

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

Company Name:	
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

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:

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Email:
Phone:

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Street Address:
City, State, Zip:

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Authorized by: _____
(Print Name)

Authorized Signature _____
Date

LIST ADDITIONAL BRANCH LOCATIONS THAT WILL ORIGINATE DSHA LOANS

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

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

Branch Office County:	
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 homeloans@destatehousing.com

DSHA Use Only

Set Up Date: _____ Set Up By: _____