



Portland
Housing
Bureau

Return completed form, with required attachments to: PHB SDC Program
421 SW 6th Avenue, Suite 500
Portland, OR 97204
Fax: 503-865-3479

For additional information:

www.portlandoregon.gov/phb/sdc

Phone: 503-823-3270

E-mail: indirect@portlandoregon.gov

SDC Demand Statement Request

I. PROPERTY AND TRANSACTION INFORMATION		
Property Address (street and zip)	Name of Condominium (if applicable)	
Purchaser - 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 _ _ _ _ _	

Buyer	II. HOMEBUYER INFORMATION	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 who 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

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
- Sale price is over cap of \$275,000
- SDC Audit – Approved by PHB SDC Administrator

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 ten business days to receive the demand.