

*Please type or print clearly!*

1	Organization name	
2a	Contact person name	
2b	Title	
2c	Phone	
2d	Fax	
2e	E-mail	
2f	Address	
3	Is the organization a subsidiary or owned by another company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3a	If you answered "yes" to number 3, what is the name of the parent company?	
4	Is the organization a properly licensed and legally organized first mortgage broker or first mortgage loan correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Is the organization in good standing with all applicable state and federal regulatory agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Is the organization a current member of the Pennsylvania Association of Mortgage Brokers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	What types of loans does your organization originate? (Check all that apply.)	Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> RHS <input type="checkbox"/> New Construction <input type="checkbox"/> Refinance <input type="checkbox"/>
8	Please specify the geographical area(s) within Pennsylvania where your organization currently originates mortgage loans.	
8a	Please specify the <b>specific counties</b> within Pennsylvania where your organization plans to originate PHFA loans.	
8b	Please estimate the volume of PHFA loans your organization anticipates originating on an annual basis.	Dollars Number
9	What is your organization's website address?	
9a	Does your staff have access to the Internet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Which PHFA lender has agreed to be your sponsor?	
10a	Contact person name at lender	
10b	Title	
10c	Phone	
11	Additional comments	

The undersigned, an officer or authorized agent of the organization submitting this application, certifies that the above information is accurate to the best of his/her knowledge and belief on the date listed below.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please submit this completed application to: PHFA, P.O. Box 8029, Harrisburg, PA 17105-8029, Attn: Coleen Peters.