INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
MORTGAGE CREDIT CERTIFICATE
2016 PROGRAM REGISTRATION FORM

I/WE will participate in the Mortgage Credit Certificate Program administered by the Indiana Housing and Community Development Authority ("IHCDA").

COMPANY NAME_____

CORPORATE ADDRESS _____

CITY_____STATE_____ZIP_____

PHONE_____FAX_____
(NUMBER YOU WISH BORROWERS TO CALL) (NUMBER YOU WISH IHCDA TO FAX TO)

Please list below the name of the person from your organization to whom program information, correspondence, and telephone inquiries from IHCDA should be directed.

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 information regarding the program and updates to the program. 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.

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 Mortgage Credit Certificate Program.

_____ _____
DATE J. JACOB SIPE, EXECUTIVE DIRECTOR