

Georgia Department of Community Affairs
Georgia Dream Homeownership Program -- Lender Application

Company Name: _____

Primary Contact Person: _____

Primary Office Phone Number: _____

E-mail Address: _____

Primary Office Address: _____

City: _____ State: _____ Zip: _____

Name Georgia Dream Loans will close in if different than Company Name:

Parent Company Name: _____

Home Office Address: _____

City: _____ State: _____ Zip: _____

Principal Officers:

Name	Title	Yrs. w/Company	% of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary Origination Area (List Georgia Counties, attach list if necessary)

Company Net Worth Amount: _____

Primary Fees charged on FHA Loan: _____

Mortgage Lender License Number: _____

Federal Tax ID Number: _____

E-Verify Member Number: _____

Incorporated: YES _____ NO _____

Names of Executive Officer/Manager Signing Lender Contract with DCA: _____

Phone Number: _____

E-mail Address: _____

Primary Lender Portal & Reservations Contact Names: _____

Phone Number Lender Portal: _____

(Person responsible for issuing all employees access to Lender Portal)

E-mail Address Lender Portal: _____

Phone Number Reservations: _____

Email Address Reservations: _____

Primary Underwriting Contact Name: _____

Phone Number: _____

E-mail Address: _____

FHA Direct Endorsement CHUMS #: _____ VA LAPP/SAR ID: _____

Primary Closing Contact: _____

Phone Number: _____

E-mail Address: _____

Primary Shipping Contact Name: _____

Phone Number: _____

E-mail Address: _____

Purchase Advise Contact Name: _____

Phone Number: _____

E-mail Address: _____

Primary Final Documentation Contact Name: _____

Phone Number: _____

E-mail Address: _____

Wiring Instructions for First Mortgage Loans:

Bank: _____

Title of Account: _____

City: _____ State: _____

Routing number: _____

Officer to be notified: _____

Account Number: _____

Wiring Instructions for Second Mortgage Loans if different from above instructions:

Bank: _____

Title of Account: _____

City: _____ State: _____

Routing number: _____

Officer to be notified: _____

Account Number: _____

Agency Approvals:

FHA Mortgagee Number _____

Direct Endorsement Yes ☐ No ☐

VA Mortgagee Number _____

Automatic Yes ☐ No ☐

USDA/RD Approval _____

Yes ☐ No ☐

Fannie Mae Seller Number _____

Yes ☐ No ☐

Freddie Mac Seller Number _____

Yes ☐ No ☐

GNMA Issuer Number _____

Yes ☐ No ☐**Do you have Underwriting Staff for the following loans:**Conventional Yes ☐ No ☐FHA Yes ☐ No ☐VA Yes ☐ No ☐USDA/RD Yes ☐ No ☐Have you ever been suspended from the above? Yes ☐ No ☐

If so, explain in an attached letter.

If not FHA, VA, Fannie Mae or Freddie Mac approved, are you a Yes ☐ No ☐

federally regulated financial Institution?

Branch Offices in Georgia to be Involved in Originating Loans (attach a list of additional branch offices if necessary):

Designated Contact Person: _____

Branch Office Address: _____

City: _____ State: _____ Zip: _____

Branch Office Phone Number: _____

E-mail Address: _____

Designated Contact Person: _____

Branch Office Address: _____

City: _____ State: _____ Zip: _____

Branch Office Phone Number: _____

E-mail Address: _____

Correspondent Lender(s) (if applicable) and their Branch Offices in Georgia (attach a list of additional correspondent lenders if necessary):

1. Company Name: _____
Designated Contact Person: _____
Office Address: _____
City: _____ State: _____ Zip: _____
Office Phone Number: _____

Does the above coverage meet Fannie Mae requirements? Yes ☐ No ☐
Explain exceptions.

Claims and Lawsuits

Are there any significant claims and/or lawsuits in progress, threatened or pending litigation, additional taxes assessed or proposed, or any other contingent liabilities not shown in the financial statement? Yes ☐ No ☐

If yes, explain in an attached letter, including the present status and your opinion as to probable ultimate liability and adequacy of insurance coverage.

Has the company, any director, or any officer been involved in bankruptcy, insolvency, made an assignment for benefit of creditors, or been indicted for or charged with fraud or misrepresentation? Yes ☐ No ☐

If yes, explain in an attached letter.

Name of Company servicing your DCA loans will be State Home Mortgage

Please attach the following items:

Loan Seller Agreements (2 Copies)	Limited Power of Attorney
Loan Servicing Release Agreement (2 Copies)	Copy of Insurance Certificates
Past 3 years of audited financials	Copy of Quality Control Plan
HUD Neighborhood Watch Compare ratio print out showing less than 125% for the State of Georgia	

The Undersigned swears or affirms that the contents of this form and the attached information have been carefully read and that the information is true and correct. Verification may be obtained from any source named herein. I fully understand that it is a crime to knowingly make any false statements under oath or affirmation and is punishable by fine and/or imprisonment under O.C.G.A. 16-10-71. I acknowledge and agree that the information and/or documentation submitted in connection with the programs offered by the Department of Community Affairs (DCA) on its own behalf or on behalf of the Georgia Housing and Finance Authority (GHFA) may be subject to public disclosure.

Seller's Name

By: _____
Officer's Signature

Printed or Typed Name of Signing Officer

Title of signing Officer

Date _____