

**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: PEG

Contract Sale Price	\$	-
Total Closing Costs	\$	-
Seller Paid Closing Costs	\$	-
Total Cost of Purchase:	\$	-

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

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 or fax to 703-737-8411

For County Use Only:

Program Approval: _____	Date: _____
Signature	
Loan Number: _____	