

*Please type or print clearly!*

1	Organization name	
2	Contact person name	
2a	Title	
2b	Phone	NMLS#
2c	Fax	
2d	E-mail	
2e	Address	
3	Is the organization a subsidiary or owned by another company?	Yes No <input type="checkbox"/>
3a	If you answered "yes" to number 3, what is the name of the parent company?	
4	Is the organization a properly licensed and legally organized first mortgage broker or first mortgage loan correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Is the organization in good standing with all applicable state and federal regulatory agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	What types of loans does your organization originate? (Check all that apply.)	Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> RHS <input type="checkbox"/> New Construction <input type="checkbox"/>
7	Please specify the geographical area(s) within Pennsylvania where your organization currently originates mortgage loans.	
7a	Please specify the <b>specific counties</b> within Pennsylvania where your organization plans to originate PHFA loans.	
7b	Please specify the <b>specific counties</b> within Pennsylvania where the organization has a physical presence.	
7c	Please estimate the volume of PHFA loans your organization anticipates originating on an annual basis.	Dollars Number
8	What is your organization's website address?	
9	How many loan originators work for the organization?	
9a	Please attach an additional page listing the originators for the organization along with their NMLS numbers.	
10	Which PHFA lender has agreed to be your sponsor?	
10a	Contact person name at sponsoring lender	
10b	Title	
10b	Phone	
10c	Additional comments	
10d		

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

Submit this completed application and any additional required information that we may request within 120 days of your application to:  
PHFA, P.O. Box 8029, Harrisburg, PA 17105-8029, Attn: Homeownership Division.

Rev. 4/8/15