

Approved Lender Participation Contact Form

Please provide the information below and return to Single Family Business Development Team via email at <u>SFLenders@njhmfa.gov</u>.

Name of the person completing the form: _____

Date Completed: _____

Company NMLS #: _____

Toll Free Number for Servicing: _____

(Name of Company) elects to participate in the following Mortgage Programs offered by the Agency until the end of the calendar year 2025, unless terminated sooner under the terms of this Agreement or extended by written notice from the Agency.

Please check all boxes that are applicable:

- First Time Home Buyer Program (Can be combined with DPA)
- Homeward Bound Program (Can be combined with DPA)
- HFA Advantage Conventional Program (Can be combined with DPA)
- Down Payment Assistance Program
- PFRS Police and Firemen's Retirement System Mortgage Loan Program
- Deliver Third Party Originated (Brokered) Loans The Broker must be Pre Fund Quality Assurance (PFQA) cleared by your company and brokers cannot have access to the Agency's Lender Portal.



Please provide the names, phone numbers and email addresses of the principles at your institution. By providing the email addresses of these individuals, you hereby grant HMFA permission to add them to our email database in order to communicate important program news, updates, and events.

*Titles marked with an asterisk must be completed.

Who is your main point of contact for day-to-day communications?

*Title	*Name (First, Last)	*Email Address	*Phone # w/ ext. if required

Who is your main point of contact for MPA Renewals (completed yearly)?

*Title	*Name (First, Last)	*Email Address	*Phone # w/ ext. if required

The individuals listed below will receive general correspondence, bulletins and revisions to Lender Participation Guide and are responsible for disseminating this information to your staff at all your branches.

*Title	*Name (First, Last)	*Email Address	*Phone # w/ext. if required
*CEO/President			
*Underwriting Manager			
*Sales Manager			
*Processing Manager			
*Post-Closing Manager			



If you have multiple Principles, please use the additional space below to provide their information. These individuals will also be added to the HMFA email database in order to receive general correspondence, bulletins and revisions to Lender Participation Guide and will be responsible for disseminating this information to their staff.

Title	Name (First, Last)	Email Address	Phone # w/ext. if required
Trailing			
Documents			
Contact			
Purchase			
Advice			
Contact			
Quality Control or			
Post Funding Audit			
			Dhone thur fout if
Title	Name (First, Last)	Email Address	Phone # w/ext. if required
Sales			required
Manager			
Sales Manager			
Sales			
Manager			
Operations			
Manager			
Operations			
Manager			
Operations			
Manager			
Other:			
Other:			
Other:			
Other:			



Please provide the information below for any third-party originators (mortgage brokers). All brokers must be listed on this form and have completed NJHMFA training prior to any loans being submitted on their behalf.

Lenders that intend to utilize mortgage brokers in the origination of loans for sale to NJHMFA must notify NJHMFA of their intent to do so. All NJHMFA program loans originated by a mortgage broker must close in the name of the NJHMFA Participating Lender. NJHMFA does not have a direct relationship with third party originators (mortgage brokers). A Participating Lender may originate Mortgage Loans for sale to NJHMFA through a mortgage broker, provided such mortgage broker are in compliance with all applicable state and federal requirements concerning licensing and regulation of mortgage brokers. The Participating Lender is responsible for all warranties, representations, and required oversight of such mortgage brokers. Mortgage brokers listed below must be Pre Fund Quality Assurance (PCQA) cleared by the Participating Lender prior to offering our programs. Brokers are not permitted to have access to the Agency's Lender Portal.

<u>Mortgage Broker</u> <u>Name</u>	Primary Contact Person	NMLS Number	Email Address	Phone Number



Branch Information and Inclusion on HMFA Approved Lender List

Please provide your Branch information below. This list is disseminated at outreach events throughout the State of New Jersey and is posted on the HMFA website.

Corporate Office	
Address:	
City, State & Zip:	
Branch Phone #:	
Phone # (Consumers):	
800 #(if applicable):	
Website address:	
Email:	
Main Branch (If different from Corporate Office.) Address:	
City, State & Zip:	
Branch Phone #:	
Phone # (Consumers):	
800 #(if applicable):	

Branch 1 (*If there are more than two branches, please use additional copies of this form.*) Address:

City, State & Zip:	
Branch Phone #:	
Phone # (Consumers):	_
800 #(if applicable):	
Website address:	
Email:	



Branch 2 Address: City, State & Zip: Branch Phone #: Phone # (Consumers): 800 # (if applicable): Website address: Email:

Lender Portal

Please list information below for your Lender Portal. This individual will be responsible for granting and managing loan officers' access to the Lender Portal.

Name:	
Title:	
Phone:	Ext:
Email:	

Once all information is completed, please email to Single Family Business Development Team at <u>SFLenders@njhmfa.gov</u>.