



**Ramsey County FirstHOME  
Check Request**

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**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:** \_\_\_\_\_

**Closer 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  
FAX: 651-266-8039**