

HOUSING OPPORTUNITIES COMMISSION
OF MONTGOMERY COUNTY, MARYLAND
SINGLE FAMILY MORTGAGE PROGRAM

**REQUEST FOR PROPOSAL – Open Solicitation
LENDER INFORMATION**

FILLABLE:

Mortgagee FHA #: _____

FNMA approval/Date and Number: _____

FHLMC approval/Date and Number: _____

U.S. Bank Approved MRBP Lender: Yes _____ No _____ Application in Process (date) _____

PROVIDE A COPY OF THE U.S. BANK MRBP approval letter.

Member of MERS: Yes _____ No _____

1. Name of Institution: _____

2. Address: _____

Web address: _____

3. Contact Name: _____

Telephone: _____ Fax: _____

Email: _____

4. Date company established: _____

5. Location(s) where applications will be taken:

6. Location of PROCESSING: (city & state)

7. Location of UNDERWRITING: (city & state)

8. Location of LOAN SHIPPING: (city & state)

9. Does your company service ARMs, Step Loans? Yes _____ No _____
10. Does your company process assumptions and/or release of liability? _____
11. Does your company administer its foreclosures and REO, or does it hire an outside firm?
12. Does your company have experience in originating FHA 203K or conventional rehabilitation loans? The number of loans originated and the length of time your company has been originating them. Does your company still originate these?
13. What are your company charges for the following fees:

	Fee Amount
Application Fee	_____
Appraisal Fee	_____
Courier/Messenger Fee	_____
Credit Report Fee	_____
Document Preparation Fee	_____
Document Review Fee	_____
Lifetime Flood Certification Fee	_____
Prequalification Fee	_____
Preapproval Fee	_____
Processing Fee	_____
Tax Service Fee	_____
Underwriting Fee	_____
Up Front/Basic Flood Certification Fee	_____

20. If applicable, what is your Community Reinvestment Act (CRA) Rating, if applicable?
21. Please provide Racial and Income Profile statistics of customers served and loans made in Montgomery County and Washington Metro Area for previous 2 years.

I hereby certify that the foregoing information is true and accurate to the best of my knowledge and belief.

Authorized Officer (Signature)

Dated: _____

(Print Name)