



Portland  
Housing  
Bureau

Return completed form, with attachments to:  
E-mail: [indirect@portlandoregon.gov](mailto:indirect@portlandoregon.gov)

For additional information:  
[www.portlandoregon.gov/phb/sdc](http://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

<b>Complete this document to request a Demand Statement from PHB in order to release Regulatory Agreement from title</b>		
<b>I. PROPERTY AND TRANSACTION INFORMATION</b>		
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:	

<b>II. HOMEBUYER INFORMATION</b>		
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:	

<b>III. ESCROW INFORMATION</b>	
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 (\$81,400 1-4, increases for 5 and more)
- Sale price is over cap of \$375,000
- 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

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