



LENDER CONTACT AND ADDRESS FORM

Please update this form to include information for your corporate office and branches that will originate first mortgage loans for City of Raleigh Program. Only Names on this list will be eligible to participate in the program.

Company Name: _____

Corporate Office:

Main Contact Person: _____

Contact Person Title: _____

Contact Person Phone # _____

Contact Person Email Address _____

Contact Person Physical Address _____

Contact Person Mailing Address _____

Participating Branch Office:

Main Contact Person: _____

Contact Person Title: _____

Contact Person Phone # _____

Contact Person Email Address _____

Contact Person Physical Address _____

Contact Person Mailing Address _____

Participating Branch Office:

Main Contact Person: _____

Contact Person Title: _____

Contact Person Phone # _____ Fax # _____

Contact Person Email Address _____

Contact Person Physical Address _____

Contact Person Mailing Address _____

Participating Branch Office:

Main Contact Person: _____

Contact Person Title: _____

Contact Person Phone # _____ Fax # _____

Contact Person Email Address _____

Contact Person Physical Address _____

Contact Person Mailing Address _____

Participating Branch Office:

Main Contact Person: _____

Contact Person Title: _____

Contact Person Phone # _____ Fax # _____

Contact Person Email Address _____

Contact Person Physical Address _____

Contact Person Mailing Address _____