

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY  
HELPING TO OWN (H20) PROGRAM  
2016 REGISTRATION FORM**

I/WE will participate in the Helping to Own (H20) Program administered by the Indiana Housing and Community Development Authority ("IHCDA").

COMPANY NAME \_\_\_\_\_

CLOSING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
(NUMBER YOU WISH BORROWERS TO CALL) (NUMBER YOU WISH IHCDA TO FAX TO)

**Please list below the name of the person from your organization to whom program information, correspondence, and telephone inquiries from IHCDA should be directed.**

**CLOSING CONTACT NAME** \_\_\_\_\_

**CLOSING CONTACT PHONE #** \_\_\_\_\_ **FAX#** \_\_\_\_\_

**CLOSING CONTACT EMAIL ADDRESS** \_\_\_\_\_  
(An email address is required)

**Please note that the contact person will be responsible for providing everyone in your office with access to IHCDA online. IHCDA will not provide usernames or passwords to anyone other than the contact person listed above. (Usernames and passwords are case sensitive. Passwords must be at least 8 characters long and contain an alpha-numeric)**

**ONLINE USERNAME** \_\_\_\_\_

**ONLINE PASSWORD** \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY AUTHORIZED OFFICER'S SIGNATURE

Indiana Housing and Community Development Authority hereby acknowledges the above named company as a registered participating lender in the Helping to Own (H20) Program.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
J. JACOB SIPE, EXECUTIVE DIRECTOR