

CITY OF TAMPA MAP REQUEST FORM

Borrower's Full Name: _____	
MAP Reservation #: _____	
Property Address: _____	
Anticipated Closing Date: ____ / ____ / ____	
Sales Price: \$ _____	
Down Payment: \$ _____ <small>(20% of sales price or \$10,000, whichever is less)</small>	
Other Funding Source (i.e. BOND, HHF, etc.): _____ Amt.: \$ _____	
Base Mortgage Amt.: \$ _____	Mortgage Insurance Amt.: \$ _____
Closing Costs per LE: \$ _____	
Closing Costs: \$ _____ <small>(50% of closing costs from LE or \$4,999, whichever is less)</small>	
Borrower's Contribution: \$ _____	
Total Cash Needed at Closing: \$ _____	
MAP Request Amt.: \$ _____	

PLEASE SEND BY MAIL, E/MAIL OR FAX TO:

City of Tampa
Attn: Trena Gaston-Gardner
Housing and Community Development
4900 W. Lemon St.
Tampa, FL 33609
Office: 813-274-7933
Fax: 813-274-7941 or 274-7745, Attn: Trena
Trena.Gaston-Gardner@tampagov.net

Attach a copy of the Loan Estimate, 1003 (with locked interest rate), Appraisal, Independent Home Inspection, and fully executed purchase offer including the Voluntary Sales Addendum and Home Inspection Addendum.