

PASCO COUNTY COMMUNITY DEVELOPMENT DIVISION

HOMEBUYER ASSISTANCE PROGRAM  
RESERVATION REQUEST FORM

May 20, 2010

Name of Borrower: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Lender Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number or e-mail address: \_\_\_\_\_

Amount of Reservation: \_\_\_\_\_

County Program: \_\_\_\_\_

Income Level of Borrower:	<input type="checkbox"/>	50% median income or below
	<input type="checkbox"/>	Under 80% of median income but above 50%
	<input type="checkbox"/>	Under 120% of median income but above 80%

Information necessary for county to inspect home.

BUYER'S NAME: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

REALTOR CONTACT PERSON: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

**Fax Reservation form to the County at (727) 834-3450. This reservation is only good for 60 days and is NON-TRANSFERABLE TO OTHER LENDERS OF BORROWERS.**