HARVEY HOMEBUYER ASSISTANCE PROGRAM 2.0 (HbAP 2.0)

PROPERTY DATA FORM

				Application ID#:			
Applicant Name:		Co-Applicant Name:					
Is this form being completed for a listed household member:	Yes No	If YES, list HH Name:					
Property Address:		City:		State:	TX	Zip Code:	

Please choose one of the following sections to complete.

INFORMATION FOR NEW CONSTRUCTION PROPERTY

Builder:	
Contact Person:	
Phone Number:	

INFORMATION FOR EXISTING PROPERTY

Listing Agent:	
Phone Number:	Email:
Buyer's Agent Name:	
Phone Number:	Email: