



CHF MCC PROGRAM

LENDER PROFILE

Instructions for New Lenders:

Please complete and return this document as well as a Program Lender Agreement to NHF by email, fax or mail. Branch office information may be provided to NHF in electronic format (i.e. Excel, MS Word, etc.).

In order to better serve you, we are requesting contact information for specific departments within your company, including your branch offices. This information will not be shared with any third parties. For your convenience, you may choose to attach a separate list of contact information for your company. If attaching a separate list, make sure to denote "Corporate" for contact information relating to your company's corporate office.

CORPORATE INFORMATION:

LEGAL NAME:			
DBA NAME (If applicable):			
COMPANY WEBSITE:		PRIMARY CONTACT:	
CORPORATE ADDRESS:		TITLE:	
CITY:		PHONE:	
STATE:		FAX:	
ZIP:		E-MAIL:	

A. PASSWORD MANAGEMENT:

NHF assigns User IDs and Passwords to all applicable parties designated with access to the NHF Online Reservation System for the requested program. The "Password Management" contact is NHF's primary contact for User ID & Password concerns. This will be the only person(s) who may request or make changes to User IDs & Passwords for NHF's Online Reservation System.

PASSWORD MANAGEMENT CONTACT:			
NAME		PHONE:	
TITLE:		FAX:	
ADDRESS:		E-MAIL:	
CITY:			
STATE:		<i>Assign User ID & Password?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
ZIP:		<i>List on Approved Lender List?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. BRANCH OFFICES:

BRANCH NAME:						
ADDRESS:						
CITY:		STATE:		ZIP:		

PRIMARY CONTACT:		PHONE:	
TITLE:		FAX:	
		E-MAIL:	
<i>Assign User ID & Password?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>List on Approved Lender List?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER CONTACT:		PHONE:	
TITLE:		FAX:	
		E-MAIL:	
<i>Assign User ID & Password?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>List on Approved Lender List?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER CONTACT:		PHONE:	
TITLE:		FAX:	
		E-MAIL:	
<i>Assign User ID & Password?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>List on Approved Lender List?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER CONTACT:		PHONE:	
TITLE:		FAX:	
		E-MAIL:	
<i>Assign User ID & Password?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>List on Approved Lender List?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER CONTACT:		PHONE:	
TITLE:		FAX:	
		E-MAIL:	
<i>Assign User ID & Password?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>List on Approved Lender List?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER CONTACT:		PHONE:	
TITLE:		FAX:	
		E-MAIL:	
<i>Assign User ID & Password?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>List on Approved Lender List?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

C. AUTHORIZATION TO USE FAX/PHONE NUMBERS:

By signing below the Applicant provides National Homebuyers Fund, Inc. (Program Administrator) 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 this program.

OFFICER'S NAME: _____

OFFICER'S TITLE: _____ **PHONE:** _____

SIGNATURE: _____ **DATE:** _____

D. 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