



California Housing Finance Agency

P.O. Box 4034 • Sacramento • CA • 95812-4034 • (916) 322-3991 • www.calhfa.ca.gov

CALIFORNIA HOUSING FINANCE AGENCY
MORTGAGE INSURANCE SERVICES
APPLICATION FOR MASTER POLICY

INSTITUTION _____

STREET _____

CITY, STATE _____ ZIP _____ PHONE _____

CONTACT _____

TYPE OF INSTITUTION:

- Federal Savings & Loan Association, State Saving & Loan Association, Commercial Bank, Mutual Savings Bank, Mortgage Banker

(NOTE: Mortgage Brokers are not eligible for a Master Policy)

MEMBER OF:

- FDIC, FRS, FHLBB, FSLIC, OTHER _____

APPROVED BY:

- FHA, VA, FNMA, FHLMC, Private Mortgage Insurance Company (Name)

FOR THIS APPLICATION FOR A MASTER POLICY, WHICH PRODUCT(S) ARE YOU INTERESTED IN ORIGINATING?

WILL YOUR INSTITUTION BE SERVICING LOANS IT ORIGINATES UNDER THIS MASTER POLICY? _____

IF NO, PLEASE INDICATE WHICH INSTITUTION(S) YOU WILL BE TRANSFERRING THE SERVICING TO:

(NOTE: CalHFA Mortgage Insurance Services reserves the right to approve all servicing transfers per the appropriate provision of its Master Policy)

INSTRUCTIONS:

Please complete this form and submit it along with the following documentation:

- A) An audited or certified financial statement for the past 2 fiscal years.
- B) A copy of your current underwriting guidelines.
- C) A copy of your institution's organizational chart or a list of its officers, including addresses and phone numbers.
- D) A list of the location of all originating offices from where your institution will submit loans for mortgage insurance coverage.

Please send this documentation to:

California Housing Finance Agency
Mortgage Insurance Services
P.O. Box 4034
Sacramento, CA 95812-4034
Attn: Lender Services

Upon receipt, we will begin processing your application. Should we require further information, we will contact you.

We may require additional information and an on-site visit to discuss this application with your institution prior to approval and issuance of any Master Policy.

I (we) hereby apply for a CalHFA Mortgage Insurance Services Master Policy and declare that all information contained within is true and correct to the best of my knowledge.

Signature of Applicant

Title/Position

Phone Number

Date