| | Reservation Change Form Send to our office by emailing to the following: dcaReservations@dca.ga.gov |
|-------------------------|---|
| Lender Name: | |
| | |
| Phone #: | |
| Georgia Dream First Mor | tgage Reservation # |
| Georgia Dream Second M | Nortgage Reservation # |
| Ple | ase complete below ONLY the information that needs changed. |
| ☐ Borrower's Name | Borrower's SS # |
| ☐ Co-Borrower's Name | e Co-Borrower's SS # |
| ☐ Property Address | |
| ☐ City | Zip County |
| ☐ New ☐ Existing | g 🗌 Target 🔲 Non-Target |
| Loan Type: FHA | □ VA □ Conventional □ RD Guaranteed |
| ☐ Purchase Price \$ | Acquisition Cost \$ |
| ☐ First Mortgage Loan | Amount \$ Second Mortgage Loan Amount \$ |
| # of Persons Employ | ed Loan Type: Standard \[PEN \[Choice \[\] |
| # Persons in Househo | old Lender Loan Number |
| ☐ Borrower's Gross Ar | nual Income \$ |
| ☐ Co-Borrower's Gross | s 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 ☐ Related/Two Parent ☐ Other |
| DCA Use: Changed By: | Date: |

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