



Gift Funds Request Form

Please Type or Print Legibly

800-942-8431 Toll-Free

Closing Office:			Escrow/Closing File#:		
Closing Agent's Name:					
Telephone#:		Fax#:			
Borrower First Name:		Borrower Last Name:		SS#:	
Co-Borrower First Name:		Co-Borrower Last Name:		SS#:	
Address of Property Being Purchased:				Contract Sales Price:	
City:	State:		County:		Zip:
Gift Funds Requested: \$			Buyer's Annual Income:		
Loan Originator's Employer:			Lending Institution:		
Loan Originator's Address:			Lending Institution Address:		
City:	State:	Zip:	City:	State:	Zip:
Loan Originator's Name:			Lender's Phone#:		Lender's Fax#:
Loan Originator's Phone#:			Loan File Case#:		Closing Date:
Loan Originator's Fax#:					
			Lending Institution's HUD ID #		
Please note the loan type below: <input type="checkbox"/> FHA (203b) <input type="checkbox"/> FHA 203K <input type="checkbox"/> Construction to Perm <input type="checkbox"/> Other: _____ <input type="checkbox"/> Conventional FHLMC: Name of lender: _____ <input type="checkbox"/> Conventional Portfolio: Name of lender: _____					
Is this loan underwritten and approved? <input type="checkbox"/> Yes <input type="checkbox"/> No					