING DATE:** _____

FOR MHC USE ONLY:

RECEIVED BY: _____ **RESERVATION DATE:** _____ **RESERVATION EXPIRATION DATE:** _____