

Financial Institution Partnership Agreement



Date: _____ / _____ / _____

Profile:

Banking Institution: _____ Credit Union: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact: _____ Phone: _____

Fax #: _____ Email: _____

FHA ID #: _____ License #: _____ FED ID #: _____

of Branches? _____ Main Branch Location: _____

Loan Types / Volume Presently Originating: _____

Additional Information: _____

“Exempt Agency” Documents Check List:

_____ Copy of Licenses

_____ Call Reports, Income & Expense Sheet, and Balance Sheet

_____ Current Statement of Condition

_____ W-9, Request for Tax Payer Identification Number & Certification Form