



## CLOSING REQUEST FORM (Required)

Please fill out this form to the best of your ability. Mail or fax document to the Rogers Park Community Development Corporation at 1411 W. Lunt Ave.; Chicago, IL 60626; Fax 773-262-2537 Attn: REACH Program. This form is now required at minimum **5 business days prior to your scheduled closing date** and **24 hours prior to any modified closing date**. We will no longer be able to accommodate same day closings. Thank you.

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

Name of Development (if applicable) : \_\_\_\_\_

Property Address: \_\_\_\_\_

Are you using TaxSmart?  Yes  No /City Mortgage?  Yes  No

Buyer's Attorney: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Lender Contact: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Lender Email Address: \_\_\_\_\_

Seller's Attorney: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Title Company Handling Closing: \_\_\_\_\_

Title Company Address: \_\_\_\_\_

Address at which the closing is taking place: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

File Number: \_\_\_\_\_ Closing Officer: \_\_\_\_\_

Proposed Closing Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Modified Closing Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Modified Closing Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FINAL Closing Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_