

Approved Lender Participation Contact Form

Please provide the information below and return to David Sabol, Consumer Lender Coordinator via email at dsabol@njhmfa.gov

_____ (Name of Company) elects to participate in the following Mortgage Programs offered by the Agency for the Calendar Year 20____.

Please check all boxes that are applicable:

- Homeward Bound – First Mortgage Purchase Loan Program
- Stay at Home - FHA Streamline Refinance Program
- VA IRRL – Interest Rate Reduction Loan (Refinance)
- PFRS – Police and Firemen’s Retirement System Mortgage Loan Program
- First Time Homebuyer
- Smart Start Mortgage Loan Down payment Assistance Program

List 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.

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			
Operations Manager			

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.

Title	Name (First, Last)	Email Address	Phone # w/ext. if required
Underwriting Manager			
Underwriting Manager			
Underwriting Manager			
Sales Manager			
Sales Manager			
Sales Manager			
Operations Manager			
Operations Manager			
Operations Manager			
Other: _____			
Other: _____			
Other: _____			

Branch Information and Inclusion on HMFA Approved Lender List

Please provide your Branch information below and state if you would like this information used on the Agency's Approved Lender List. 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: _____

Yes, this Branch should be on the HMFA Approved Lender List

Main Branch *(If different from Corporate Office.)*

Address: _____

City, State & Zip: _____

Branch Phone #: _____

Phone # (Consumers): _____

800 # (if applicable): _____

Website address: _____

Email: _____

Yes, this Branch should be on the HMFA Approved Lender List

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: _____

Yes, this Branch should be on the HMFA Approved Lender List

Branch 2

Address: _____

City, State & Zip: _____

Branch Phone #: _____

Phone # (Consumers): _____

800 # (if applicable): _____

Website address: _____

Email: _____

Yes, this Branch should be on the HMFA Approved Lender List

Internet Loan Reservation System (ILRS) Administrator

Please list information below for your Internet Loan Reservation System Administrator.

This individual will be responsible for granting and managing loan officers' access to the ILRS.

Name: _____

Title: _____

Phone: _____ Ext: _____

Email: _____

Once all information is completed, please email to David Sabol, Consumer Lender Coordinator at dsabol@njhmf.gov.