



Member Mortgage Bankers Association of America

# CalHFA Lock Form

Fax To: 858-430-5852

1. Name \_\_\_\_\_ SS No. \_\_\_\_\_  
(last) (first) (mi)

Male or Female U.S. Citizen or Qualified Alien Race: \_\_\_\_\_

2. Name \_\_\_\_\_ SS No. \_\_\_\_\_  
(last) (first) (mi)

Male or Female U.S. Citizen or Qualified Alien Race: \_\_\_\_\_

3. Name \_\_\_\_\_ SS No. \_\_\_\_\_  
(last) (first) (mi)

Male or Female U.S. Citizen or Qualified Alien Race: \_\_\_\_\_

(Circle One) New Construction or Resale First Time homebuyer? Yes or No

Total residing permanently in the home \_\_\_\_\_ Gross annual Household Income: \$ \_\_\_\_\_

Sales Price: \$ \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_ LTV: \_\_\_\_\_ CLTV: \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_

30 Year CalHFA FHA: \_\_\_\_\_ 30 Year Conventional: \_\_\_\_\_ 30 Year VA: \_\_\_\_\_

35 Year Interest Only: \_\_\_\_\_ 40 Year: \_\_\_\_\_

3-2-1 buy down- yes or no 2-1 buy down- yes or no 1-1 buy down- yes or no

HiCAP: \$ \_\_\_\_\_ CHAP: \$ \_\_\_\_\_ CHDAP: \$ \_\_\_\_\_

\*\*Extra Teacher: \$ \_\_\_\_\_ \*\*Must Complete and Provide ECTP Eligibility Certificate\*\*

### AHPP Need the Following:

Local Gov. Name: \_\_\_\_\_ Program Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_

### Address:

Property Address: \_\_\_\_\_ Condo Unit No.: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Year Built: \_\_\_\_\_

Census Tract No.: \_\_\_\_\_ Square Ft: \_\_\_\_\_ No. Bedroom: \_\_\_\_\_ No. Bathrooms: \_\_\_\_\_

### New Construction:

Developer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Project Name: \_\_\_\_\_

### Your Information:

Loan Officer Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

PLEASE COMPLETE ALL APLICABLE AREAS AND PRINT CLEARLY