**Georgia Dream Homeownership Program**

**Seller Guide**

**Version 2024-7-8**

**Form SF-7**

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**Reservation Change Form**

**Send to our office by clicking on the envelope at the top of this screen, then click “send copy”.**

**Enter email address:** [dcaReservations@dca.ga.gov](mailto:dcaReservations@dca.ga.gov)

Lender Name: Requested by: Phone #: Email: Georgia Dream First Mortgage Reservation # Georgia Dream Second Mortgage Reservation #

**Please complete below ONLY the information that needs changed**.

Borrower’s Name Borrower’s SS #

Co-Borrower’s Name Co-Borrower’s SS # Property Address

City Zip County

New Existing Target Non-Target

Loan Type: FHA VA Conventional RD Guaranteed

Purchase Price $ Acquisition Cost $

First Mortgage Loan Amount $ Second Mortgage Loan Amount $ # of Persons Employed Loan Type: Standard PEN Choice

# Persons in Household Lender Loan Number

Borrower’s Gross Annual Income $ Co-Borrower’s Gross 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: