INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
MORTGAGE CREDIT CERTIFICATE
2013 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 Mortgage Credit Certificate 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___ FREDDIC 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.

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 IHCDA 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 IHCDA online. IHCDA will not give usernames or passwords to anyone other than the contact person listed above.

IHSF USERNAME _____

IHSF 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 Mortgage Credit Certificate Program.

_____ _____
DATE J. JACOB SIPE, EXECUTIVE DIRECTOR