



Approved Lender Participation Contact Form

Please provide the information below and return to Single Family Business Development Team via email at SFLenders@njhmfa.gov.

_____ (Name of Company) elects to participate in the following Mortgage Programs offered by the Agency until the end of the calendar year 2025, unless terminated sooner under the terms of this Agreement or extended by written notice from the Agency.

Please check all boxes that are applicable:

- First Time Home Buyer Program (Can be combined with DPA)
- Homeward Bound Program (Can be combined with DPA)
- HFA Advantage Conventional Program (Can be combined with DPA)
- Down Payment Assistance Program
- PFRS – Police and Firemen’s Retirement System Mortgage Loan Program
- Deliver Third Party Originated (Brokered) Loans

Please provide the names, phone numbers and email addresses of the principles at your institution. By providing the email addresses of these individuals, you hereby grant HMFA permission to add them to our email database in order to communicate important program news, updates, and events.

The individuals listed below will receive general correspondence, bulletins and revisions to Lender Participation Guide and are responsible for disseminating this information to your staff at all your branches.

Title	Name (First, Last)	Email Address	Phone # w/ext. if required
CEO/President			
Underwriting Manager			
Sales Manager			
Operations Manager			



If you have multiple Principals, please use the additional space below to provide their information. These individuals will also be added to the HMFA email database in order to receive general correspondence, bulletins and revisions to Lender Participation Guide and will be responsible for disseminating this information to their staff.

Title	Name (First, Last)	Email Address	Phone # w/ext. if required
Underwriting Manager			
Underwriting Manager			
Underwriting Manager			
Sales Manager			
Sales Manager			
Sales Manager			
Operations Manager			
Operations Manager			
Operations Manager			
Other: _____			
Other: _____			
Other: _____			



Branch Information and Inclusion on HMFA Approved Lender List

Please provide your Branch information below and state if you would like this information used on the Agency’s Approved Lender List. This list is disseminated at outreach events throughout the State of New Jersey and is posted on the HMFA website.

Corporate Office

Address: _____
City, State & Zip: _____
Branch Phone #: _____
Phone # (Consumers): _____
800 # (if applicable): _____
Website address: _____
Email: _____

Yes, this Branch should be on the HMFA Approved Lender List

Main Branch *(If different from Corporate Office.)*

Address: _____
City, State & Zip: _____
Branch Phone #: _____
Phone # (Consumers): _____
800 # (if applicable): _____
Website address: _____
Email: _____

Yes, this Branch should be on the HMFA Approved Lender List

Branch 1 *(If there are more than two branches, please use additional copies of this form.)*

Address: _____
City, State & Zip: _____
Branch Phone #: _____
Phone # (Consumers): _____
800 # (if applicable): _____
Website address: _____
Email: _____

Yes, this Branch should be on the HMFA Approved Lender List



Branch 2

Address: _____

City, State & Zip: _____

Branch Phone #: _____

Phone # (Consumers): _____

800 # (if applicable): _____

Website address: _____

Email: _____

Yes, this Branch should be on the HMFA Approved Lender List

Internet Loan Reservation System (ILRS) Administrator

Please list information below for your Internet Loan Reservation System Administrator.

This individual will be responsible for granting and managing loan officers' access to the ILRS.

Name: _____

Title: _____

Phone: _____ Ext: _____

Email: _____

Once all information is completed, please email to Single Family Business Development Team at SFLenders@njhmfa.gov.