



Return completed form, with required attachments to:

PDC SDC Program
222 NW 5th Avenue
Portland, OR 97209
Fax: 503-865-3737

For additional information:

www.pdc.us/sdc

Phone: 503-823-3270

E-mail: indirect@pdc.us

SDC Demand Statement Request

I. PROPERTY AND TRANSACTION INFORMATION

Property Address (street and zip)		Name of Condominium (if applicable)	
Title to be held in the Names of:		Purchase Price \$	Target Closing Date
Legal Description (Lot, Block and Addition – Attach Exhibit if Necessary):		Property ID / R Number: R _ _ _ _ _	

II. HOMEBUYER INFORMATION

Buyer	Co-Buyer
Buyer Name (include Jr. or Sr. if applicable)	Co-Buyer Name (include Jr. or Sr. if applicable)

III. ESCROW INFORMATION

Complete contact information for the party that will receive SDC Demand Statement and Release.

Escrow Officer	Escrow Number
Title Company Name	Phone Number
Street Address	Email Address
City, St and Zip	Fax Number

If the Homeowner Compliance Verification Form signed by the buyer is not attached, please check the boxes that apply below:

- Property will be Non-Owner Occupied
- Homeowners do not wish to provide income information and have stated they are over income

Please send me a demand statement with any repayments due to release the Regulatory Agreement recorded on this property.

Signature of Escrow Officer or Assistant

Date

Please allow up to two weeks to receive the demand