

HOME BUYER ASSISTANCE PROGRAM

PROPERTY DATA FORM



APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:		
Property Address:	Street Address	City	State	Zip Code
Year Built:				

Please choose one of the following sections to complete.

INFORMATION FOR NEW CONSTRUCTION PROPERTY

Builder:
Contact Person:
Phone Number:

INFORMATION FOR EXISTING PROPERTY

Listing Agent:	
Phone Number:	Email:
Buyer's Agent Name:	
Phone Number:	Email: