

Annual Lender Recertification Form

- Please email LenderRelations@IHDA.org for any questions or submissions
- Information provided on any included forms (contacts or branches) will become the only ones active with IHDA and all others will be deactivated.

LENDER INFORMATION

Lender Name
IHDA Originator Number
Lender NMLS ID
Leadership Contact Name
Phone Number
Email Address

COMPLIANCE RECERTIFICATION

I, (NAME) as
(POSITION) of
(LENDER)

certify that our organization is compliant with the following:

Our organization and its entities, including all DBA's and branches, are in good standing with applicable licensing authorities.

Our organization is in compliance with HUD's Affirmative Fair Housing Market regulations.

Our organization complies with, and has policies concerning, the Bank Secrecy Act, Anti-Money Laundering Act, OFAC, and Fraud Detection and Reporting.

Our organization is in compliance with all applicable state and federal regulations.

Our organization has no unresolved sanctions against us.

If our organization chooses to utilize electronic signatures, we follow all required Federal, Agency, and State guidelines, including the Illinois Commerce Security Act and any subsequent Illinois Law.

REQUIRED DOCUMENTATION TO BE SUBMITTED (in addition to the pages attached)

1. Current Errors and Omissions and Fidelity Bond Insurance Certificates.
2. If changes to principal leadership have occurred within most recent 12 months, provide resumes of all principal officers, underwriters, and/or Q/C personnel with an organization chart.
3. Copies of current financial statements.
4. Certification that lender is compliant with AIR, including monitoring.
5. Most recent Scorecards from lender's three largest investors, as available.
6. Verification that the lender continues to be in good standing with its licensing authority; including the State of Illinois.
7. Information on the institutions providing warehouse lines of credit, if applicable (including the name of warehouse bank, contact information, and amount of each line of credit), as available.
8. Evidence of additional Agency approvals obtained during the past 12 months (if applicable).
9. Current Quality Control Plan.
10. Production Statistics which includes volume breakdown by product for year-to-date and previous year with total volume of loans originated in Illinois and anticipated volume projections of loans to be sold to the Authority, as well as the default rate, number of buybacks, and number of loans ineligible to be sold.
11. Copy of IRS-W9. Taxpayer Identification Number and Certification form must be complete, signed, and dated.

NOTES TO IHDA

ESIGN BELOW (REQUIRED)

SUBMISSION INSTRUCTIONS

**Upon esigning, the form will prompt you to save.
Email completed copy with all other required
documentation to LenderRelations@IHDA.org**

- Please note, if you have errors signing the document, you may need to open in Adobe Reader and not in your browser.



Lender Contact List

This form must be completed each year. The information provided will replace any previously provided information.

Primary Post-Closing Contact:

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Primary Processor Contact:

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Primary Underwriter Contact:

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Primary Lock Desk / Secondary Marketing Contact:

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Brochure Information

For Public Notification, please complete the following list for each branch office participating in the IHDA Program. **It will be the sole responsibility of the Lender to check the information provided for accuracy.**

Thank you for your cooperation. **Use additional sheets if necessary.**

(PLEASE TYPE)

LENDER NAME _____

Branch (1)

Street Address _____ **City** _____

Zip Code _____ **Area Code** _____ **Telephone** _____

Counties Serviced by Branch _____

Main purpose of Branch:

Branch (2)

Street Address _____ **City** _____

Zip Code _____ **Area Code** _____ **Telephone** _____

Counties Serviced by Branch _____

Main purpose of Branch:

Branch (3)

Street Address _____ **City** _____

Zip Code _____ **Area Code** _____ **Telephone** _____

Counties Serviced by Branch _____

Main purpose of Branch:

MITAS SYSTEM ADMINISTRATOR

Dear IHDA participating lender:

Please use the form below to designate the system administrators for the MITAS reservation system that IHDA uses to originate loans. System administrators are individuals at your institution who will be responsible for general maintenance of your institution's lender database. System administrator duties include assigning log in information to new users and making users inactive when they no longer work at your company.

Name of Lender: _____

Name of System Administrator #1: _____

Email Address: _____

Telephone: _____

Fax #1: _____

Mailing Address

Name of System Administrator #2: _____

Email Address: _____

Telephone: _____

Fax #1: _____

Mailing Address

Name of System Administrator #3: _____

Email Address: _____

Telephone: _____

Fax #1: _____

Mailing Address

Direct questions regarding this form to Kyle Nestlehut at Knestlehut@IHDA.org.