

**APPLICATION - PART I  
PARTICIPATING FINANCIAL INSTITUTION/  
PARTICIPATING FINANCE LENDER**

**Contact Information**

(a) Name of Eligible FI/FL: \_\_\_\_\_  
(b) Address: \_\_\_\_\_ (c) City: \_\_\_\_\_ (d) State: \_\_\_\_\_ (e) Zip: \_\_\_\_\_  
(f) Contact Name: \_\_\_\_\_ (g) Title: \_\_\_\_\_  
(h) Contact Address: \_\_\_\_\_ (i) City: \_\_\_\_\_ (j) State: \_\_\_\_\_ (k) Zip: \_\_\_\_\_  
(l) Contact Phone: \_\_\_\_\_ (m) Contact Email: \_\_\_\_\_

**(n) Description of Institution (check all that apply)**

- Insured Depository Institution  Insured Credit Union  
 Community Development Financial Institution  Finance Lender

(o) Regulatory Agency: \_\_\_\_\_ (p) Insuring Agency: \_\_\_\_\_

(q) License Number(s) (if applicable): \_\_\_\_\_

(r) If an Eligible Finance Lender, does the business have a net worth in excess of \$1,000,000 and assets that exceed 0.5% of assets under servicing?      Yes      No

(s) Counties where the loan program may be available (or indicate if statewide):

**(t) Benefits to Borrowers (check all that apply)**

Please indicate how the Eligible Financial Institution or Eligible Finance Lender will provide Borrowers with benefits as a result of participation in the Program. A detailed description is also required as part of the Required Enclosures for this application.

- Lower interest rates      More inclusive underwriting criteria/broadened access  
Longer loan terms      Larger amounts available to borrower

Are you applying for participation in the Credit-Challenged Program in which the PFI/PFL receives a 20% credit enhancement for loans made to Borrowers with credit scores less than 640?      Yes      No      *If yes, please include Enclosure 4, described on page 3.*

**Loan Officers**

Please provide contact information for all loan officers or staff who will be submitting Reservations, Pre-Approvals, or Loan Enrollments under the Program.

(u) Name of Loan Officer or Staff Member: \_\_\_\_\_ (v) Title: \_\_\_\_\_

(w) Business Address: \_\_\_\_\_

(x) City: \_\_\_\_\_ (y) State: \_\_\_\_\_ (z) Zip: \_\_\_\_\_ (aa) Business Phone: \_\_\_\_\_

(ab) Email Address: \_\_\_\_\_

(ac) Name of Loan Officer or Staff Member: \_\_\_\_\_ (ad) Title: \_\_\_\_\_

(ae) Business Address: \_\_\_\_\_

(af) City: \_\_\_\_\_ (ag) State: \_\_\_\_\_ (ah) Zip: \_\_\_\_\_ (ai) Business Phone: \_\_\_\_\_

(aj) Email Address: \_\_\_\_\_

(ak) Name of Loan Officer or Staff Member: \_\_\_\_\_ (al) Title: \_\_\_\_\_

(am) Business Address: \_\_\_\_\_

(an) City: \_\_\_\_\_ (ao) State: \_\_\_\_\_ (ap) Zip: \_\_\_\_\_ (aq) Business Phone: \_\_\_\_\_

(ar) Email Address: \_\_\_\_\_

(as) Name of Loan Officer or Staff Member: \_\_\_\_\_ (at) Title: \_\_\_\_\_

(au) Business Address: \_\_\_\_\_

(av) City: \_\_\_\_\_ (aw) State: \_\_\_\_\_ (ax) Zip: \_\_\_\_\_ (ay) Business Phone: \_\_\_\_\_

(az) Email Address: \_\_\_\_\_

**Required Enclosures**

*In a separate enclosure, please provide a detailed description of:*

1. The loan program(s) to finance Eligible Improvements, including, but not limited to anticipated loan product details, such as collateral required (if any), maximum and minimum loan amounts, interest rates (including maximums and whether fixed or variable), loan terms, property type (owner occupied vs. leased or rented), and a description of underwriting criteria, with reference to any minimum FICO score or maximum total debt-to-income ratio;
2. The transactional activities associated with the loan issuance, including any fees that will be assessed to the borrower or the contractor.
3. The benefits to Borrowers resulting from the Eligible Financial Institution/Finance Lender's participation in the Program as indicated in (t). This description should include a comparison between the terms, underwriting criteria, interest rates or other critical features of the loan program(s) described in (1) above and any existing, similar loan product offered by the Eligible Financial Institution or Eligible Finance Lender.

*For lenders applying to the Credit-Challenged Program, please also include a detailed description of:*

4. (a) The loan program and products to finance Eligible Improvements resulting from participation in the Credit-Challenged Program.  
(b) The additional benefits to Credit-Challenged Borrowers, resulting from the Eligible FI/FL's participation in the Credit-Challenged Program. This description shall include a comparison between existing, similar loan products and the proposed loan program with and without access to the Credit-Challenged Program.

**Other Required Enclosures for Eligible Financial Institutions:**

In addition to the above mentioned enclosures, and pursuant to Section 10091.2 of the Program Regulations, Eligible Financial Institutions must also provide:

1. Certifications of the Eligible Financial Institution.

**Other Required Enclosures for Eligible Financial Lenders:**

In addition to the above mentioned enclosures, and pursuant to Sections 10091.2 and 10091.3 of the Program regulations, Eligible Finance Lenders must also provide:

1. Certifications of the Eligible Finance Lender;
2. Evidence of insurance coverage (required by Sections 10091.3(a)(1-3) of the Program regulations);
3. A description of the Eligible Finance Lender's ability to originate consumer loans or retail installment contracts in accordance with all applicable laws, including related expertise and experience, trained and qualified personnel, and suitable systems, processes and facilities to support the business;
4. A description of the Eligible Finance Lender's experience with home improvement financing and the coordination of such financing with home improvement contractors and consumers; and
5. A description of the Eligible Finance Lender's quality control and management systems to evaluate and monitor the overall quality of its loan or financing-related activities, including underwriting reviews and consumer complaint resolution processes.

I, the undersigned, hereby certify that all of the information provided in this application is true and accurate to the best of my knowledge and I am authorized to legally bind the applicant.

(ba) Authorized Representative Signature: \_\_\_\_\_ (bb) Date: \_\_\_\_\_

(bc) Printed Name: \_\_\_\_\_ (bd) Title: \_\_\_\_\_

**CAEATFA Use Only**

PFI/PFL ID#:	Received Date:
Approval Signature:	PFI/PFL Enrollment Date: