New Hampshire Housing
Reservation of Funds

To be used only if requested by NHH staff or when the Lender Online system is unavailable during normal business hours - 9:30a - 8:00p

DATE:_____ Please submit via secure email to reservations@nhhfa.org

LENDER INFORMATION

Lender Name:		Email Address:	
Loan Originator Name:		Office #:	
Address:		Mobile #:	
City, State, Zip:		Fax #:	

Product:	☐ First ☐ Flex ☐ Preferred Over 80% AMI ☐ Preferred Under 80% AMI **Cash Assistance**: ☐ 5k ☐ 10k ☐ 15k				
Program:	☐ Purchase ☐ Refi ☐ Rehab ☐ VAMO	Base Loan Amount:		Mortgage Amount:	
Points:	☐ No Points ☐ 1 Point ☐ 2 Points	Purchase Price:		Mortgage Insurer:	
Interest Rate:	% *DU/DO Case Number:	Cash Assistance Amount:		Lender Paid Credit:	

**Findings must be accurate and complete. NH Housing shall not be responsible for changes in interest rate due to incomplete/inaccurate submission*

BORROWER INFORMATION

Last Name:		First Name:		Middle Initial:	
DOB:		SSN:		Email:	
Phone (Primary):		Phone (Secondary):			
Mailing Address: (Number)		Mailing Address: (Street)		Mailing Address: (City, State, Zip)	
Annual Income:		Household Size:			

CO-BORROWER INFORMATION

Last Name:		First Name:		Middle Initial:	
DOB:		SSN:		Email:	
Phone: (Primary)		Phone: (Secondary)			
Mailing Address: (Number)		Mailing Address: (Street)		Mailing Address: (City, State, Zip)	

PROPERTY INFORMATION

Property Address: *(Enter street details, City/Town, State, & zip)*	

RESERVATION COMMENTS *(optional)*

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NHH USE ONLY

Reservation # _____ Exp. Date _____