



Housing Options & Planning Enterprises, Inc.  
6188 Oxon Hill Road  
Oxon Hill, MD.  
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[hope@hopefinancial.org](mailto:hope@hopefinancial.org)

## Certificate Request Form

\*\*\*This form must be filled out before your certificate is released\*\*\*

Complete all information requested to avoid any delays.

Date Course Completed: \_\_\_\_\_

Participant(s) Name: \_\_\_\_\_

### TO BE COMPLETED

Bank/Mortgage Name: \_\_\_\_\_ Loan Officer's Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Loan Amount: \_\_\_\_\_ Appraised Value: \_\_\_\_\_

New or as-is / existing Home: \_\_\_\_\_ Back to Work?  Yes  No

Rehab Program/Cost: \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Loan Term: \_\_\_\_\_

Closing Costs: \_\_\_\_\_ Monthly Payment (PI): \_\_\_\_\_ Monthly Taxes: \_\_\_\_\_

Hazard Insurance: \_\_\_\_\_ Monthly MIP: \_\_\_\_\_

Down Payment; Borrower: \$ \_\_\_\_\_ Seller Paid: \$ \_\_\_\_\_

CDA: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Monthly PMT: \$ \_\_\_\_\_ Term: \_\_\_\_\_

Closing Date: \_\_\_\_\_

New Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a BUY Suitland participant?  Yes  No

I (We) hereby authorize Housing Options & Planning Enterprises, Inc. to obtain and or release all information that includes, but not limited to HUD-1 closing statement, verify mortgage loans, down payment information if necessary, and make any other inquiries pertaining to the counseling services they are providing to me at their request.

**My signature (original or facsimile) authorizes my lender to provide to H.O.P.E all the above information if not provided above.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Signature