



**The Robert Calloway  
Memorial Veteran  
Housing Grant**



**ESCROW INSTRUCTIONS**

Date: \_\_\_\_\_

Name of the First Time HomeBuyer Applicant / VA Borrower :

\_\_\_\_\_

Property Address: \_\_\_\_\_

Escrow Officer: \_\_\_\_\_

Escrow #: \_\_\_\_\_ Close Date: \_\_\_\_\_

As per the Rules and Regulation of this grant, you are hereby instructed to return all funds granted (\$1,500.00) to the Pacific Southwest Association of Realtors (PSAR) towards the closing costs on the above numbered escrow if the escrow on this transaction does not close within four (4) business days of receipt of funds.

Thank You.

*Ditas Yamane*

Ditas Yamane  
PSAR 2020 President Elect  
PSAR HAF Grant Committee Co-Chair

**The Robert Calloway Memorial  
Veteran Housing Grant**

**Veteran/Active Military  
\$1500 Closing Cost Assistance Program**



**Home Buyer's Information:**

Name: \_\_\_\_\_  
First M.I. Last

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Branch of Service: \_ \_\_\_\_\_

**Property Information:**

Street City Zip Code

Property Type (SFR, Condo, Townhome, etc...)

**REALTOR Contact Information:**

Name: \_\_\_\_\_  
First M.I. Last

Company/Office: \_\_\_\_\_

DRE License Number: \_\_\_\_\_ Member Association: \_\_\_\_\_

**Escrow Information:**

Escrow Company: \_\_\_\_\_ Escrow Officer: \_\_\_\_\_

Escrow Number: \_\_\_\_\_ Closing Date: \_\_\_\_\_

**Lender's Information:**

Company Name: \_\_\_\_\_

Lender's Name: \_\_\_\_\_ NMLS Number: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PSAR Use Only:**

Date Application Received: \_\_\_\_\_ Committee Review Date: \_\_\_\_\_

Application Status: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved Committee Chair: \_\_\_\_\_