

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
FIRST HOME/PLUS
2012 PROGRAM REGISTRATION FORM**

THIS FORM MUST BE EXECUTED FOR EACH ORIGINATING OFFICE PARTICIPATING IN THE PROGRAM.

I/WE will participate in the Indiana Housing and Community Development Authority's First Home and First Home/Plus Program.

COMPANY NAME _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____
(NUMBER YOU WISH BORROWERS TO CALL) (NUMBER YOU WISH IHFATO FAX TO)

PLEASE CHECK TYPE OF LOAN(S) YOU ARE APPROVED TO CLOSE. YOU CAN ONLY MAKE A RESERVATION FOR A LOAN THAT YOU CAN CLOSE.

FHA___ VA___ FANNIE MAE___ FREDDIE MAC___ USDA RURAL DEVELOPMENT___

Please list below the name of the person from your organization to whom mail and email is to be sent as well as telephone inquires/information from IHCD.

CORPORATE CONTACT NAME _____

CORPORATE CONTACT PHONE # _____ FAX# _____

CORPORATE CONTACT EMAIL ADDRESS _____
(An email address is required)

Please note that the Corporate contact will only get program information and updates. If you wish to receive reports, letters, and/or phones calls regarding IHCD loans, you will need to be listed as the Closing contact.

Please note that the contact person will be responsible for giving everyone in your office access to IHCD online. IHCD will not give usernames or passwords to anyone other than the contact person listed above.

ONLINE USERNAME _____

ONLINE PASSWORD _____

DATE

COMPANY AUTHORIZED OFFICER'S SIGNATURE

Indiana Housing and Community Development Authority hereby acknowledges the above named company as a registered participating lender in the First Home and First Home/Plus Program.

DATE

J. JACOB SIPE, INTERIM EXECUTIVE DIRECTOR