

Reservation Cancellation

Form must be emailed to dcaReservations@dca.ga.gov

Lender Name: _____

Requested By: _____

Email Address: _____

Phone Number: _____

Georgia Dream First Mortgage Reservation # _____

Georgia Dream Second Mortgage Reservation # _____

Borrower Name: _____

RESERVATIONS MAY NOT BE CANCELED AND RE-RESERVED TO OBTAIN LOWER INTEREST RATE

Reason for cancellation is required, select the appropriate box below:

- | | |
|---|---|
| <input type="checkbox"/> Appraisal/Comparables do not support value | <input type="checkbox"/> Property/seller issues |
| <input type="checkbox"/> Credit score below required threshold | <input type="checkbox"/> Ratio exceeds guidelines |
| <input type="checkbox"/> Customer Withdrew | <input type="checkbox"/> Reserved under the incorrect program |
| <input type="checkbox"/> HH income exceeds limit | <input type="checkbox"/> Short funds to close |
| <input type="checkbox"/> Borrower does not meet guidelines | <input type="checkbox"/> Title issues |

Other: _____

To be completed by DCA:

The cancellation of the above referenced Loan is effective _____

Issued by: _____