

	COOK COUNTY LAND BANK AUTHORITY
	PURCHASER ASSISTANCE PROGRAM CHECKLIST
APPLIC	CANT NAME(S):
PROPE	ERTY ADDRESS:
• " •	
	cumentation must be submitted to be eligible for purchaser assistance funds. REQUIRE
0	Completed Initial Application
0	Notarized Occupancy Affidavit
U	Notarized Occupancy Amuavit
0	Executed Sales Contract
	INTERNAL USE ONLY
Date:	Acquisitions Specialist:
	Rehab In Progress Rehab Complete
Date:	Finance Manager:
pate: _	Deputy Director:
Date:	Executive Director:

Date: _____ CCLBA Legal: _____

Date: _____ Finance Manager: _____