

Housing Opportunity Grant Application – First Time Homebuyer Inspection Reimbursement



Submitting REALTOR® Information

Name	
Office	
Address	
Phone Number	

First Time Buyer Information

Name	
Street Address	
City ST ZIP Code	
County	

Lender Information

Name	
Street Address	
City ST ZIP Code	
County	

Requested Reimbursements: (ie. Home, Roof, Chimney, Pest Inspections)

Please list the name of each company, the reason for the inspection and the amount of the inspection. Attach the PAID Invoice.

Name	Reason	Amount

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Buyer Name (printed)	
Signature	Date:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for working with a Solano Association of REALTOR® member.

Board Confirmation of Information

REALTOR Member of SAOR	Y/N	Lender Letter of Confirmation	Y/N	Letter from President to 1 st Time Homebuyer	Y/N
Inspection Paid Invoices Attached	Y/N	Application Approved	Y/N	Application Closed	Y/N
Copy of Letter to REALTOR Member	Y/N	Check Issued	Y/N		
Results Filed by HOC	Y/N	Signed off by:			
		Date:			