Application for Federal Housing Administration (FHA) Branch Office Approval U.S. Department of Housing and Urban Development

OMB Approval Number 2502-0005 exp. 10/31/2014

Lender Name:							
DBA name(s), if	applicable.						
10 Digit FHA ID Number NML		ILS Numb	S Number of Branch Office			TAX ID	
Ge		Mailing Address (if different)					
County:	Phone	Phone: Fax::					
Web Site:	eMail:	eMail:					
Branch	al 🗌 Dire	☐ Direct Lending ☐		Number of Employees:			
Branch Manager Name:					SSN:		
Contact Person	Name:			eMail:	1ail:		
	Phone:			Fax:			
be on the applicant's left. I certify I am a c	must provide a detailed explar etterhead, and must be dated a corporate officer and/or princ legally bind the lender and t	and signed b cipal/owner	of the same	person who ve-named	signs this app lender with		
2. I certify this branch office meets all HUD/FHA requirements Yes No							
 3. I certify that the staff of this branch office are employees of the lender which will pay all operating costs of the branch office including compensation of all employees 3. I certify that the lender has approval from the appropriate regulatory authority for any Yes No 							
DBA name listed on this application.							
4. I certify that the branch fee has been paid.5. I hereby certify that all of the information I have provided on this form and in any a					companying	Yes No Yes	
documentation is true and accurate to the best of my knowledge and belief. I acknowledge that if I knowingly have made any false, fictitious, or fraudulent statement, representation, or certification on this form or on any accompanying documents, I, as well as the lender, may be subject to administrative action, as well as civil and criminal penalties, including fines and/or imprisonment, under applicable federal law, including but not limited to 18 U.S.C. §§1001, 1010, and 1012, and 31 U.S.C. §§3729 and 3802.							
Name (Printed):		Title:					
Signature		Date		te			
Send the executed ap	required exh	xhibits to one of the following addresses.					
Dept of HUD FHA Lender Approval 451 7th Street, S.W., I		Overnight Delivery Dept of HUD FHA Lender Approval & Recertification Division 490 L'Enfant Plaza East, SW, Suite 3214					
Washington, DC 2041	10		Washington, DC 20024				

Public Reporting Burden for this collection of information is estimated to average 30 minutes per response, including the time for searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information requested on this form is required by 24 CFR Part 202, HUD Handbook 4060.1 or HUD Handbook, 4700.2. The information collected assists FHA in determining which lenders should be approved to participate in the FHA single and multifamily insurance programs. It is used to help FHA minimize its risk in insuring single family and multifamily mortgages. Applicants are not required to respond to this collection of information unless a currently valid approved OMB control number is displayed on the form.

Privacy Act Statement. Branch Manager's name and Social Security Numbers are requested in order for the Department to obtain positive identification of branch manager and will be used solely to determine the eligibility of the branch manager to be an officer of the lender. The Department is authorized to request this information by Executive Order 9397 and it will not be disclosed outside the Department without prior consent except as required or permitted by law. The Social Security Numbers are provided to HUD on a voluntary basis. Failure to provide this information could cause delay in processing of the applications. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request

Warning: It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include a fine and imprisonment. For details, see: Title 18 U.S. Code, Sections 1001 and 1010.