

**MISSISSIPPI HOME CORPORATION  
HOUSING ASSISTANCE FOR TEACHERS PROGRAM RESERVATION FORM**

**INSTRUCTIONS TO ORIGINATOR:**

**This form must be fully completed and faxed to (601) 718-4672 for a reservation as the information must be furnished before a reservation number will be assigned. The following documents must be submitted within three (3) business working days of receiving your reservation number.**

1. Original Reservation Form
2. HAT Checklist
3. Executed Copy of Sales Contract
4. Copy of Executed Loan Application
5. Copy of Employment Contract
6. Notification of Change Form (if applicable)
7. Copy of Homebuyer Education Certificate (My Community Homebuyer Products)

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**HAT RESERVATION NUMBER:** \_\_\_\_\_

LENDER COMPANY NAME: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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**LOAN INFORMATION:**

BORROWER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_

SALES PRICE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

LOAN AMOUNT: \$ \_\_\_\_\_ (INCLUDING PMI)

AMOUNT OF ASSISTANCE: \$ \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_

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**PROPERTY TYPE:**

- \_\_\_ SINGLE FAMILY DETACHED
- \_\_\_ TOWNHOUSE UNIT
- \_\_\_ CONDOMINIUM OR PUD
- \_\_\_ MANUFACTURED HOME

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**PROPERTY STATUS:**

- \_\_\_ PROPOSED CONSTRUCTION
- \_\_\_ NEW (LESS THAN 1 YEAR OLD)
- \_\_\_ EXISTING

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**CLOSING ATTORNEY (Name, Address & Phone#):** \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**FOR MHC USE ONLY:**

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_