



Department of Community Development Home Ownership Program (HOP) Participating Lender Application

Print or type the Lender Application as outlined below in its entirety. Email all required documentation to: DownPayment.Assistance@fultoncounty.ga.gov
Incomplete Applications will be rejected.

Home Ownership Program Project Manager 137
Peachtree Street, Suite 300
Atlanta, Georgia 30303

CompanyName		Parent Company Name	
Home Office Address Street			
City		State	Zip
Mailing Address (if different) Street			
City		State	Zip
Primary Company Office Number		Primary Company Fax Number	
Website Address			
Designated Contact Person			
Designated Contact Office Number		Primary Company Fax Number	
Designated Contact Email Address			
Is Company minority-owned? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Company a Direct Lender? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Principal Officers

Name	Title	No. Yrs with Company	% of Ownership
1.			
2.			
3.			
4.			
5.			
6.			

Identify Holders of Ownership Interest of 5% or more who are not Principal Officers

1.			
2.			
3.			
4.			
5.			
6.			

<u>Primary Origination Area</u> (List Georgia Counties, attach list if necessary)		
1. <input style="width: 90%;" type="text"/>	4. <input style="width: 90%;" type="text"/>	7. <input style="width: 90%;" type="text"/>
2. <input style="width: 90%;" type="text"/>	5. <input style="width: 90%;" type="text"/>	8. <input style="width: 90%;" type="text"/>
3. <input style="width: 90%;" type="text"/>	6. <input style="width: 90%;" type="text"/>	9. <input style="width: 90%;" type="text"/>
Primary Reservations Contact Name <input style="width: 95%;" type="text"/>		
Address Street <input style="width: 95%;" type="text"/>		
City <input style="width: 45%;" type="text"/>	State <input style="width: 15%;" type="text"/>	Zip <input style="width: 40%;" type="text"/>
Primary Office Number <input style="width: 40%;" type="text"/>		Primary Company Fax Number <input style="width: 55%;" type="text"/>
Email Address <input style="width: 95%;" type="text"/>		
Primary Underwriting Contact Name <input style="width: 95%;" type="text"/>		
Address Street <input style="width: 95%;" type="text"/>		
City <input style="width: 45%;" type="text"/>	State <input style="width: 15%;" type="text"/>	Zip <input style="width: 40%;" type="text"/>
Primary Office Number <input style="width: 40%;" type="text"/>		Primary Company Fax Number <input style="width: 55%;" type="text"/>
Email Address <input style="width: 95%;" type="text"/>		
Primary Loan Processor Contact Name <input style="width: 95%;" type="text"/>		
Address Street <input style="width: 95%;" type="text"/>		
City <input style="width: 45%;" type="text"/>	State <input style="width: 15%;" type="text"/>	Zip <input style="width: 40%;" type="text"/>
Primary Office Number <input style="width: 40%;" type="text"/>		Primary Company Fax Number <input style="width: 55%;" type="text"/>
Email Address <input style="width: 95%;" type="text"/>		
<u>Agency Approvals</u>		
<input type="checkbox"/> FHA Mortgagee Number <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	<input type="checkbox"/> VA Mortgagee Number <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	<input type="checkbox"/> USDA/RD Approval <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
<input type="checkbox"/> Fannie Mae Seller Number <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Freddie Mac Seller Number <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	<input type="checkbox"/> GNMA Issuer Number <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
<input type="checkbox"/> Other <input style="width: 90%;" type="text"/>		
Has the Company ever been suspended from the above or with Georgia Banking and Finance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain in detail in an attached document. <input style="width: 95%;" type="text"/>		
Branch Offices in Georgia to be Involved in Originating Loans: <input style="width: 95%;" type="text"/>		
Designated Contact Person <input style="width: 95%;" type="text"/>		
Branch Office Address Street <input style="width: 95%;" type="text"/>		
City <input style="width: 45%;" type="text"/>	State <input style="width: 15%;" type="text"/>	Zip <input style="width: 40%;" type="text"/>
Primary Office Number <input style="width: 40%;" type="text"/>		Primary Company Fax Number <input style="width: 55%;" type="text"/>
Email Address <input style="width: 95%;" type="text"/>		

Geographic Service Area				
<u>Insurance Policies</u>				
Please attach a current certificate for each applicable insurance policy: Fidelity Insurance, Errors and Omissions Insurance and/or Mortgage Impairment, Mortgage Interest or similar Blanket Coverage				
Does the above coverage meet Secondary Mortgage Market requirements?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain any exceptions				
<u>CLAIMS AND LAWSUITS</u>				
Are there any significant claims and/or lawsuits in progress, threatened or pending litigation, additional taxes assessed or proposed, or any other contingent liabilities not shown in the financial statement?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain in an attached letter, including the present status and your opinion as to probable ultimate liability and adequacy of insurance coverage.				
Has the company, any director, or any officer been involved in bankruptcy, insolvency, made an assignment for benefit of creditors, or been indicted for or charged by fraud or misrepresentation?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain in an attached letter.				
<u>Name of Company servicing any previously approved Fulton County Home Ownership Program Loans:</u>				
<u>CURRENT DOWN PAYMENT PROGRAM AFFILIATIONS and CERTIFICATIONS</u>				
Please complete the matrix below and identify agencies or organizations which your company is approved as a participating lender for community seconds (or down payment assistance programs).				
*In addition, please include the appropriate documentation which authorizes the corresponding program participation.				
Agency/Organization Name	Program Type	Program Description	Current Status Active/Inactive	Time Period as Participating Lender
1.				
2.				
3.				
4.				
5.				
6.				

REFERENCES

Please provide the names of two (2) individuals from the prior list of Down Payment Program affiliations to serve as a reference to this application:

Agency's Name and Reference Name & Title	Mailing Address	Phone & Fax	Email Address
1.		Phone Fax	
2.		Phone Fax	

AFFORDABLE LENDING PROGRAMS

Please complete the chart below to provide information on current originations of affordable lending (to include in-house) portfolio products designed to assist low to moderate-income homebuyers.

Product Name/Type	Down Payment Requirements	Describe LTV & Ratio Requirements	Describe Credit Score and other Credit Requirements	P.M.I. or M.I.P. Required
1.				
2.				
3.				
4.				

ADDITIONAL DOCUMENTATION REQUIRED

Please include hard copies of the documentation as outlined below and check all that applies.

<input type="checkbox"/> Loan Seller Agreements
<input type="checkbox"/> Copy of Insurance Certificates
<input type="checkbox"/> Copy of Quality Control Plan
<input type="checkbox"/> Letters and Certifications for Home Ownership Assistance Programs
<input type="checkbox"/> Past 3 years of audited financials
<input type="checkbox"/> Most recent year Federal Deposit Insurance Corporation (FDIC) Community Reinvestment Act (CRA) examination
<input type="checkbox"/> Copy of Underwriting Guidelines
<input type="checkbox"/> Copy of screen print that the company has been validated/checked on the GSA and LDP lists

Sworn to and subscribed before me this _____ Day of _____ 20____

Optional: Lender Seal