

Delaware State Housing Authority (DSHA)

**Post-Closing Issue Resolution Primary Contact for
Homeownership Loan Program**

Lender Name	
Primary contact for all post-closing issues and document requests	Name:
	Title:
	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:	

E-Notification 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 multiple users to have access to notices.

E-Notification Recipient Name:	
E-Notification Recipient Email:	
E-Notification Recipient Phone Number:	

MITAS Administrator Designation

Your MITAS Administrator will be responsible to create user access and reset passwords for your staff. Only one administrator is allowed for each organization.

Designated Administrator Name:	
Designated Administrator Email Address:	
Designated Administrator Phone number:	

I hereby authorize DSHA to establish our agency's MITAS Administrator and E-notification recipient as designated above:

Authorized by: _____
(Agency Director's Signature) Date

Please fax completed form to DSHA at 302-577-5021

DSHA Use Only:

Set Up Date _____ Set Up By: _____

Administrator Notification Date: _____ By: _____