	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 I	Mortgage Reservation #
<u>P1</u>	ease complete below ONLY the information that needs changed.
☐ Borrower's Name _	Borrower's SS #
☐ Co-Borrower's Nam	ne Co-Borrower's SS #
☐ Property Address	
☐ City	Zip County
☐ New ☐ Existin	g 🗌 Target 🔲 Non-Target
Loan Type:	VA Conventional RD Guaranteed
☐ Purchase Price \$	Acquisition Cost \$
☐ First Mortgage Loan	n Amount \$ Second Mortgage Loan Amount \$
☐ # of Persons Employ	yed Loan Type: Standard \[PEN \[Choice \[\]
☐ # Persons in Househ	nold Lender Loan Number
☐ Borrower's Gross A	nnual Income \$
☐ Co-Borrower's Gros	ss Annual income \$
☐ Borrower's Age	# of Dependents
Ethnicity:	☐ Black ☐ Hispanic ☐ Asian/Islander ☐ Native American
☐ Prior Homeowner	☐ Yes ☐ No
☐ Household Type	☐ Single/Non-Elderly ☐ Elderly ☐ Related/Single Parent
DCA Use:	Related/Two Parent Other

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