

**INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY  
MY HOME  
2016 PROGRAM REGISTRATION FORM**

**THIS FORM MUST BE EXECUTED FOR EACH ORIGINATING OFFICE PARTICIPATING IN THE PROGRAM.**

I/WE will participate in the Indiana Housing & Community Development Authority's (IHCDA) My Home Program.

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

OFFICE ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
(NUMBER YOU WISH BORROWERS TO CALL OR IHCDA TO FAX, **BROKER NUMBER** IF APPLICABLE)

**Please list foreign languages spoken fluently in your office.**

\_\_\_\_\_

**THIS IS A CONVENTIONAL LOAN PROGRAM. YOU CAN ONLY MAKE A RESERVATION FOR A LOAN THAT YOU CAN CLOSE.**

**Please list below the name of the person from your organization to whom mail and email is to be sent as well as telephone inquires/information from IHCDA.**

APPLICATION CONTACT NAME \_\_\_\_\_

APPLICATION CONTACT PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_

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

Please note that the contact person will be responsible for giving everyone in your office access to IHSF. IHCDA will not give usernames or passwords to anyone other than the contact person listed above. If you will be closing loans for a Broker, the attached Appendix must be completed and signed by all necessary parties. This section is to be completed as contact information for the Lender only. Check here if Broker applicable .

IHSF USERNAME \_\_\_\_\_

IHSF PASSWORD \_\_\_\_\_

**PLEASE LIST ALL COUNTIES IN ALPHABETICAL ORDER THAT THIS ORIGINATING OFFICE WILL SERVICE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE

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

Indiana Housing & Community Development Authority hereby acknowledges the above named company as a registered participating lender in the MY HOME Program.

\_\_\_\_\_  
DATE

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

