

**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	NMLS Number of Branch Office	TAX ID
Geographic Address		Mailing Address (if different)

County:	Phone:	Fax: :
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Web Site:	eMail:
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Type of Branch	Traditional <input type="checkbox"/> Nontraditional <input type="checkbox"/> Direct Lending <input type="checkbox"/>	Number of Employees:
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Branch Manager	Name:	SSN:
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Contact Person	Name:	eMail:
	Phone:	Fax:

**Certifications.** You must provide a detailed explanation for any certification where you mark the "No" box. The explanation must be on the applicant's letterhead, and must be dated and signed by the same person who signs this application.

1. I certify I am a corporate officer and/or principal/owner of the above-named lender with the authority to legally bind the lender and to execute these certifications on behalf of the lender. Yes

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2. I certify this branch office meets all HUD/FHA requirements Yes  No

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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 Yes  No

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3. I certify that the lender has approval from the appropriate regulatory authority for any DBA name listed on this application. Yes  No

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4. I certify that the branch fee has been paid. Yes  No

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5. I hereby certify that all of the information I have provided on this form and in any accompanying 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. Yes

Name (Printed):	Title:
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Signature	Date
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Send the executed application form 92001-B and all required exhibits to one of the following addresses.

<b>US Mail</b>	<b>Overnight Delivery</b>
Dept of HUD FHA Lender Approval & Recertification Division 451 7th Street, S.W., Room B133/P3214 Washington, DC 20410	Dept of HUD FHA Lender Approval & Recertification Division 490 L'Enfant Plaza East, SW, Suite 3214 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.**