

Kansas City Dream Reservation Form

PLEASE ATTACH FLOOD ZONE LETTER

Email to: KCDreamReservation@nhsofkcmo.org

Part A: Lender Information	
Lender Name: _____	Phone #: _____
Contact: _____	Fax #: _____
Email Address: _____	
HQS Inspection Contact Information:	
Name: _____	Phone: _____
Title Company Name: _____	Phone: _____
Part B: Homeowner(s) Information	
Borrower: _____ Co-Borrower: _____	
Property Address: _____	Kansas City Zip Code _____
County: _____	
Purchase/Sales Price: \$ _____	Type of Home: _____
KC Dream Loan Amount: \$ _____	Household Income \$ _____ # of People: _____
Requested Subsidy: \$ _____ <i>(Maximum 20% of the Sales Price)</i>	
First Time Buyer: _____	Estimated Closing Date: _____
K.C. Dream Reservation #: _____ Expiration Date: _____	
Approved By: _____	Date: _____