



New Lending Partner Information

MAIN OFFICE INFORMATION

One Main Office must be designated for all programs doing business with the Minnesota Housing Finance Agency (Minnesota Housing).

Business Name: _____

Federal Tax ID: _____

State Tax ID: _____

Address: _____

City: _____ State: _____ Zip +4: _____

Phone: _____ Ext: _____

Fax: _____ Toll Free Phone: _____

URL: _____ Email: _____

Do you want this office added to our lender lists as taking applications for Minnesota Housing loan products?

Yes No

Program Participation (select all that apply):

Start Up Step Up

Direct Lender Correspondent Lender

Fix Up Community Fix Up (requires separate supplemental application)

Contact for Main Office*

First Name: _____ Last: _____ Middle: _____

Salutation: _____ Title: _____

Address: _____

City: _____ State: _____ Zip +4: _____

Phone: _____ Ext: _____

Fax: _____

Email: _____

*Please note this person will be the only person allowed to request changes to the ACH payment information and changes of Lending Partner Web Administrator with Minnesota Housing.

GENERAL EMAIL ACCOUNTS

The purpose of the general e-mail accounts is to receive information about loans either before or after purchase by Minnesota Housing. The general e-mail address enables several users within your organization to have access to the information and precludes problems resulting from employee absence.

Please provide general e-mail accounts (if applicable) for your organization:

General HDS	_____
Pre-purchase	_____
Post-purchase	_____

Please provide the following IDs and/or policy numbers as applicable:

<u>Institution</u>	<u>ID #</u>
FHA/Housing and Urban Development (HUD)	_____
Veterans Affairs (VA)	_____
USDA Rural Development (RD)	_____
Fannie Mae	_____
Freddie Mac	_____

<u>Private Mortgage Insurance (PMI) Companies</u>	<u>Policy ID #</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PAYMENT INFORMATION FOR ACH TRANSACTIONS

All Automated Clearing House (ACH) payment transactions for main office and all branches are paid to one account. All Minnesota Housing Lender Partners are required to notify Minnesota Housing in writing if there are any changes to the Payment Information.

NOTE: Minnesota Housing will deposit only into one account number per partner.

Payee Bank Name: _____

ABA Routing Number: _____

Account Number: _____

Account Type: Demand Deposit General Ledger

LENDING PARTNER WEB ADMINISTRATOR INFORMATION

The Lending Partner Web Administrator should be familiar with Minnesota Housing programs and have the ability to maintain the system. These are some of the duties: 1) system privileges to all users within your organization including all user login names, passwords, and branch information, 2) this person will be the first point of contact within your organization regarding access privilege, login questions, and training other staff as needed, 3) maintenance of all branch information, and 4) notification to Minnesota Housing if any branch offices are closed or new offices are opened.

All Minnesota Housing Lender Partners are required to notify Minnesota Housing in writing if there are any changes to the lending partner web administrator contact information.

Lending Partner Web Administrator:

First Name: _____ Last: _____ Middle: _____

Salutation: _____ Title: _____

Address: _____

City: _____ State: _____ Zip +4: _____

Phone: _____ Ext: _____

Fax: _____

Email: _____

BRANCH INFORMATION

Please provide information for each branch office that will take applications under this contract (if applicable). Please supply information in the format provided below. After your organization is granted web access to the programs, your Lending Partner Web Administrator will maintain all branch office information.

Branch Business Name: _____

Federal Tax ID _____

State Tax ID _____

Address: _____

City: _____ State: _____ Zip +4: _____

Phone: _____ Ext: _____

Fax: _____ Toll Free Phone: _____

URL: _____ Email: _____

Do you want this office added to our lender lists as taking applications for Minnesota Housing loan products?

Yes No

Program Participation (select all that apply):

Start Up Step Up

Fix Up Community Fix Up (requires separate supplemental application)

Name of underwriting manager, email address & phone number:

Name of processing manager, email address, & phone number:

Name of closing manager, email address, & phone number:

Name of post-closing contact, email address, & phone number:

Repeat above information for each additional branch.

REPRESENTATION AND WARRANTIES

I authorize Minnesota Housing, or its trustee, to electronically deposit payments owed to me by Minnesota Housing and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Minnesota Housing, or its trustee, shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of this form may be delayed or my payments may be erroneously transferred electronically. This authority is to remain in full force and effect until Minnesota Housing has received written notification from an authorized officer or Manager of my organization of its termination and in such time and in such manner as to afford Minnesota Housing, or its trustee, a reasonable opportunity to act on it.

The undersigned certifies the above-referenced information is correct, complete, and current. Furthermore, the undersigned certifies that written notification will be provided to Minnesota Housing in regard to any additions or deletions to the above-referenced information.

Signature: _____
Printed Name: _____
Title: _____
Date: _____