

**PRIMARY LENDER CONTACT**  
**Delaware State Housing Authority (DSHA)**  
**Homeownership Loan Program**

<b>Company Name:</b>	
Name of Primary Contact for Official Notices:	
Primary Contact E-Mail:	
Phone:	
Official Cooperate Address: City State Zip:	
Official Cooperate Mailing Address (if different):	

**Kiss your Landlord Goodbye**  
**Website Listing**

How do you want your company to be listed on DSHA's website?	New Castle County Phone #	Kent County Phone #	Sussex County Phone #

Hyperlink address to your Company's website (optional) \_\_\_\_\_

By listing branch office location(s) below, you confirm that each office location is authorized by your company to originate DSHA Homeownership Loan Programs. Office locations and phone numbers may be listed in DSHA marketing materials and on DSHA's website, [www.kissyourlandlordgoodbye.com](http://www.kissyourlandlordgoodbye.com)

Authorized by: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date

**Delaware State Housing Authority (DSHA)  
Post-Closing Issue Resolution Primary Contact for  
Homeownership Loan Program**

Name of Primary  
Contact for Post-  
Closing:

Email:  
Phone:

Street Address:  
City, State, Zip:


Authorized by: \_\_\_\_\_  
(Print Name)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIST ADDITIONAL BRANCH LOCATIONS THAT WILL ORIGINATE DSHA LOANS**

<b>Branch Office County:</b>	
Name of Primary Contact for Branch:	
Primary Contact E-Mail:	
Phone:	
Physical Location Address: City State Zip:	
Mailing Address (if different):	

<b>Branch Office County:</b>	
Name of Primary Contact for Branch:	
Primary Contact E-Mail:	
Phone:	
Physical Location Address: City State Zip:	
Mailing Address (if different):	

<b>Branch Office County:</b>	
Name of Primary Contact for Branch:	
Primary Contact E-Mail:	
Phone:	
Physical Location Address: City State Zip:	
Mailing Address (if different):	

**Make additional copies if needed to identify additional locations**

**Annual Billing Information**

Annual Billing notices will be sent to this contact.

Billing Contact:	
Billing Email address:	
Billing phone number:	
Address for billing:	
Any notes:	

I hereby authorize DSHA to establish an E-notification recipient as designated above:

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_

**Please email completed form to DSHA at [dsha\\_homeloans@delaware.gov](mailto:dsha_homeloans@delaware.gov)**

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**DSHA Use Only**

Set Up Date: \_\_\_\_\_ Set Up By: \_\_\_\_\_