



Department of Community Development

Home Ownership Program (HOP)

Participating Lender Application

Complete the Lender Application as outlined below.
 Submit questions and all required documentation to:
 DownPayment.Assistance@fultoncountyga.gov
Incomplete Applications may be rejected.

Home Ownership Program Project Manager
 One Margaret Mitchell Square, NW / 7 th Floor
 Department of Community Development
 Atlanta, GA 30303

Company Name		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			
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.			

Primary Origination Area (List Georgia Counties, attach list if necessary)

1.	4.	7.
2.	5.	8.
3.	6.	9.

Primary Reservations Contact Name

Local Address

City State Zip

Local Office Number LocalFax Number

Email Address

Primary Underwriting Contact Name

Address Street

City State Zip

Primary Office Number Primary Company Fax Number

Email Address

Primary Loan Processor Contact Name

Address Street

City State Zip

Primary Office Number Primary Company Fax Number

Email Address

Agency Approvals

<input type="checkbox"/> FHA Mortgagee Number #	<input type="checkbox"/> VA Mortgagee Number #	<input type="checkbox"/> FHA Mortgagee Number #
--	---	--

<input type="checkbox"/> Fannie Mae Seller Number #	<input type="checkbox"/> Freddie Mac Seller Number #	<input type="checkbox"/> GNMA Issuer Number #
--	---	--

Georgia Mortgage Licensing

Has the Company ever been suspended from the above or with Georgia Banking and Finance? Yes No

If yes, please explain in detail in an attached document.

Branch Offices in Georgia to be Involved in Originating Loans:

Designated Contact Person

Branch Office Address Street

City State Zip

Primary Office Number Primary Company Fax Number

Email Address

Geographic Service Area

Insurance Policies

Please attach a current certificate for each applicable insurance policy: **Certificate of Liability** plus **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 No

Explain any exceptions

CLAIMS AND LAWSUITS

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 No

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 No

If yes, explain in an attached letter.

Name of Company servicing any previously approved Fulton County Home Ownership Program Loans:

- 1.
- 2.
- 3.
- 4.
- 5.

CURRENT DOWN PAYMENT PROGRAM AFFILIATIONS and CERTIFICATIONS

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 submit all documents listed.

- Georgia Sec of State Certification
- Proof of registration with SAM.gov
- Copies of Underwriting Guidelines & Quality Control Plan
- Certificate of Liability Insurance and applicable insurance certificate
- Past three (3) years of Audited Financials
- Validation of GSA and LDP lists dated, derived from HUD website
- NMLS Consumer Access
- Any other mortgage or banking certificates

The Undersigned swears or affirms that the contents of this form and the attached information have been carefully read and that the information is true and correct. Verification may be obtained from any source named herein. I fully understand that it is a crime to knowingly make any false statements under oath or affirmation and is punishable by fine and/or imprisonment under O.C.G.A. 16-10-71. I acknowledge and agree that the information and/or documentation submitted in connection with the programs offered by the Fulton County Home Ownership Assistance Program on its own behalf may be subject to public disclosure.

Printed or Typed Name of Signing Lender

Lender's Signature

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

By:

Printed or Typed Name of Signing Officer

Officer's Signature

Title of Signing Officer

Notary Public in and for the County of State of Georgia

(Notary Seal Affixed Here)

My commission expiration date

Optional: Lender Seal