Reservation Change Form  Send to our office by emailing to the following:  dcaReservations@dca.ga.gov	
Lender Name:	
Requested by:	
Phone #:	Email:
Georgia Dream First Mo	ortgage Reservation #
Georgia Dream Second	Mortgage Reservation #
<u>P</u> 1	lease complete below ONLY the information that needs changed.
☐ Borrower's Name _	□ Borrower's SS #
☐ Co-Borrower's Nan	ne Co-Borrower's SS #
☐ Property Address _	
☐ City	Zip County
	ng
□ Purchase Price \$	
☐ First Mortgage Loan	n Amount \$ Second Mortgage Loan Amount \$
# of Persons Emplo	yed Loan Type: Standard □ PEN □ Choice □ Peach Advantage: □ 0% □ 2% □ 3% □ 4% □ 5%
☐ # Persons in Housel	nold Lender Loan Number
☐ Borrower's Gross A	Annual Income \$ Borrower 1 Middle Credit Score:
☐ Co-Borrower's Gro	ss Annual income \$
☐ Borrower's Age	# of Dependents
Ethnicity:   White	□ Black □ Hispanic □ Asian/Islander □ Native American
☐ Prior Homeowner	□ Yes □ No
☐ Household Type	☐ Single/Non-Elderly ☐ Elderly ☐ Related/Single Parent ☐ Related/Two Parent ☐ Other
DCA Use: Changed By:	Date:

SG 2025-10-23 Form SF-7 Page 1 of 1