



**Ramsey County FirstHOME
Check Request**

Buyer(s): _____

Property Address: _____

Buyer's Email Address: _____

Funding Requested: _____

Organization requesting funds on behalf of buyer: _____

Address: _____

Contact Name: _____ **Phone Number:** _____

Email address: _____

Closing Date: _____

Make check payable to: _____

(Check will be made to Title Co. unless otherwise directed.)

Title Company/Closing Agent: _____ **Fed. Tax I.D. No.** _____

(Please send completed W9 for payee)

Closing Agent Name: _____ **Telephone:** _____

Closing Address: _____

Email Address: _____

***Total requested may not exceed funds reserved.**

(Per Minnesota Statute 471.391, Sub. 1)

I declare under penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

Signature of Loan Officer

Date

Checks cannot be processed until the FirstHOME Program requirements have been met.
Allow 10 days to assure availability of funds at closing.

**Please send claim to:
Ramsey County - Community and Economic Development
250 Courthouse 15 West Kellogg Boulevard Saint Paul, MN 55102
portia.jackson@co.ramsey.mn.us**