



Purchase Assistance Program Lender Registration

Community Redevelopment Associates of Florida, Inc. administers the list of pre-registered lenders for our municipal client's purchase assistance programs. Guidelines and subsidy amounts for programs may vary from City to City. It is the lender's responsibility to know what purchase assistance program a prospective buyer is applying for before pre-qualifying the client.

Lender Registration Process

1. **The following registration form must be completed in its entirety to be considered.** Required supporting documentation must be submitted.
2. Participating lenders must be at least one of the following:
 - a. An FHA approved institution. (FHA ID # Required)
 - b. A national or state banking institution (including credit union)
 - c. A certified community development financial institution (CDFI).
3. All lenders must provide proof of proper licensing and ability to originate loans in the State of Florida.
4. All lenders must adhere to all program underwriting criteria (Please ensure you have read and thoroughly understand the purchase assistance underwriting criteria).
5. All lenders must agree to the established fee schedule for origination related services associated with the loan.
6. Lenders will be required to issue a mortgage pre-qualification for the prospective homebuyer using the program's underwriting criteria prior to a program application being accepted by our office. Lenders are required to obtain credit and income documentation as part of the pre-qualification analysis.
7. Only lenders who are approved and are placed on the registration list will be permitted to participate in the program.

Complete Registration Form and Documents Must Be postmarked no later than December 18, 2009 and mailed to:

Community Redevelopment Associates of Florida, Inc.
8569 Pines Blvd, Suite 201
Pembroke Pines, Florida, 33024
Questions Directed: sbrown@crafla.org or 954.431.7866, ext 115



LENDER'S CORPORATE OFFICE INFORMATION

Legal Name of Business: _____

Federal Tax ID: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Ext:** _____

Fax: _____ **Toll Free Phone:** _____

URL: _____

Contact:

First Name: _____ **Last Name:** _____ **Middle:** _____

Title: _____

Email: _____

Organization Type:

Partnership Corporation LLC Chartered Fin. Institution

Other _____

Organized and Existing Under the Laws of: _____ (State)

Year Established _____

Florida Business Licensing Type (Check the license type that applies and include license #):

<input type="checkbox"/> Mortgage Lender (ML)	License # _____
<input type="checkbox"/> Correspondent Lender (CL)	License # _____
<input type="checkbox"/> Mortgage Brokerage Business (MBB)	License # _____
<input type="checkbox"/> Other (Specify): _____	License # _____



BRANCH INFORMATION/OFFICE ORIGINATING LOANS

Please provide information regarding the branch office/office location originating loans. If there is more than one person originating loans from this office, please provide the contact information for each person. Only persons designated to work with affordable housing programs should be listed. For mortgage brokerage businesses, please provide a copy of the license for each broker identified.

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Ext:** _____

Fax: _____ **Toll Free Phone:** _____

URL: _____ **Email:** _____

Branch Manager/Principal Representative/Principal Broker:

Name _____

Title _____

Originating Loan Officers/Licensed Mortgage Brokers

Provide the contact information for the loan officers in your office designated to work with affordable housing first time homebuyer's program. *Please make additional copies as necessary. If a mortgage broker, please submit copy of individual license.*

Name of Loan Officer/Mortgage Broker:		
Office Phone:	Fax:	E: Mail
Cell Phone:		
Publish Cell Phone Y N		

Name of Loan Officer/Mortgage Broker:		
Office Phone:	Fax:	E: Mail
Cell Phone:		
Publish Cell Phone Y N		



LENDER QUESTIONNAIRE

FHA/Housing and Urban Development (HUD)	ID#	Approval Date:
Veterans Affairs (VA)	ID#	Approval Date:
Fannie Mae (FNMA)	ID#	Approval Date:
Freddie Mac (FHLMC)	ID#	Approval Date:

1. Are you an FHA Direct Endorsement Lender? Yes No

2. Do you have the experience and ability to originate rehab/construction loans? (Including FHA 203K) Yes No

a. If yes, how many have you originated in the last 12 months?
_____ (# of loans)

3. Within the last 12 months have you originated loans for any first time homebuyers/affordable housing programs: Yes No

a. If yes, how many have you originated in the last 12 months?
_____ (# of loans)

4. Please describe specific loan programs and products that you will offer that caters to first time home buyers and low to moderate income home buyers (include down payment, special terms, etc) Use additional sheet as necessary:

5. Does your corporate office require approval of the City's loan program and related documents prior to originating loans? Yes No

8. Do you charge an application fee at the time of origination? Yes No

a. If yes, how much is charged? _____ (\$)

9. Does your office have someone who speaks Spanish/Creole? Yes No

10. Has your institution been or is your institution currently involved in any lawsuit or investigation pertaining to the origination or servicing of mortgage loans? Use additional sheet if necessary.

Yes If yes, please explain. No



MORTGAGE BROKER (SUPPLEMENTAL INFORMATION)

**This section is only to be completed by entities that broker loans.
Please identify the lenders you will utilize to originate loans compatible with
affordable housing purchase assistance programs. Use additional sheets as necessary.**

Name	Title	Company	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***** (Please Print the Next Page on Your Letterhead) *****



PURCHASE ASSISTANCE PROGRAM CERTIFICATION

I _____ have received, read, and understand the Purchase
Print Name

Assistance Program Guidelines as it pertains to the following purchase assistance programs.
(Please check what applies).

- Neighborhood Stabilization Program (NSP)
- State Housing Initiative Partnership (SHIP)
- Community Development Block Grant (CDBG)
- Florida Housing Opportunity Program (FHOP)

All persons authorized to originate loans in the office(s) registered with program have received a copy of the underwriting criteria. I certify that information presented in the lender registration package is accurate.

I wish to have my lender registration information considered for the following cities:

- City of Miramar
- City of Pembroke Pines
- City of Coconut Creek (Does Not Include NSP)
- City of Plantation (Does Not Include NSP)
- City of Coral Springs

Signature of Authorized Representative

Date

Title