

Brockton Redevelopment Authority
Homeowner Lien Request Form

Date Received

Homeowner 1 Name: _____ Phone: _____

Homeowner 2 Name: _____ Phone: _____

Property Address: _____

I(we) participated in these programs:

First Time Homebuyers/Down Payment Assistance Program: ____ Date (Month/Year): _____

Homeowner Rehabilitation Program: ____ Date (Month/Year): _____

Lead-Based Paint Hazard Control Program: ____ Date (Month/Year): _____

Purchased home from BRA: ____ Date (Month/Year): _____

Reason for request:

Change Rate: ____ Change Payment: ____ Cash Out: ____ Selling: ____

For cash out: Amount: _____

How will cash be used?

Debt Consolidation ____ Home Repair/Rehabilitation ____ Medical Emergency ____

Other ____ Please Explain: _____

When do you plan to close? _____

Lender: _____

Lender Contact: _____ Phone: _____

Email: _____

Lender Address: _____

Additional Info: _____

Signatures:

Homeowner 1: _____ Date: _____

Homeowner 2: _____ Date: _____

For BRA Use Only

Received By: _____ Date: _____

Request Approved: ____ Request Denied: ____ Date: _____

Agreement Sent Date: _____

Agreement Signed By: _____