

Logan Community Development Foundation, Inc.
Down Payment Loan Program
APPLICATION FORM

Name of Buyer(s): _____

Current Address: _____

Email / Phone: _____

Project Address / Location: _____

City: _____ County: _____

Construction Methodology (pick one):

New Construction: ____ Existing Home: ____ Modular: ____ Other (describe): _____

Sq. Ft: _____ # of Bedrooms: _____ # of Baths: _____

of Garages: _____ Basement or Slab: _____

For Existing Homes

Purchase Price: _____ Projected Closing Date: _____

For New Construction

Contract Price: _____

Project Start Date: _____ Project Completion Date: _____

Financial Resources/Loans: _____

Primary Lending Institution: _____

Loan Officer: _____

Phone/Email: _____

Developer Contact Information (Builder/Seller):

Name: _____

Phone/Email: _____

Funding Amount Requested (Up to \$5,000): _____

Use of Funds: Down Payment Assistance: _____ Closing Costs: _____

Buyer Signature Date

Buyer Signature Date

For Committee Use:

Comments:

PCED Match

Approved: _____ Denied: _____

Signature: _____