

Colorado Housing and Finance Authority
www.chfainfo.com

**CHFA Statewide Mortgage Credit Certificate (CHFA MCC) Program
Lender Information**

Lender Name: _____

Address: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Send information via Email Fax Mail

NMLS Number: _____ MERS Number: _____

Colorado License Number: _____

License Effective Date: _____ Expiration Date: _____

Federal Tax ID Number: _____

Signature: _____ Date: _____

Print Name: _____

Title: _____

Please answer the following questions

1. What is your organization type? (example: credit union, savings & loan)

2. Is your company in good standing with the Colorado Secretary of State?

Yes No

3. What is your geographic lending area?

4. Please list all offices that will be submitting applications for CHFA MCCs.

Use a separate sheet if needed:

Name: _____

Branch Address: _____

Branch Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Name: _____

Branch Address: _____

Branch Contact Name:

Phone: _____

Fax: _____

Email: _____

5. Are any employees bilingual? If yes, please provide name, office, and language.

6. Are your offices accessible to the physically handicapped?

Yes

No

7. Who is the contact person at your organization for the CHFA MCC program?

Name: _____

Phone: _____

Fax: _____

Email: _____

7. Who is responsible for providing closing/final documents to CHFA?

Name: _____

Phone: _____

Fax: _____

Email: _____

Please send the completed MCC-18 and application documents with a \$1000.00 one-time administrative fee made payable to Colorado Housing and Finance Authority.

Return all documents to:

CHFA

Home Finance – Business Development

1981 Blake Street

Denver, CO 80202