



TOWN OF PARADISE

5555 Skyway * Paradise, California 95969

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First Time Homebuyer Program Escrow Information Sheet

Realtor Information

Real Estate Office: _____
Address: _____
Realtor Name: _____
Phone Number: _____ FAX Number: _____
Cell Number: _____ E-Mail Address: _____

Applicant Information

Buyer's Name: _____
Address of Property
Being Purchased: _____
Property is: ☐ Vacant over 90 days ☐ Owner Occupied ☐ New Construction

Escrow Information

Title Company: _____ Escrow #: _____
Street Address: _____ City: _____
Escrow Officer: _____ E-Mail Address: _____
Phone Number: _____ FAX Number: _____
Date Escrow Opened: _____

Realtor: This document to be submitted to Town of Paradise within 5 days of Escrow Opening