



Portland
Housing
Bureau

Return completed form, with attachments to:
E-mail: indirect@portlandoregon.gov

For additional information:
www.portlandoregon.gov/phb/sdc
Phone: 503-823-3270
Fax: 503-865-3479

PHB SDC Exemption Program
421 SW 6th Avenue, Suite 500
Portland, OR 97204

SDC Demand Statement Request

Please allow up to ten business days to receive the Demand Statement.

Complete this document to request a Demand Statement from PHB to release Regulatory Agreement from title		
I. PROPERTY AND TRANSACTION INFORMATION		
Property Address (street and zip):	Name of Condominium (if applicable):	
Seller	Purchase Price: \$	Target Closing Date:
Legal Description (Lot, Block and Addition – Attach Exhibit if Necessary):	Property Tax ID / R Number: R	

II. HOMEBUYER INFORMATION		
Buyer Name (include Jr. or Sr. if applicable):	Co-Buyer Name (include Jr. or Sr. if applicable):	
Buyer(s) Current Mailing Address:	Buyer(s) Email Address:	

III. ESCROW INFORMATION		
Complete contact information for the party who will receive SDC Demand Statement and Release.		
Escrow Officer:	Escrow Number:	
Title Company:	Phone Number:	
Street Address	Email Address:	
City, St and Zip:	Fax Number:	

Check all 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 (\$87,900 1-4, increases for 5 and more)

Sale price is over cap of \$395,000

Release 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