

CHFA - APPROVED LENDER

ELIGIBILITY ASSESSMENT

~ Thank you for your interest in becoming a Lender for the Connecticut Housing Finance Authority ~
Please complete this CHFA Lender Eligibility Assessment form and return to newlenderinquiry@chfa.org.

Following our review of the completed form, we will contact you regarding eligibility.
Correspondent lenders will receive notice from their sponsoring CHFA-Approved Lender.

Please Note: Missing or incomplete information will delay the processing of your application.

I request approval to participate in the following CHFA Program: Participating Lender Correspondent Lender

Lender Name: _____

Address: _____
(Street/Town/State/Zip)

Contact Name: _____ Title: _____

Email: _____ Contact Phone: _____

Provide the following information for your CT satellite offices that will originate CHFA products:

ESTABLISHED (Month/Year)	ADDRESS

1) Number of loans (*purchases only*) originated in CT in the last 12 months: (#) _____ Average Ln: (\$) _____

2) Are you currently approved with other Housing Finance Agencies? YES NO *If yes – please list:*

3) Where will processing/underwriting be performed? _____
(Town/State)

4) Has your company ever been suspended or terminated by FHA, VA, USDA, Fannie Mae, Freddie Mac, Private Mortgage Insurers, or Investors? YES NO *If yes, please state reason/s:* _____

5) Are you or any affiliate under supervisory control of, or subject to, enforcement proceedings by federal banking regulations with respect to any violations or alleged violations of federal banking laws or regulators? YES NO
(If yes, once your application is received, you will be asked to provide copies)

6) Has your company participated in CHFA programs in the past? YES NO

7) Estimate number of CHFA loans you plan to originate: _____

8) **MARKETS SERVICED:** Check all counties your lending institution is primarily serving:

Fairfield Hartford Litchfield Middlesex New Haven New London Tolland Windham