



## **Approved Lender Participation Contact Form**

Please provide the information below and return to Single Family Business Development Team via email at [SFLenders@njhmfa.gov](mailto:SFLenders@njhmfa.gov).

**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?**

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

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

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

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.

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



**If you have multiple Principals, 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.

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





**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): \_\_\_\_\_  
Website address: \_\_\_\_\_  
Email: \_\_\_\_\_

**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 [SFLenders@njhmfa.gov](mailto:SFLenders@njhmfa.gov).