

## MISSISSIPPI HOME CORPORATION

## MORTGAGE REVENUE BOND RESERVATION FORM

## INSTRUCTIONS TO LENDER:

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

1. Original MRB Reservation Form (MRB 001)
2. MRB Checklist (MRB 002)
3. Executed copy of Sales Contract
4. **Reservation fee of \$200, except for HAT/HOYO, payable to MHC (Non-Refundable)**
5. Copy of Complete/Executed Loan Application
6. Original Executed MRB Recapture Tax Form
7. Original MHC Premium Cash Advance Disclosure/Fee Disclosure Form (*If Applicable*)
8. Copy of Homebuyer Education Certificate (*FannieMae Products and HOYO Only*)
9. Original HAT Loan Agreement (*If Applicable*)

INTEREST RATE: \_\_\_\_\_% MRB RESERVATION NUMBER: \_\_\_\_\_

SERVICER: \_\_\_\_\_

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: \_\_\_\_\_

TARGET ( ) If Target provide Census Tract #: \_\_\_\_\_ NON-TARGET ( )

LOAN AMOUNT: \$ \_\_\_\_\_ (*Including MIP, VA Funding FEE, or PMI*)

GRANT ASSISTANCE PROGRAM – Name of Program, i.e. HAT, HOYO, City Grant: \_\_\_\_\_

GROSS HOUSEHOLD ANNUAL INCOME: \$ \_\_\_\_\_

COUNTY INCOME LIMIT: \$ \_\_\_\_\_

LOAN TYPE: ( ) FHA ( ) VA ( ) Rural Development ( ) Fannie Mae Conventional (excludes Flex 97 & Flex 100)  
( ) Freddie Mac Conventional Products

**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#): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ ESTIMATED CLOSING DATE: \_\_\_\_\_

**FOR MHC USE ONLY:**

RECEIVED BY: \_\_\_\_\_ RES. DATE: \_\_\_\_\_ RES. EXPIRE DATE: \_\_\_\_\_