



SEND TO: 210HBW@2-10.COM or  
P.O. Box 441525 | Aurora, CO 80044 | 800.488.8844

## 'Letter of Acceptance' or 'Letter of Requirements' Request

Please complete and email/fax this form, along with the Application for Home Enrollment to 210HBW@2-10.com or fax to 303.306.2222.

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

Builder Name: \_\_\_\_\_

Builder Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Homeowner(s): \_\_\_\_\_

Legal Description (Lot/Block): \_\_\_\_\_ Sales Price: \$ \_\_\_\_\_ Lot Included in sales price?  Yes  No

FHA/VA/RHS Case Number: \_\_\_\_\_ Closing Date: \_\_\_\_\_  
(Case Number is required) (Closing Date is required)

Single Family  Attached Housing  Modular  Manufactured

**\*\*If this is a manufactured home, please include engineer's report or FHA final inspection\*\***

**If the fields above are not fully completed there may be a delay in processing.**

Please complete the following information to ensure that the letter is forwarded to the appropriate parties:

\_\_\_\_\_  
Mortgage Company Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address and Fax Number

\_\_\_\_\_  
Title Company or Closing Attorney Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address or Fax Number

HBW OFFICE USE ONLY	
Verified by Builder to Enroll Home	<input type="checkbox"/>
Contact Name:	_____
Service Specialist Name:	_____
HBW Enrollment Number:	_____
Supervisor Approval:	_____

\_\_\_\_\_  
Builder Contact

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email Address