



Dear Lender,

Thank you for your interest in the City of Raleigh's Homebuyer Assistance Program, through which funds are made available to first-time homebuyers for down payment and closing cost assistance. Please complete the information below and return to our office via email at [homebuyer@raleighnc.gov](mailto:homebuyer@raleighnc.gov)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Eligibility requirements are listed below. Please check all that apply to your company.	Check "Yes" if statement is true.	
Company is an approved FHA, VA or Conventional mortgage originator.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company has a physical office located in North Carolina that has originated mortgages for at least one year.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company originates, processes, underwrites and closes loans in company's name.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company is compliant with federal and state banking laws pertaining to minimum capital requirements and regulations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company has not violated any federal banking regulations and is not undergoing any enforcement proceedings on any legal level.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company understands that all staff who participate in the program will be required to attend training with City staff.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company understands that if it does not use the City program during the first six-month period following execution of the Origination Agreement, company is subject to termination from the program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide NC Commissioner of Banks license number: \_\_\_\_\_  
(or reason for exemption)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title of Certifying Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email