

PENNSYLVANIA HOUSING FINANCE AGENCY

PARTICIPATING LENDER APPLICATION



1	Organization name	
2a	Contact person name	
2b	Contact person title	
2c	Contact person phone	
2d	Contact person e-mail	
2e	Contact person address	
3	Is your organization a subsidiary of another company or part of a holding company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	If you answered "yes" to number 3, what is the name of the parent/holding company?	
5	Is your organization a properly licensed and legally organized bank, savings and loan, credit union, or first mortgage banker?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Participants must also meet at least one of the following. Is your organization:	
6a	An institution whose deposits are insured by FDIC or NCUA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6b	A currently licensed Pennsylvania First Mortgage Banker? If approved by FNMA or FHLMC as a Seller/Service of one- to four-family first mortgages, please provide the approval number(s). If not, please provide your organization's most recent audited financial statement or annual report.	Yes <input type="checkbox"/> No <input type="checkbox"/> FNMA # FHLMC #
7a	Is the organization in good standing with all applicable state and federal regulatory agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7b	Please provide your NMLS number and PA license number (if applicable).	NMLS# PA License #
8a	What types of loans does your organization originate? (Check all that apply.)	<input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> RHS
8b	If you wish to sell FHA insured or RD or VA guaranteed loans to PHFA, does your organization meet the requirements per Chapter 1 of the Seller's Guide?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8c	If approved by HUD/FHA as a Direct Endorsement Lender, please provide your FHA/HUD DE approval number.	FHA DE #
9a	Are you willing to sell loans to the Agency on a "Servicing-Released" basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9b	Do you want PHFA to fund a warehouse lender for your loan purchase? If so, please provide an executed copy of PHFA's Bailee Agreement.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10a	Please specify the geographical area(s) within Pennsylvania where your organization currently originates mortgage loans.	
10b	Please specify the geographical area(s) within Pennsylvania where your organization plans to originate PHFA loans.	
10c	Please estimate the volume of PHFA loans your organization anticipates originating on an annual basis.	Dollars Number
11a	What is your organization's website address?	
12a	Has this organization previously applied to become a PHFA participating lender?	
12b	Has this organization ever been approved as a PHFA participating lender?	
13	Additional comments	

The undersigned, an officer or authorized agent of the organization submitting this application, certifies that the above information is accurate to the best of his/her knowledge and belief on the date listed below.

NAME:

TITLE:

COMPANY:

PHONE:

E-MAIL:

ADDRESS:

SIGNATURE

DATE