

CITY OF MADISON

CHECKLIST – HEALTHY NEIGHBORHOOD INITIATIVE-MERITER

- _____ Application
- _____ Borrower’s Authorization form
- _____ Conflict of Interest Form
- _____ Lobbying Ordinance Form
- _____ Disclosure MGO 3.35(5)(e)
- _____ Good Faith Estimate
- _____ Home Inspection Report
- _____ Appraisal
- _____ Credit Report
- _____ Verification of Employment
- _____ Verification of Deposit
- _____ Offer to Purchase
- _____ Other (i.e., divorce decree, child support documentation, bankruptcy discharge papers, explanation of late payments, rent verification, green card etc.).
- _____ Home Buyer Education Training Certificate, dated prior to writing Offer to Purchase
- _____ Copy of 1st Mortgage Commitment Letter, prior to funding
- _____ Copy of Employer Assisted Housing Loan commitment, prior to funding
- _____ Copy of Title Insurance policy, prior to closing
- _____ Copy of Preliminary HUD/closing statement, prior to closing

LENDER CONTACT PERSON

Name _____
Phone # _____
Fax # _____

CLOSING INFORMATION:

Estimated closing date _____
Where closing _____
Phone # _____

Mail to: City of Madison, Economic Development Division, 215 Martin Luther King Jr., Blvd., Ste 312, P.O. Box 2983, Madison, WI 53701-2983.

Any questions call Terri Goldbin at 608-266-4223.