

**Georgia Dream Homeownership Program**

**Seller Guide**

**Reservation Cancellation**

**Form must be emailed to** [dcaReservations@dca.ga.gov](mailto: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:**

Appraisal/Comparable do not support value Credit score below required threshold Customer Withdrew

HH income exceeds limit

Borrower does not meet guidelines

Property/seller issues Ratio exceeds guidelines

Reserved under the incorrect program Short of funds to close

Title issues

**Other:**

**To be completed by DCA:**

The cancellation of the above referenced Loan is effective

Issued by:

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**Form SF-6**

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