



**CHF PLATINUM PROGRAM
 PASSWORD REQUEST FORM**

ONLY THE "PRIMARY PASSWORD CONTACT" WILL BE ABLE TO COMPLETE THIS REQUEST FORM

BRANCH NAME:	
ADDRESS:	

PRIMARY CONTACT:		<i>Need NHF User ID & Password?</i> <input type="checkbox"/> Yes	
TITLE:			
PHONE:		FAX:	
E-MAIL:			

OTHER CONTACT:		<i>Need NHF User ID & Password?</i> <input type="checkbox"/> Yes	
TITLE:			
PHONE:		FAX:	
E-MAIL:			

OTHER CONTACT:		<i>Need NHF User ID & Password?</i> <input type="checkbox"/> Yes	
TITLE:			
PHONE:		FAX:	
E-MAIL:			

AUTHORIZATION TO USE FAX/PHONE NUMBERS:

By signing below the Applicant provides National Homebuyers Fund, Inc. with the authorization to utilize the listed and/or attached fax number(s), phone number(s) and email addresses for communication of information directly related to NHF associated programs.

Officer's Name: _____

Officer's Title: _____ **Phone:** _____

Signature: _____ **Date:** _____

SEND COMPLETED LENDER PROFILE TO:

National Homebuyers Fund, Inc.
 Program Administrator
 1215 K Street, Suite 1650
 Sacramento, CA 95814
 Phone: (866) 643-4968
 Fax: (916) 444-3551