

APPLICATION TO PARTICIPATE

DATE: _____

FROM: _____

Name: _____

Address: _____

City	State	Zip Code
_____	_____	_____

Phone _____

TO: Patti Shamblin
West Virginia Housing Development Fund
5710 MacCorkle Ave. SE
Charleston, West Virginia 25304

SUBJECT: Request to Become a Participating Lender

The above lending institution hereby applies to become a Participating Lender in the Qualified Mortgage Bond Program of the West Virginia Housing Development Fund. Enclosed with this application are the following:

1. One executed list of Authorized Signatories (Form ALS-4)
2. Certificate of Resolution (Form ALS-2)
3. Counsel's Opinion (Form ALS-3)
4. Two Program Loan Purchase Agreements (Form AL-5)
5. Audited financial statements of the applicant for the previous two Fiscal Years
6. Copy of license to do business in West Virginia
7. A copy of your Federal Tax ID Number
8. Direct Deposit Sign-Up Form
9. NMLRS numbers and resumes for employees taking applications

1. Legal Name of Applicant and Address of Main Office

Legal Name: _____

Mailing Address: _____

Telephone Number: _____ FAX Number _____

Contact Person _____ EMAIL Address _____

Counties Served: _____

2. Fiscal Year Ends: _____

3. Applicant was Founded: _____ (date)

4. Principal Officers:

a. Name and Title: _____

Area of Responsibility: _____

b. Name and Title: _____

Area of Responsibility: _____

c. Name and Title: _____

Area of Responsibility: _____

d. Name and Title: _____

Area of Responsibility: _____

e. Name and Title: _____

Area of Responsibility: _____

5. Branch/Originating Offices in West Virginia that will be making Housing Development Fund Single-Family Loans:

a. Branch Address: _____

County(ies) Served: _____

Telephone: _____ FAX Number: _____

Email Address: _____

Individual In Charge: _____

b. Branch Address: _____

County(ies) Served: _____

Telephone: _____ FAX Number: _____

Individual In Charge: _____

c. Branch Address: _____

County(ies) Served: _____

Telephone: _____ FAX Number: _____

Individual In Charge: _____

d. Branch Address: _____

County(ies) Served: _____

Telephone: _____ FAX Number: _____

Individual In Charge: _____

e. Branch Address: _____

County(ies) Served: _____

Telephone: _____ FAX Number: _____

Individual In Charge: _____

6. Check applicable items:

Approved FNMA Seller/Servicer

Approved FHLMC Seller/Servicer

Approved FHA Lender

VA Supervised Lender

7. Have you ever been suspended, for cause, by FHA or VA, FNMA or FHLMC or by any other institution from selling or servicing mortgages?

No Yes; If so, give details on separate sheet

8. a. Do you now engage in the sale of mortgages to any lenders or other institutions?

No

Yes; If so, list them and approximate amounts delivered in the last twelve months.

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

b. Identify your correspondent banks located in West Virginia.

9. Have you previously participated in the programs of the Housing Development Fund?
- No
- Yes; check applicable items
- Home Loan Financing Program New Home Loan Financing Program
- Single-Family Mortgage Program Secondary Marketing Program
10. In your own single-family lending practice, do you regularly:
- a. Require title insurance? No Yes; Under which circumstances? _____
- _____
- b. Obtain appraisals from independent appraisers or staff appraisers? No
- Yes; specify _____
- c. Utilize services of an attorney for title examinations? No Yes; Name of Attorney(s) _____
- _____
- d. Obtain residential mortgage credit reports on loan applicants? No Yes; Name and address of credit report agency _____
- e. Require property surveys? No Yes
- f. Verify employment/income data of applicant? No Yes
- g. Verify existence of loan applicant's claimed cash assets? No Yes
11. If you have prepared a Community Reinvestment Act (CRA) statement and wish to submit it as supplement documentation, it will be considered as part of this application. (Check one below)
- A CRA statement is enclosed.
- A CRA statement has been prepared but is not enclosed for review.
- We have not prepared a CRA statement.
12. On a separate sheet identify the individuals who will be involved in origination of the program, indicate their function, experience and the length of their employment with you. Also, provide any other information which will indicate their capability to process and/or close loans which will be offered to the Housing Development Fund for purchase. (Where branch offices are involved, identify the location of each individual.) Each person so identified needs to sign the authorized signatory page.
13. List any other criteria which would assist the Housing Development Fund in determining that you are an experienced and reliable originator of loans for residential housing. (Use separate sheet, if necessary.)
14. Have you sold directly into the secondary market in the previous two years? If so:
- FNMA \$ _____
- GNMA \$ _____
- FHLMC \$ _____

The undersigned does HEREBY CERTIFY that the foregoing information is correct.

Signature

(please type name in blank space above)

Title

NOTARY CLAUSE

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-Wit:

On the _____ day of _____, 20_____, before me personally appeared the above-named _____, _____ (title) of _____ (lending institution's name), and he/she (severally) acknowledged said instrument by him/her executed to be his/her free act and deed.

My commission expires _____

Notary Public