



CHDAP Lock Form

Fax To: 858-430-5852

- 1. Name _____ SS No. _____
 (last) (first) (mi)
 Male or Female U.S. Citizen or Qualified Alien Race: _____
- 2. Name _____ SS No. _____
 (last) (first) (mi)
 Male or Female U.S. Citizen or Qualified Alien Race: _____
- 3. Name _____ SS No. _____
 (last) (first) (mi)
 Male or Female U.S. Citizen or Qualified Alien Race: _____

(Circle One) New Construction or Resale First Time homebuyer? Yes or No

Total residing permanently in the home _____ Gross annual Household Income: \$ _____

Sales Price: \$ _____ Loan Amount of the 1st: \$ _____

CHDAP Loan amount: \$ _____ LTV: _____ CLTV: _____

Address:

Property Address: _____ Condo Unit No.: _____
 City: _____ Zip Code: _____ County: _____ Year Built: _____
 Census Tract No.: _____ Square Ft: _____ No. Bedroom: _____ No. Bathrooms: _____

New Construction:

Developer's Name: _____
 Address: _____ Phone#: _____
 Project Name: _____

Your Information:

Loan Officer Name: _____ Company: _____
 Address: _____ City: _____ Zip Code _____
 Phone: _____ Fax: _____ E-mail: _____

PLEASE COMPLETE ALL APLICABLE AREAS AND PRINT CLEARLY