

Maine State Housing Authority (MaineHousing)  
 LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM

**GOOD FAITH ESTIMATE**

*(To be delivered to Applicant within 3 days of receipt of application)*

**APPLICANT (BORROWER):**

\_\_\_\_\_  
 Company Name (if applicable)

\_\_\_\_\_  
 First Name MI Last Name

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City State Zip

**CO-APPLICANT (CO-BORROWER):**

\_\_\_\_\_  
 Company Name (if applicable)

\_\_\_\_\_  
 First Name MI Last Name

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City State Zip

**PROPERTY:**

\_\_\_\_\_  
 Property Street

\_\_\_\_\_  
 Property City Property State Property Zip

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
 CAA Name

\_\_\_\_\_  
 Name of CAA Contact/Representative

Pursuant to the Real Estate Settlement Procedures Act of 1974, as amended, you are being furnished a "Good Faith Estimate" of the charges applicable to your Lead Hazard Reduction Demonstration Program Loan ("Loan") request on the above referenced Property. The following are estimates of the amount of costs for certain services which Borrowers are likely to incur in connection with their Loan. These estimated amounts reflect charges experienced in the locality, but may be different from the actual costs you will incur.

This is not a Loan commitment.

**ESTIMATED CLOSING COSTS BASED ON A LOAN AMOUNT OF** \_\_\_\_\_ \$

Rate	Term	Approximate Loan Payment (P&I)
		\$
Credit Report	\$ _____	
Merchant's Report	\$ _____	
Recording Fees	\$ _____	
Appraisal	\$ _____	
Other	\$ _____	
Estimated Funds <b>Required at Closing</b>		\$ _____
Estimated Funds <b>Deducted From Loan Proceeds</b>		\$ _____

**THIS FORM MUST BE SIGNED AND RETURNED TO YOUR LENDER BEFORE LOAN CLOSING**

\_\_\_\_\_  
 Applicant (Borrower) Signature

\_\_\_\_\_  
 Co-Applicant (Borrower Signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_