Exhibit B Program Reservation Request

Lender Entity Name			
Name	Phone	Email	
Loan Officer			
Processor			
Closer			
Manager			
Mortgage Loan Amount		Estimated Closing Date	
Grant Assistance Amount	Assistance Perce	ntage Interest Rate _	
Purchase Price Amount	Loan Type		
Borrower Name(s)	Social Security Num	ber(s) Date of Birth Sex F	Race
Credit Score	Number in Household	Ethnicity	
Marital Status	Total Hou	sehold Income	
Property Address			
City		Parish	
Zip Code	Census Tract	Unit(s) Year Bu	ilt
New/Existing	Number of Bedrooms	Building Type	
CERTIFY TO THE BEST C	OF MY KNOWLEDGE THAT THE	INFORMATION ABOVE IS COR	RRECT.
Date:	Preparer's Name:		
	Preparer's Title:		

LHC SINGLE FAMILY REQUIRED DOCUMENT AS OF 03/07/16