

For Use as a Worksheet Only – Do Not Send to the Department!

**State of New Jersey
Department of Banking & Insurance**



**Annual Report Worksheet for
Home Financing Agencies
Year Ending December 31, 2025**

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Licensee Demographics

The online application will populate the associated fields with the data currently found in our Licensing System. All information requested below will be required by the online application (unless indicated otherwise.)

(This is the 7-digit identification number found on your licensing certificate, followed by one of the following type codes: C04, P04, or I04.)

NJ License Reference Number: _____

Licensee Name: _____

Business Address: _____

Telephone Number: _____

FAX Number: _____

Business E-mail: _____

Every licensee **must** include their official business e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official business e-mail address will result in a failure to comply with the annual report filing.

Note: All licensees who were actively licensed in New Jersey for any period of time from January 1, 2025 through December 31, 2025 are required to file an annual report. You are required to file an annual report even if you did no business in 2025. Audited financial statements are not required to complete your annual report.

If you were actively licensed on December 31, 2025, your annual report must reflect the total activity of your New Jersey business as of the end of 2025.

If you surrendered your license during 2025, your annual report must reflect the total activity of your New Jersey business as of the date of surrender.

Your annual report should only reflect the amount of business done with *New Jersey consumers* thru your main office and all New Jersey branch offices during 2025.

If you actively held two or more New Jersey licenses during 2025, you must file an annual report for each type of license.

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Home Financing Agencies Section

Financial Agreement Summary

The online application will ask for the following information concerning your business activities during 2025. The information provided should reflect your business *with New Jersey consumers only*.

When entering these figures into the online application, round all entries to the nearest whole dollar. Do not enter commas or periods.

	Description	Total Number
1	Total Number of Financial Agreements Purchased	
	Description	Total Dollar Amount <i>(in whole US Dollars)</i>
2	Total Amount of Financial Agreements Purchased <i>(excluding Sales Tax)</i>	
3	Sales Tax <i>(on the Financial Agreements Purchased entered on line 2)</i>	
	Grand Total Amount of Financial Agreements Purchased <i>(Add line 2 and line 3)</i>	

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Affidavit

This sample affidavit is included for completeness only. The online application will collect all of the necessary information. DO NOT MAIL THIS AFFIDAVIT to the Department, unless you are specifically instructed to do so.

I hereby certify that the information provided in connection with this Annual Report is true to the best of my knowledge and belief:

(Date)

(Signature of Licensee or Responsible Party)

Please enter the following information for the individual preparing this report:

Name of Preparer _____

Title of Preparer _____

Phone of Preparer _____

E-mail of Preparer
(if available) _____

Please enter the following information for the licensee or individual responsible for the licensed entity. If that person no longer holds an active license, please put the mailing address of their current location or the location where they would like their mail sent so future mailings may be successfully sent to them.

Name of Responsible Party _____

Title of Responsible Party _____

Address of Responsible Party _____

Phone of Responsible Party _____

E-mail of Responsible Party _____

Every licensee **must** include their official e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official e-mail address will result in a failure to comply with the annual report filing.

=====*Notarization*=====

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____ in the year _____ ,
and I hereby certify that I am not an officer or director of this entity.

(Signature of Notary Public)

My commission expires on _____
(Date)