



**CITY OF BROCKTON
FIRST TIME HOMEBUYER'S PROGRAM DOWN PAYMENT ASSISTANCE
CLOSING ATTORNEY COVER SHEET**

Date:	Borrower(s):	Property:	Funding AMT:

THE PURPOSE OF THIS FORM IS TO PROVIDE THE CLOSING ATTORNEY (CA) WITH INSTRUCTIONS FOR REQUIREMENTS AT CLOSING AND FURTHER DOCUMENTATIONS NEEDED TO BE SUBMITTED IN ORDER TO COMPLETE BRA'S DPA PROJECT FILES!

CATEGORIES	REQUIREMENTS	CA INITIALS
HOME NOTE	Mail to BRA's Office	
HOME MORTGAGE	Record & Mail to BRA's Office	
HOME AGREEMENT	Record & Mail to BRA's Office	
NHS NOTE	Mail to NHS' Office	
NHS MORTGAGE	Record & Mail to NHS' Office	
APPRAISAL REPORT	Mail and/or Email to BRA's Office	
HUD SETTLEMENT SHEET (CLOSINF DISCLOSURE)	Mail and/or Email to BRA's Office	
INSURANCE BINDER (BRA as 2 ND MORTGAGEE)	Mail and/or Email to BRA's Office	
SMOKE & C/O DETECTORS CERTIFICATE	Mail and/or Email to BRA's Office	

Closing Attorney

Date

PLEASE SUBMIT THIS FORM WITH THE PACKAGE BEING DELIVERED TO THE BRA'S OFFICE ALONG WITH THE RECORDED AGREEMENT, MORTGAGE, AND ANY OTHER DOCUMENTS NOT MENTIONED HERETO.