

REQUESTS WITH MISSING INFORMATION OR DOCUMENTATION WILL NOT BE CONSIDERED VALID

SPRINGFIELD HOME OWNERSHIP PROGRAM
REQUEST FORM



City of Springfield Housing and
Community Development
225 5th street
Springfield OR 97477
541 736-1039

LENDER INSTRUCTIONS: Please forward this form
ELECTRONICALLY attaching the following items signed by the borrower:

1. 1003 and 1008 or MCAW
2. GFE and REG-Z

e-mail to:	polson@springfield-or.gov
SHOP requested:	\$
Anticipated COE date:	

Subject Property Address:	
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Buyer(s) Name(s):		Phone:	
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Seller(s) Name(s):		
Seller's Current Address:		
Lender Name and Address:		
Loan Officer:	Phone:	E-Mail:
Realtor Name/Company:	Phone:	E-Mail:

ONLY BONA FIDE OPEN ESCROWS WILL BE ACCEPTED FOR REQUESTS.

Escrow Information:

Title Company &Address: _____

Escrow Officer: _____ Escrow # _____

Loan and Property Information:

Loan Type: _____ Purchase Price \$ _____

NOTE: The intent of the SHOP program is to assist borrowers with the payment of their downpayment and closing costs as well as the reduction of their monthly housing expense in the form of additional downpayment. In that spirit, all fees being charged to the borrower will be reviewed for reasonableness in the market place. Our intent with the SHOP assistance is to ensure that the applicants housing expenses are as minimal as possible.

**SUBMISSION OF THIS FORM DOES NOT GUARANTEE FUNDING
IN ORDER TO RECEIVE SHOP FUNDS ALL CONDITIONS OF THE PROGRAM MUST BE MET**