INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY
MORTGAGE CREDIT CERTIFICATE
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 & Community Development Authority's (IHCDA) Mortgage Credit Certificate Program.

COMPANY NAME_____

OFFICE ADDRESS _____

CITY_____STATE_____ZIP_____

PHONE_____FAX_____
(NUMBER YOU WISH BORROWERS TO CALL OR IHCDA TO FAX, **BROKER NUMBER** IF APPLICABLE)

Please list foreign languages spoken fluently in your office.

_____

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 IHCDA.

APPLICATION CONTACT NAME _____

APPLICATION CONTACT PHONE # _____**FAX#**_____

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

Please note that the contact person will be responsible for giving everyone in your office access to IHSF. IHCDA will not give usernames or passwords to anyone other than the contact person listed above. If you will be closing loans for a Broker, the attached Appendix must be completed and signed by all necessary parties. This section is to be completed as contact information for the Lender only. Check here if Broker applicable ☐.

IHSF USERNAME _____

IHSF PASSWORD _____

PLEASE LIST **ALL** COUNTIES IN ALPHABETICAL ORDER THAT THIS ORIGINATING OFFICE WILL SERVICE:

_____

_____

_____ _____
DATE COMPANY AUTHORIZED OFFICER'S SIGNATURE

Indiana Housing & Community Development Authority hereby acknowledges the above named company as a registered participating lender in them Mortgage Credit Certificate Program.

_____ _____
DATE J. JACOB SIPE, INTERIM EXECUTIVE DIRECTOR

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BROKER APPENDIX TO APPLICATION CONTACT SHEET

_____, an Indiana approved Broker, will be using _____, an IHCDA Participating Lender, to close loans through the IHCDA Mortgage Credit Certificate program. All application issues will be the responsibility of the Broker to correct and complete for loan closing approval. The Broker understands that any fees related to the purchase of a Mortgage Credit Certificate loan by the Participating Lender will be paid to the Participating Lender. If applicable, the said fees will be distributed to the Broker based on an agreement between the said Broker and the said Participating Lender. **If applicable, any loans that do not have the MCC issued due to non-compliance with IHCDA will be the responsibility of the IHCDA Participating Lender.** IHCDA will not be responsible or liable for any part of the agreement between the Broker and the Participating Lender. Any refund of fees to be paid on a loan after purchase, or cancellation if applicable, will be paid to the said Participating Lender. The Participating Lender will be responsible for refunding the fees to the Broker.

Please list below the name of the person from the Broker's office whom IHCDA will set up access to IHSF.

BROKER CONTACT NAME _____

BROKER ADDRESS _____

BROKER CONTACT PHONE # _____**FAX#**_____

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

Please note that the Broker contact person will be responsible for giving everyone in their office access to IHSF. IHCDA will not give usernames or passwords to anyone other than the contact person listed above.

ONLINE USERNAME _____

ONLINE PASSWORD _____

_____ _____
DATE BROKER AUTHORIZED OFFICER SIGNATURE

_____ _____
DATE PARTICIPATING LENDER AUTHORIZED OFFICER SIGNATURE

Indiana Housing & Community Development Authority hereby acknowledges the above named company as a registered participating lender in the Mortgage Credit Certificate Program.

_____ _____
DATE J. JACOB SIPE , INTERIM EXECUTIVE DIRECTOR