

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
MY HOME
2014 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 MY HOME Program.

COMPANY NAME _____

CLOSING 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.

FANNIE MAE _____

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.

CLOSING CONTACT NAME _____

CLOSING CONTACT PHONE # _____ FAX# _____

CLOSING 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 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 MY HOME Program.

DATE

J. JACOB SIPE, EXECUTIVE DIRECTOR