

MOBILE HOME REPLACEMENT PROGRAM
NOTICE OF PRELIMINARY APPROVAL

APPLICANT:

First Name	MI	Last Name
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Mailing Address

City	State	Zip
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PROPERTY:

Property Street

Property City	Property State	Property Zip
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CO-APPLICANT:

First Name	MI	Last Name
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Mailing Address

City	State	Zip
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COMMUNITY ACTION AGENCY (CAA):

CAA Name

Your Application for a loan with the Mobile Home Replacement Program with the above-referenced CAA has been reviewed and approved for the following:

Deferred/Forgivable 0% Loan

Term 5 years

Rate	0%
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Monthly Loan Payment	\$0
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The CAA will provide a total of \$_____ to the Applicant(s) from the Mobile Home Replacement Program funded by the Maine State Housing Authority.

You will need to bring the following documents with you to the Closing (if applicable):

1. _____
2. _____

Your Closing is scheduled on:

Date: _____

Place:

Time:

It is important that you bring the above-mentioned items (if applicable) to Closing to avoid any delays. If you have any questions, please contact your CAA Representative prior to your Closing date.

Signature of CAA Representative

CAA Representative Name

Date _____

CAA Representative Telephone

CAA Representative Email