

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 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
Peach Advantage: 0% 2% 3% 4% 5%

Persons in Household _____ Lender Loan Number _____

Borrower's Gross Annual Income \$ _____ Borrower 1 Middle Credit Score: _____

Co-Borrower's Gross Annual income \$ _____ Borrower 2 Middle Credit Score: _____

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: _____