



**Down Payment and Closing Cost Assistance Document Request Form**

Borrower(s) Name(s): \_\_\_\_\_

Title will be held in what name(s): \_\_\_\_\_

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

Property County: \_\_\_\_\_

Requestor: \_\_\_\_\_ Requestor's phone: \_\_\_\_\_

Requestor's email: \_\_\_\_\_

Originator: \_\_\_\_\_ Originator NMLS #: \_\_\_\_\_

**Initial Disclosure (LE)**     **Re-Disclosure (LE):** \_\_\_\_\_

Loan Amount of 2<sup>nd</sup> DoT: \$ \_\_\_\_\_ Application Date: \_\_\_\_\_

Estimated Closing Date: \_\_\_\_\_ Date Request Sent via Portal: \_\_\_\_\_

**Final 2<sup>nd</sup> Docs (CD, Note, DoT)**     **Re-submission:** \_\_\_\_\_

Loan Amount of 2<sup>nd</sup> DoT: \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_

CD Issue Date: \_\_\_\_\_ Date Request Sent via Portal: \_\_\_\_\_

Settlement Agent: \_\_\_\_\_ WV License ID: \_\_\_\_\_

Agent City: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Agent email: \_\_\_\_\_

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**Additional Comments:** \_\_\_\_\_

**Submit this form via the Lender Portal using the "2<sup>nd</sup> DoT REQUESTS" drop down selection.**

Please allow 4 hours for return of prepared documents.

Issues or Questions? Call Single Family Origination at 800-933-8511 and ask to speak with a closer.