

City of Dallas Homebuyer Assistance Program (DHAP)

Lender Membership Application Program Year 2023-2024

Institution Name: _____

Institution Address: _____
Street No. Street Name Suite

City State Zip Code

Primary Contact: _____ Title: _____

Phone Number: _____ Extension: _____

Fax Number: _____

Email Address: _____

Membership Guidelines:

1. Members must be in the business of offering mortgage loans to low and moderate income consumers and must conform with all NMLS and SAFE Act requirements.
2. Members must employ staff experienced in loan origination and loan processing.
3. Members must maintain thorough record keeping.
4. Member must be financially stable with a net worth acceptable to the City of Dallas ("City"), in its sole discretion.
5. Members must maintain an Errors and Omissions (E&O) insurance policy with a minimum coverage of \$300,000 per occurrence. City of Dallas must be identified as a Certificate Holder as follows:

City of Dallas
Housing and Neighborhood Revitalization
1500 Marilla St., Room 6CN
Dallas, TX 75201

6. Members with separate Retail and Wholesale divisions must submit an application for each.
7. Trainings for DHAP are available upon request with regard to procedures for accessing DHAP on behalf of potential homebuyers, DHAP loan processing, underwriting and closing.

8. **Members are required to uphold the underwriting guidelines and program principles of the City and DHAP. Any violation of these standards by a member will result in termination of such member's participation in DHAP and consequently sever such member's access to funds made available through DHAP.**

Category: _____

Phone Number to be Listed on DHAP Website (Wholesale Lenders Excluded): _____

Items that MUST be included with this Application:

- Certificate of Liability Insurance covering Errors and Omissions (E&O)
MUST evidence City of Dallas as Certificate Holder as follows:

City of Dallas
Housing and Neighborhood Revitalization
1500 Marilla St., Room 6CN
Dallas, TX 75201

- Audited Financials or most recent Annual Report.

CERTIFICATION STATEMENT:

I certify that I have read and understand the DHAP Membership Guidelines and certify that the foregoing statements and attachments are true, correct and complete. I am duly authorized to execute the DHAP Lender Membership Application on behalf of the indicated Institution.

Authorized Representative: _____

Title: _____

Signature: _____ **Date:** _____