

Ramsey County FirstHOME Wire Information Request

Buyer(s):	
Buyer's Email Address:	
Funding Requested:	
Organization requesting funds on be	half of buyer:
Address:	
Contact Name:	Phone Number:
Email address:	
Closing Date:	
	Wire Information
Bank Name & Address:	
Routing #:Account #:	
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 reser	ved.
(Per Minnesota Statute 471.391, Sub. 1) I declare under penalties of law that this no part of it has been paid.	s account, claim or demand is just and correct and that
Signature of Title Closer	 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