

**Application for Federal Housing Administration (FHA)  
Lender Approval**

OMB Approval Number 2502-0005  
exp. 07/31/2019

Name: U.S. Department of Housing and Urban Development

**Section 1: Applicant Information**

TAX ID:

NMLS ID of Applicant: DBA name(s), if applicable. Use separate sheet for any additional DBAs

Geographic Address	Date Incorporated, Organized or Chartered: Mailing Address (if different)	Fiscal Year End (Month):
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County: Phone: Fax:

Web Site: eMail:

Contact Person	Name:	eMail:
	Phone:	Fax:

<b>Affiliation with Home Builder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: Tax ID:	<b>Minority/Women-Owned Business (Optional)</b> <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Minority-Owned/Women-Owned
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**Offices and Owners.** Please see Mortgagee Letter 2011-34 for details on which owners and officers must be listed. In addition, please indicate which officer will be in charge of the day-to-day operations of the applicant's planned FHA operations. Attach a separate sheet for any additional persons or owning entities.

Name of Person or Owning Entity	Title (If Applicable)	Officer in Charge?	Social Security or TAX ID Number	Percent Ownership
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

**FHA Lender Approval Types:** Please read the following to determine which approval type to apply for.

- **Nonsupervised Lender:** Correspondent lenders and mortgage lenders should apply for this type of approval if they want to underwrite, service, and/or own FHA insured loans. This type of approval also allows them to apply for approval to originate all types of FHA insured loans, including multifamily loans.
- **Supervised Lender:** Banks, savings banks, savings & loans and credit unions should apply for this type of approval if they want to underwrite, service, and/or own FHA insured loans. This type of approval also allows them to apply for approval to originate all types of FHA insured loans, including multifamily loans.
- **Government Lender:** Federal, State and local government agencies should apply for this type of approval if they want to underwrite, service, and/or own FHA insured loans. This type of approval also allows them to apply for approval to originate all types of FHA insured loans, including multifamily loans.
- **Investing Lender:** Any entity that only wants to own FHA insured loans should apply for this type of approval.

**Section 2: FHA Lender Approval Type, Loan Programs and Lender Functions**

FHA Lender Approval Type	FHA Loan Programs	Lender Functions
<input type="checkbox"/> Nonsupervised Lender <input type="checkbox"/> Supervised Lender <input type="checkbox"/> Government Lender <input type="checkbox"/> Investing Lender	<input type="checkbox"/> Title II Single Family ( <i>Forward and Reverse Mortgage Programs</i> ) <input type="checkbox"/> Title II Multifamily ( <i>Rental Housing, Nursing Homes, Hospitals, etc.</i> ) <input type="checkbox"/> Title I ( <i>Property Improvement and Manufactured Home Loans</i> )	<input type="checkbox"/> Originate <input type="checkbox"/> Underwrite*** <input type="checkbox"/> Service <input type="checkbox"/> Own

\*\*\*See HUD Handbook 4155.2 for information on how to obtain Direct Endorsement (DE) Underwriting Approval for Single Family Loans.

**Supervised Applicants -- Examined and Supervised by:**

- Federal Reserve System       Federal Deposit Insurance Corporation  
 Office of Thrift Supervision       National Credit Union Administration       Other:

**Section 3: Certifications and Acknowledgments:** Check the appropriate box next to each certification and/or acknowledgment. You must provide a detailed explanation for any certification where you mark the "No" box. The explanation must be on the applicant's letterhead, and must be dated and signed by the same person who signs this application.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. I certify I am a corporate officer and/or principal/owner of the above-named applicant with the authority to legally bind the applicant and to execute these certifications and acknowledgments on behalf of the applicant.                                                                                                                                                                                                                    | Yes <input type="checkbox"/>                             |
| 2. I certify the applicant is not subject to any assessments or contingent liabilities not disclosed in its financial statements.                                                                                                                                                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. I certify any required application fee has been paid                                                                                                                                                                                                                                                                                                                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. I certify that neither the applicant nor any of its principals, partners, officers, individuals serving on its board of directors, managers, supervisors, loan originators, loan processors, loan underwriters, individuals acting as authorized signatories or other employees are:                                                                                                                                                           |                                                          |
| (a) Suspended, debarred, under a limited denial of participation (LDP), or otherwise restricted under Part 25 of Title 24 of the Code of Federal Regulations, 2 Code of Federal Regulations, Part 180 as implemented by Part 2424, or any successor regulations to such parts, or under similar provisions of any other Federal or State agencies;                                                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (b) Under indictment for, have been convicted of, or charged with a felony offense that reflects adversely upon the applicant's integrity, competence or fitness to meet the responsibilities of a FHA approved lender;                                                                                                                                                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (c) Subject to unresolved findings contained in a Department of Housing and Urban Development or other governmental audit, investigation, or review;                                                                                                                                                                                                                                                                                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (d) Engaged in business practices that do not conform to generally accepted practices of prudent lenders or that demonstrate irresponsibility, including, but not limited to, failure to satisfy debts due and owing to FHA/HUD, or associating or affiliating, for the purpose of conducting mortgage business, with a person or entity previously sanctioned/fined by HUD;                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (e) Convicted of, or has pled guilty or <i>nolo contendere</i> ("no contest") to, a felony related to participation in the real estate, mortgage loan, or financial services industry—<br>(1) During the 7-year period preceding the date of the application for licensing and registration; or<br>(2) At any time preceding such date of application, if such felony involved an act of fraud, dishonesty, breach of trust, or money laundering; | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (f) In violation of provisions of the S.A.F.E. Mortgage Licensing Act of 2008 (12 U.S.C. 5101 et seq.) or any applicable provision of state law;                                                                                                                                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (g) In violation of any other requirement established by the Secretary;                                                                                                                                                                                                                                                                                                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (h) Currently or presently suspended, terminated, debarred, sanctioned, fined, convicted, denied approval, or subject to a license/approval revocation by any federal, state, or local government agency, or a government-related entity, where the action is related to the responsibilities that are commensurate with those of the financial services industry; and                                                                            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (i) Currently involved in a proceeding or subject to an investigation that could result, or                                                                                                                                                                                                                                                                                                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |

has resulted, in suspension, fine, debarment, or other sanction by a federal, state, or local government agency, conviction in a criminal matter, bankruptcy or loss of fidelity insurance or errors and omissions insurance coverage.

5. I certify that no mortgage insurance companies, secondary marketing agencies, warehouse lenders, or broker/dealers have denied the applicant approval in the past three years from the date of these certifications. Yes  No
6. I certify the applicant, its principals, partners, officers, and/or directors, have not been subject to any past or present action by HUD, VA, Fannie Mae, Freddie Mac, or other government-related entity in which there has been a request to repurchase a loan or to indemnify the entity against loss. Yes  No
7. I certify the applicant is not currently subject to, previously been, or is proposed for regulatory or supervisory action by any regulatory entity. Regulatory actions include, but are not limited to, supervisory agreements, cease and desist orders, notices of determination, notices of proposed actions, formal memoranda of understanding, informal memoranda of understanding, unresolved audits, revocation of license(s) and investigations. Supervisory actions include, but are not limited to, the appointment of a trustee, receiver, conservator, or managing agent. Yes  No
8. I acknowledge on behalf of the applicant, its continuing obligation to notify HUD's Lender Approval and Recertification Division, in writing, within 5 days of any change to the information or documentation provided in connection with this application for approval while the this application is pending review. Yes
9. I certify that neither the applicant nor any of its owners, principals, officers, managers or supervisors have been involved, through ownership or otherwise, with a previously defaulted Ginnie Mae issuer(s), an FHA-approved mortgagee that was subject to action by the Mortgagee Review Board, and/or an entity subject to a civil or criminal action by federal or state law enforcement. Yes  No
10. I certify that, upon the submission of this application, and with its submission of each loan for insurance or request for insurance benefits, the applicant has and will comply with the requirements of the Secretary of Housing and Urban Development, which include, but are not limited to, the National Housing Act (12 U.S.C. § 1702 *et seq.*) and, HUD's regulations, FHA handbooks, mortgagee letters, and Title I letters and policies with regard to using and maintaining its FHA lender approval. Yes
11. I acknowledge on behalf of the applicant, its continuing obligation to notify HUD's Lender Approval and Recertification Division, in writing, within 10 days of issuance of any notice (or proposed notice) of violation, revocation, sanction, suspension, or any other administrative action/proceeding initiated by a state or federal regulatory entity. Yes

**I hereby certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief. I acknowledge that if I knowingly have made any false, fictitious, or fraudulent statement, representation, or certification on this form or on any accompanying documents, I, as well as the applicant, may be subject to administrative action, as well as civil and criminal penalties, including fines and/or imprisonment, under applicable federal law, including but not limited to 18 U.S.C. §§1001, 1010, and 1012, and 31 U.S.C. §§3729 and 3802.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send the executed application form 92001-A and all required exhibits to one of the following addresses.

<p><b>US Mail</b>          Dept of HUD          FHA Lender Approval &amp; Recertification Division          451 7th Street, S.W., Room B133/P3214          Washington, DC 20410</p>	<p><b>Overnight Delivery</b>          Dept of HUD          FHA Lender Approval &amp; Recertification Division          490 L'Enfant Plaza East, SW, Suite 3214          Washington, DC 20024</p>
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Public Reporting Burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information requested on this form is required by 24 CFR Part 202, HUD Handbook 4060.1 or HUD Handbook, 4700.2. The information collected assists FHA in determining which lenders should be approved to participate in the FHA single and multifamily insurance programs. It is used to help FHA minimize its risk in insuring single family and multifamily mortgages. Applicants are not required to respond to this collection of information unless a currently valid approved OMB control number is displayed on the form.

**Privacy Act Statement.** Names and Social Security Numbers are requested in order for the Department to obtain positive identification of the applicant's officers, directors, stockholders and employees who have authority to obligate the applicant. The information requested will be used solely to determine the eligibility of the individuals to participate in the Department's mortgage insurance programs. The Department is authorized to request this information by Executive Order 9397 and it will not be disclosed outside the Department without prior consent except as required or permitted by law. The Social Security Numbers are provided to HUD on a voluntary basis. Failure to provide this information could cause delay in processing of the applications. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request

**Warning: It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include a fine and imprisonment. For details, see: Title 18 U.S. Code, Sections 1001 and 1010.**