

**LOUDOUN COUNTY DOWN PAYMENT ASSISTANCE PROGRAMS  
RESERVATION REQUEST**

Name of Applicant(s): \_\_\_\_\_  
Subject Property Address: \_\_\_\_\_  
\_\_\_\_\_  
Mortgage Lender: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Email Address/Phone: \_\_\_\_\_  
Mortgage Product: \_\_\_\_\_  
County Program: DPCC

---

Contract Sale Price	\$	-
Total Closing Costs	\$	-
Seller Paid Closing Costs	\$	-
<b>Total Cost of Purchase:</b>	<b>\$</b>	<b>-</b>

1st Mortgage Loan Amount	\$	-
Total Amount of Funds to Close	\$	-
Cash to be Paid by Borrower	\$	-
<b>Additional Funds Needed to Close:</b>	<b>\$</b>	<b>-</b>

**Requested Amount of Program Funds:\*** \$ -

*\*Must not be higher than 'Additional Funds Needed to Close.' Cash back to closing is not permitted.  
DPCC Program - up to \$25,000  
PEG Program is \$10,000.*

---

Estimated Closing Date: \_\_\_\_\_  
**(Please allow a minimum of 10 business days after loan committee approval)**

Title Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Email Address/Phone: \_\_\_\_\_

**Please email this form to [Hannah.Choi@loudoun.gov](mailto:Hannah.Choi@loudoun.gov) or fax to 703-737-8411**

**For County Use Only:**

<b>Program Approval:</b> _____	<b>Date:</b> _____
Signature	
<b>Loan Number:</b> _____	