

KANSAS HOUSING

HOME INVESTMENT PARTNERSHIPS PROGRAM FIRST TIME HOMEBUYERS LENDER SERVICE AREA FORM

All participating and new lenders must complete the following form to participate in the Kansas Housing Resources Corporation Lenders Consortium. This information will be provided to potential participants inquiring into available resources for them to obtain a first mortgage loan. Your financial institution information will only be released to those wishing to purchase a home in your stated service area. Therefore, it is very important to be county specific for areas you will provide loans. Please use a separate sheet for each branch location participating. (Please type this form.)

Financial Institution: _____

Street/City/Zip: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Tax I.D. Number (FEIN): _____

Contact Person/Persons (Loan Officers): _____

Service Area (List all counties): _____

Origination/Lender Fees Normally Charged to Homebuyer: _____

Would your lending institution prefer to receive first time homebuyer checks electronically?

YES *

NO

*Please complete Authorization For Electronic Deposit Form

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