Exhibit #9

CITY OF TAMPA
DARE REQUEST FORM

Borrower's Full Name:_____

DARE Reservation #:_____

Property Address:_____

Anticipated Closing Date: / /_____

Sales Price: $_____

Buyer's AMI %:_____

DARE Request Amt.: $15,000.00 **OR** $30,000.00 (**Circle One**)_____

Other Funding Source (i.e. BOND, HHF, etc.): Amt.: $_____

Base Mortgage Amt.:$_____ Mortgage Insurance Amt.: $_____

Borrower's Contribution: $_____

Total Cash Needed at Closing: $_____

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

Revised 7/12/19