



Mortgage Finance Division  
Single Family Office  
10400 Detrick Avenue  
Kensington, Maryland 20895-2484

(240) 627-9798 Phone  
(301) 942-3817 Fax

**CHECK REQUISITION / SETTLEMENT AGENT INFORMATION**

*(To be Completed by Lender for the Following)*

**ALL SECONDARY FINANCING PROGRAMS  
administered by HOC**

(Fillable Form)

**SECONDARY FINANCING LOAN:**  RCCAP/"5 for 5" Amount: \$ \_\_\_\_\_  
 3% Purchase Assistance Loan Amount: \$ \_\_\_\_\_  
**OTHER PROGRAMS:**  \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**LENDER'S NAME:** \_\_\_\_\_

<b>LENDER MUST COMPLETE THIS PORTION OF FORM</b>		
<b>SCHEDULED SETTLEMENT DATE:</b>		
<b>SETTLEMENT COMPANY NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE NUMBER:</b> _____	<b>FAX NUMBER:</b> _____	
<b>ATTORNEY/SETTLEMENT AGENT'S TAX ID NUMBER</b> <i>(Required To set up Vendor Account with HOC's Accounts Payable Department):</i>		
<b>BORROWER'S NAME:</b>		
<b>CO-BORROWER'S NAME:</b>		
<b>CO-BORROWER'S NAME:</b>		
<b>PROPERTY ADDRESS:</b>		
<b>TO BE COMPLETED BY AUTHORIZED HOC PERSONNEL ONLY</b>		
	<b>CHECK AMOUNT REQUESTED:</b>	<b>FUNDING FROM:</b>
1.		
2.		
3.		
4.		
<b>DATE CHECK(S) NEEDED BY SINGLE FAMILY MORTGAGE:</b>		
<b>AUTHORIZED BY:</b>		
<b>DATE REQUESTED:</b>		