

NWGF / NWMT RESERVATION CHECKLIST

**Packages must be mailed or over-nighted.
FAXED PACKAGES ARE NOT ACCEPTED.**

509 1st Avenue South, Great Falls, MT 59401 * PHONE: (406) 761-5861

ATTN: Loan Department

FROM: _____

AT: _____

Email Address: _____

DATE: _____

FAX # _____

PHONE: _____

FAMILY SIZE : _____ COUNTY : _____

- NAME(S) OF BORROWER(S) (FULL NAME AS TAKING TITLE TO PROPERTY)

- AMOUNT & TYPE OF 2ND MTGE REQUESTED FROM NWGF: \$ _____
(REMEMBER TO INCLUDE FEES AND DEDUCT BORROWER'S \$500 REQ'D INVESTMENT)
- AMOUNT & TYPE OF 1ST MTGE (FHA, VA, RD, CONV) INTEREST RATE & TERM:

- COPY OF TITLE COMMITMENT
- STREET ADDRESS OF SUBJECT PROPERTY:

- LOAN ANALYSIS FORM (MCAW, VA ANALYSIS, 1008) **PROGRAM RATIOS NOT TO EXCEED 29/41 UNLESS COMPENSATING FACTORS (NARRATIVE REQD)**
- RESIDENTIAL LOAN APPLICATION (FINAL COPY, NOT PRE-QUALIFYING FORM, BUT NEED BORROWERS & LENDERS SIGNATURES FROM ORIGINAL APPLICATION). **\$ VALUE FOR AUTOMOBILES OWNED & OTHER ASSET MUST BE LISTED ON PAGE 2 OF APPLICATION**
- GOOD FAITH ESTIMATE
- VERIFICATION OF INCOME (FULL VOE'S, TAX RETURNS IF SELF-EMPLOYED, DISABILITY AWARDS, CHILD SUPPORT INCOME, DIVORCE DECREE, ETC.) FOR ALL OCCUPANTS OF THE HOME AGED 18 AND OVER, INCLUDING THOSE NOT OBLIGATED ON MORTGAGE. ***DO NOT SUBMIT APPLICATION WITHOUT INCOME VERIFICATIONS*****
- VOD'S OR CURRENT BANK STATEMENT(S) FOR ASSET VERIFICATION
- CREDIT REPORT & CREDIT EXPLANATIONS IF APPLICABLE
- BUY/SELL AGREEMENT & LEAD BASED PAINT DISCLOSURE
- CERTIFICATE OF COMPLETION OF **NWGF APPROVED** HOMEBUYER EDUCATION
- APPRAISAL. IF REPAIRS, COPY OF FINAL INSPECTION REQUIRED PRIOR TO CLOSING. **CANNOT DISPLACE A TENANT IF USING OUR FUNDS.**
- DATE OF CLOSING: _____
- CLOSING AGENT & THEIR ADDRESS, PHONE & FAX #'S: _____

ALLOW 1 ½ to 2 WEEKS FOR NWGF PROCESSING PRIOR TO CLOSING.

04/08