



# Minnesota Housing Lending Partners

## New Lending Partner Information

### MAIN OFFICE INFORMATION

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

**Business Name:** \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

State Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_ Toll Free Phone: \_\_\_\_\_

URL: \_\_\_\_\_ Email: \_\_\_\_\_

Program Participation (select all that apply):

- MMP     MURL     FUF     Rehab     FPAP  
 CASA     HOP     CFUF

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

- Yes     No

### **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 MHFA.

**PAYMENT INFORMATION FOR ACH TRANSACTIONS**

All Automated Clearing House (ACH) payment transactions for main office and all branches are paid to one account. If applicant also participates in the Rehab and/or FPAP programs, they must also complete the Department of Finance EFT Authorization form. All MHFA Lender Partners are required to notify MHFA in writing if there are any changes to the Payment Information.

**NOTE:** MHFA 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 MHFA 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 MHFA if any branch offices are closed or new offices are opened.

All MHFA Lender Partners are required to notify MHFA 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: \_\_\_\_\_

**GENERAL EMAIL ACCOUNTS**

The purpose of the general e-mail accounts is to receive information about loans either before or after purchase by MHFA. 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	_____

If participating in the Minnesota Mortgage Program and/or Community Activity Set Aside program, 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 (FNMA)	_____
Freddie Mac (FHLMC)	_____

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

**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: \_\_\_\_\_

Program Participation (select all that apply):

- MMP     MURL     FUF     Rehab     FPAP
- CASA     HOP     CFUF

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

- Yes     No

**Repeat above information for each additional branch.**

**REPRESENTATION AND WARRANTIES**

I authorize Minnesota Housing Finance Agency (MHFA), or its trustee, to electronically deposit payments owed to me by MHFA and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. MHFA, 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 MHFA 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 MHFA, 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 Finance Agency (MHFA) in regards to any additions or deletions to the above-referenced information.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_