

APPLICATION TO PARTICIPATE
As a
CORRESPONDENT LENDER

DATE: _____

FROM: _____
Name _____
Address _____
City State Zip Code

Phone: _____

TO: Patti Shamblin
Single-Family Loan Originations
West Virginia Housing Development Fund
5710 MacCorkle Ave. SE
Charleston, WV 25304

SUBJECT: Request to Become a Correspondent Lender

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

1. One executed list of Authorized Signatories (Form ALS-C-4)
2. Certificate of Resolution (Form ALS-C-2)
3. Counsel's Opinion (Form ALS-C-3)
4. One executed list of Authorized Signatories to assign the file to WVHDF (Form ALS-C-5)
5. Two original signatures of the Program Loan Purchase Agreement
6. Audited financial statements of the applicant for the previous Fiscal Year
7. Copy of License, National Bank Charter, or State Bank Charter to do business in West Virginia
8. Copy of your Federal Tax ID number
9. NMLRS numbers for all employees taking applications

FORM ALS-C-1--APPLICATION TO PARTICIPATE

1. Legal Name of Applicant and Address of Main Office

Legal Name: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____ FAX Number: _____

Contact Person: _____

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 originating Housing Development Fund Single-Family Loans:

a. Branch Address: _____

County(ies) Served: _____

Telephone: _____ FAX Number: _____

Individual In Charge: _____

b. Branch Address: _____

County(ies) Served: _____

Telephone: _____ FAX Number: _____

FORM ALS-C-1--APPLICATION TO PARTICIPATE

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. List at least 3 business references. (Examples: Attorney, Title Insurance, Private Mortgage, regular businesses)

<u>Name</u>	<u>City</u>	<u>Phone No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. Have you previously participated in the programs of the Housing Development Fund?

No

Yes; check applicable items

HOME Loan Financing Program

Mortgage Credit Certificate Program

Single-Family Mortgage Program

Secondary Marketing Program

9. In your own single-family lending practice, do you regularly:

a. Require title insurance? No Yes; Under which circumstances? _____

FORM ALS-C-1--APPLICATION TO PARTICIPATE

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- 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) _____
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- d. Obtain residential mortgage credit reports on loan applicants? No Yes; Name and address of credit report agency _____
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- 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
- h. List any companies that you have used to perform Flood Certification Determinations.
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The undersigned does HEREBY CERTIFY that the foregoing information is correct.

Signature

(please type name in blank space above)

Title

Lending Institution Name

FORM ALS-C-1--APPLICATION TO PARTICIPATE

NOTARY CLAUSE

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-Wit:

On the _____ day of _____, 2_____, 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