Chicago Title   
HIBI order Form

2175 Point Boulevard

Suite 165

Elgin, IL 60120

March 1, 2024

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| --- | --- | --- | --- |
| Select HFH Location Ordering Title: | | | |
| HFH Northern Fox Valley | HFH Will County | HFH DuPage | HFH Chicago |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Buyer/Borrower: | First and Last Name | Co-Buyer/Borrower: | First and Last Name |
| Seller: | Dollar Amount | Lender: | Loan No. or Reference |
| Property Street Address: | Street Address | Property City: | City |
| Property County: | County | Property State: | Select State |
| PIN/Tax ID#: | PIN No. | Property Zip: | 5 Digit Zip |
| Legal Description Attached: | **Yes No** | Loan Number: |  |
| Buyer’s Lender Name, Address, and Contact Info: | Lender Info Here | | |
| HIBI Grant | \_\_ YES \_\_ NO | | |

**Title Ordered For:**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name | **Client Email Address** | Client Phone | |
| Account: | | | |
| Ordered By: | Your Name | Deliver To/Attn: | If Different |
| Telephone: | xxx-xxx-xxxx | Fax: | xxx-xxx-xxxx |
| Email: | youremail@email.com | | |