

**COOK COUNTY LAND BANK AUTHORITY**

*PURCHASER ASSISTANCE PROGRAM CHECKLIST*

**APPLICANT NAME(S):**

**PROPERTY ADDRESS:**

**ATTORNEY NAME AND EMAIL ADDRESS:**

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*All documentation must be submitted to be eligible for purchaser assistance funds.* **REQUIRED**

**DOCUMENTS:**

- ☐ Completed Initial Application
  - ☐ Notarized Occupancy Affidavit
  - ☐ Executed Sales Contract
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*INTERNAL USE ONLY*

**Date:** \_\_\_\_\_ **Acquisitions Manager:** \_\_\_\_\_

☐ Rehab In Progress ☐ Rehab Complete

**Date:** \_\_\_\_\_ **Finance Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Deputy Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Executive Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **CCLBA Legal:** \_\_\_\_\_