

**MISSISSIPPI HOME CORPORATION
TEMPORARY FINANCING
HOME BUYER ADVANTAGE PROGRAM
RESERVATION FORM**

INSTRUCTIONS TO ORIGINATOR:

This form must be fully completed prior faxing to (601) 718-4672 to receive a reservation. The following documents must be submitted within thirty (30) days prior to closing. Mail to MHC Attn: Single Family 735 Riverside Drive, Jackson, MS 39202.

1. HBA/NSP Reservation Form (HBA/NSP001)
2. HBA/NSP Checklist (HBA/NSP002)
3. Executed Copy of Sales Contract
4. Copy of Executed Loan Application
5. Copy of DU Finding Approval
6. Copy of Good Faith Estimate
7. Original Executed NSP Temporary Financing/Rehabilitation Grant Recipient/Homebuyer Agreement (Signed by Homebuyer(s) and Originating Lender)
8. Copy of Initial Inspection Detailing work to be completed
9. Copy of Homebuyer(s) Credit Report

SERVICER NAME: _____	HBA/NSP RES. # _____ MCC PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO
LENDER NAME: _____	
LENDER COMPLETE ADDRESS: _____	
CONTACT NAME: _____	DATE: _____
PHONE NUMBER: _____	FAX NUMBER: _____

LOAN INFORMATION:

BORROWER NAME: _____

COMPLETE PROPERTY ADDRESS: _____

APPLICATION DATE: _____	EXPECTED CLOSING DATE: _____
SALES PRICE: _____	COUNTY: _____
COMPLETE LOAN AMOUNT: \$ _____	PARCEL NO: _____
SELLER NAME: _____	YEAR PROPERTY WAS BUILT: _____
ANNUAL HOUSEHOLD INCOME: \$ _____	REPRESENTATIVE CREDIT SCORE: _____
NSP GRANT AMOUNT: \$ _____	Check if Non-Traditional Credit Approval – With No Score (<input type="checkbox"/>) PERMANENT LOAN LENDER: _____

LOAN TYPE: () FHA () VA () RD () FANNIE MAE () FREDDIE MAC () HABITAT FOR HUMANITY

PROPERTY TYPE: <input type="checkbox"/> SINGLE FAMILY DETACHED <input type="checkbox"/> TOWNHOUSE UNIT <input type="checkbox"/> CONDOMINIUM OR PUD	PROPERTY STATUS: <input type="checkbox"/> CONSTRUCTION (HABITAT FOR HUMANITY – ONLY) <input type="checkbox"/> NEW (LESS THAN 1 YEAR OLD) <input type="checkbox"/> EXISTING
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CLOSING ATTORNEY (Name, Physical Address, Phone and Fax Numbers):

CONTACT PERSON: _____	ESTIMATED CLOSING DATE: _____
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FOR MHC USE ONLY:

RECEIVED BY: _____ **DATE:** _____ **EXPIRATION DATE:** _____