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: ()	Fax: ()				
Official Cooperate Address:						
City State Zip:						
Official Cooperate Mailing						
Address (if different):						
DSHA Website Listing						
How do you want your company t						
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 home ownership assistance programs. Office locations and phone numbers may be listed in DSHA marketing materials and on DSHA's website.						
Authorized Signature:						
Authorized by:		Date				

$Delaware\ State\ Housing\ Authority\ (DSHA)$

Post-Closing Issue Resolution Primary Contact for Homeownership Loan Program

Lender Name			
Primary contact for	Name:		
all post-closing issues and	Title:		
document requests			
	E-Mail:		
	Phone: ()	Fax: ()
Physical Address (for UPS deliveries)	Street:		
	City:	State:	Zip:
Mailing Address: (if different)	Street/P.O. Box:		
	City:	State:	Zip:
Authorized by:			
	(Print Name)		
Authorized Signature_		Date	

LIST ADDITIONAL BRANCH LOCATIONS WITHIN DELAWARE THAT WILL ORIGINATE DSHA LOANS

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

Make additional copies if needed to identify additional locations

MITAS Administrator & E-Notification Recipient Designation Form

Lender or Agency Name:				
Director or person authorized to make the				
following designations:				
Street Address:				
City State & Zip Code:				
Main Telephone Number:				
Main Fax Number:				
<u>E-Notification</u>	Contact Designation			
Your E-Notification recipient will receive	email notices of changes to the status of loans			
in your pipeline. Only one recipient is allowed for each organization. You may assign a				
shared email account if you would like n	nultiple users to have access to notices.			
E-Notification Recipient Name:				
E-Notification Recipient Email:				
E-Notification Recipient Phone Number:				
MITAS Admir	nistrator Designation			
MITAS Administrator Designation				
	ponsible to create user access and reset			
passwords for your staff. Only one ad	ministrator is allowed for each organization.			
Designated Administrator Name:				
Designated Administrator Email Address:				
Designated Administrator Phone number:				
I hereby authorize DSHA to establish our agency designated above:	y's MITAS Administrator and E-notification recipient as			
Authorized by:				
(Agency Director's Signatur	e) Date			
Please fax completed form to DSHA at 302-577-5021				
DSHA Use Only:				
Set Up Date Set Up By:				
Administrator Notification Date:	Ву:			