

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.)**

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| **Financial Institution:**  |  |
| **Street/City/Zip+4**: |  |
| **Phone Number**: |  | **Fax Number:** |  |
| **Tax I.D. # (FEIN):** |  | **Sam.gov # (UEI):** |  |
| **Email Address:** |  | **NMLS #:** |  |
| **Website:** |  |
| **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 funds electronically?**  |
| **[ ]  YES \*** **[ ]  NO** | **\*Please complete Authorization for Electronic Deposit Form** |

Email: FTHB@kshousingcorp.org

 Or Mail: Kansas Housing Resources Corporation 611 S. Kansas Avenue, Suite 300

 Topeka, Kansas 66603-3803 Or Fax: 785-232-8073