January 1, 2020

Dear Mortgage Lender:

Thank you for your interest in the Washington State Housing Finance Commission’s (the Commission) Homeownership programs. Attached please find a brief program description, our Application to Participate/Lender Questionnaire, a link to the Mortgage Origination Agreement for Idaho Housing and Finance Association and Lakeview Loan Servicing as well as Lakeview Loan Servicing email address to request a correspondent lender application if your company is not currently approved with Lakeview. We invite your mortgage lending institution to join us in helping homebuyers in Washington State achieve the dream of homeownership with our Single Family programs and suite of downpayment assistance programs. Since 1983, the Commission has financed over 80,000 loans.

In order to participate in our programs, your lending institution must:

- Be qualified to do business in the State of Washington.
- Have the ability to approve, close and fund eligible loans in your own name with your own money.
- Must have the appropriate approvals to originate FHA, VA, USDA, Freddie Mac or Fannie Mae Conventional loans.
- You must have the ability to deliver loans using MERS.
- Audited financial statements evidencing $1,000,000 net worth.

Brokered loans do not work under the program.

Our application, both Mortgage Origination Agreements signed and correspondent lender application from Lakeview Loan Servicing is required. Your company must be approved by the Commission and both Master Servicers, and execute a Mortgage Origination Agreement with both.

Contact Lakeview Loan Servicing, LLC at crm@lakeviewloanservicing.com to obtain a Lakeview Correspondent Application.

Both Idaho Housing and Finance Association and Lakeview Loan Servicing must also approve your participation as an originator.

Please feel free to review our complete program manual at www.wshfc.org/sf/downloads.html and click on the Program Manual and Forms Download links towards the top. The current interest rate can be found on our Web site at www.wshfc.org.

Please send completed application to participate along with the required documentation to:

Washington State Housing Finance Commission  
ATTN: Corinna Obar, Manager, Homeownership Division  
1000 Second Avenue, Suite 2700  
Seattle, WA 98104-3601
Please contact Corinna Obar, Manager, Homeownership Division at corinna.obar@wshfc.org, or (206) 287-4414 with any questions you may have regarding our programs.

Mortgage Lenders must furnish the Commission with the information requested in the Commission’s Lender Questionnaire in sufficient detail acceptable to the Commission. The Commission may, in its sole discretion, waive or modify any or all of the foregoing requirements.

It will take approximately three weeks to receive all approvals.

I look forward to your participation.

Sincerely,

Lisa DeBrock
Lisa DeBrock
Director
Homeownership Division

Enclosure
Benefits of the Commission’s Loan Program

The Commission’s programs are designed for low and moderate-income households who are typically first time homebuyers. Advantages include:

- **Program advantages for Borrower:**
  - Qualifies for a larger mortgage.
  - Flexible underwriting criteria.
  - For Fannie Mae’s HFA Preferred and Freddie Mac’s HFA Advantage, reduced loan level pricing adjustments.
  - Allows for manufactured homes.

- **Program advantages for Loan Originator:**
  - Builds customer loyalty.
  - Stops the rate shoppers.
  - Special conventional underwriting guidelines offered.
  - Promotes community awareness and involvement.

- Downpayment assistance programs for downpayment and closing costs:
  - Wraps the borrower’s downpayment and closing costs into the loan.
  - Combines with other community downpayment assistance programs.
  - Allows higher Combined Loan-to-Value.
  - Serves special populations (i.e., people with disabilities & Veterans).

Program Descriptions

**Home Advantage Program**

In order to qualify for our Home Advantage Program, Borrowers must:

- Not have income exceeding our income limits based upon the final Automated Underwriting System (AUS) approval and underwriter’s signed 1008/92900-LT/VLA;
- Attend a Commission-sponsored homebuyer education seminar;

The IRS guidelines followed in the House Key program below are waived as per the Home Advantage Manual. There is no first time homebuyer requirement, acquisition cost limit, business use of home limitations, IRS property restrictions, IRS forms, or recapture provision.

In regards to the Home Advantage Program, the following sections of the Mortgage Origination Agreement are waived because compliance to the IRS code is not required:

- Recapture requirements – 5th paragraph in Section 4.02; Section 4.13(v); Section 4.18(h)
- First time homebuyer requirement – Section 4.04(b); Section 4.07; Section 4.12(d)(4); Section 4.18(c)
- Acquisition Cost – Section 4.04(c); Section 4.04 paragraph 2 under (e); Section 4.06; Section 4.12(3)(6); Section 4.18(d)
- Income limit calculation – Section 4.04(d)
- Business Use of Home – 4.12(d)(2)
**Program Rates and Points**

The current interest rate can be found on our Web site at [www.wshfc.org](http://www.wshfc.org), with loans purchased by the Master Servicers for the Home Advantage Program as follows:

<table>
<thead>
<tr>
<th>Borrower Points</th>
<th>Loan Sale by Lender to Servicer</th>
<th>Net Compensation to Lender</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>101.25%</td>
<td>2.25%</td>
</tr>
<tr>
<td>0.00</td>
<td>102.25%</td>
<td>2.25%</td>
</tr>
</tbody>
</table>

Additional overages are not allowed.

**Rate Locks & Mandatory Delivery Dates**

The Mortgage Lender can reserve funds using the On-line Reservation System. Rate locks on a reservation may be made from 9:00 am – 4:00 pm Prevailing Pacific Time Monday through Friday excluding holidays.

The loan must close within 50 days of reservation and be purchased by the Master Servicer, within 60 days of reservation. Closed loan files need to be delivered to the Master Servicers within 10 days of loan closing. It is recommended the lender close the loan within 30 days of reservation to allow enough time for delivery and purchase by the Master Servicers. Lenders not meeting mandatory delivery dates will pay extension fees. Lenders not meeting mandatory delivery dates on a regular basis are subject to removal from the Program at the sole discretion of the Commission.

An extension (either 7, 15 or 30 days) to a reservation must be made electronically in writing prior to the expiration of the lock. An extension will require approval by the Commission and will be subject to market conditions. The cost for extension fees can be found on the Rate Lock Extension Form on the Commission’s Website at [http://www.wshfc.org/sf/HAforms.html](http://www.wshfc.org/sf/HAforms.html). Fees may be higher depending on market conditions. If the Lender fails to extend the lock prior to expiration of the reservation, the Commission is not obligated to purchase the loan.

Lenders may charge the Borrower an extension fee at loan closing. If the loan is purchased within 10 days of loan closing and before day 60, the Lender will refund the extension fee back to the appropriate party and provide proof to the Commission of the refund.
House Key Program
In order to qualify for our House Key State Bond Program, Borrowers must:

- Meet the definition of a first-time homebuyer, unless the residence is located in a targeted area;
- Annualized Gross Household Income must not exceed our income limits;
- Maximum Acquisition Cost for residence must not exceed limits;
- Attend a Commission-sponsored homebuyer education seminar.

Recapture Tax Provision
Please note the House Key State Bond program uses the proceeds of tax-exempt bonds to provide financing for first-time homebuyers. Federal tax law requires that certain homeowners may have to pay to the U.S. Treasury a portion of the sale proceeds of their residences. A portion of the sale proceeds representing the benefit derived by the borrower from the Program would be payable to the U.S. Treasury if the residence financed by a Mortgage Loan were sold within nine years of purchase at an appreciated price and if the borrower exceeds the federal income limits.

The Commission provides Mortgage Lenders with disclosure information concerning this provision of federal tax law. Mortgage Lenders will be required to disclose to borrowers this potential payment obligation at time of loan application and loan closing, but will not have any additional monitoring, collection, or enforcement responsibilities.

Program Rates and Points
The current interest rate can be found on our Web site at www.wshfc.org, with loans purchased by the Master Servicer for the House Key Program as follows:

<table>
<thead>
<tr>
<th>Borrower Points</th>
<th>Loan Sale by Lender to Servicer</th>
<th>Net Compensation to Lender</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>101.25%</td>
<td>2.25%</td>
</tr>
<tr>
<td>0.00</td>
<td>102.25%</td>
<td>2.25%</td>
</tr>
</tbody>
</table>

Additional overages are not allowed. Loan originators are notified of new funds and program updates through Program Announcements via e-mail.

Home Advantage and House Key Similarities

Loan Types
The Borrower(s) must qualify through the Mortgage Lender for the first mortgage loan. The Program Loans may be a 30 year fixed rate FHA, VA, HUD Section 184, Fannie Mae or Freddie Mac Conventional, or USDA Rural Development loan. Qualifying Mortgage Loans must be FHA Insured, or VA or USDA Rural Development and eligible for securitization by Ginnie Mae or conventional Mortgage Loans eligible for purchase by Fannie Mae or Freddie Mac as specified in the Program Manual.

Lender Fees
Fees for loan processing, loan documents, etc., may be charged by the Lender if usual and customary for the program and cannot exceed $1,500.
First Serve Reservation System

Program funds are allocated on a first-come/first-served basis, through an online reservation system.

Servicing

All Mortgage Loans are sold servicing-released to the appropriate Master Servicer.

Pre-Closing Compliance

All Mortgage Loans are reviewed by the Commission’s Seattle office prior to closing to ensure the Mortgage Loans meet compliance guidelines.

Eligible Loan Originators

Loan originators employed by a participating Mortgage Lender who have completed the Commission’s in-person lender training are eligible to originate Program Loans. In order to remain eligible to teach Commission-sponsored homebuyer education seminars, loan originators must close, and have purchased by the Commission, at least one Program Loan during a one-year period.

Home Advantage/Homebuyer Education Instructor Training

All loan originators who wish to originate the Commission’s Program Loans are required to attend a three-hour lender training session. Processors, closers, underwriters and shippers are also encouraged to attend.

Loan originators who wish to teach homebuyer education seminars sponsored by the Commission must also attend a three-hour Homebuyer Education Instructor training session, held in the afternoon of the same day.

Once the Mortgage Lender is approved to participate, program contacts can register interested lending staff for these trainings on our Web site at www.wshfc.org. The training fee is $60.00 per participant.

In addition, the Commission offers free quarterly Web-based training for back office lending staff on how to process and close our loans. Please contact Corinna Obar at (206) 287-4414 for further information.
APPLICATION TO PARTICIPATE
WASHINGTON STATE HOUSING FINANCE COMMISSION
LENDER QUESTIONNAIRE

Legal Name of Institution: ____________________________________________

List DBA’s (if applicable): __________________________________________

__________________________________________

Type of Institution: □ Mortgage Company □ National Bank □ State Bank
□ Credit Union    Other: ____________________________

OFFICE IN CHARGE OF WASHINGTON OPERATIONS:

Name: ____________________________ Title: ____________________________

Phone: ____________________________ Fax: ____________________________

E-mail Address: ________________________________

Street Address: ________________________________

City: ______________ State: __________ Zip Code: __________________

Mailing Address: ________________________________

City: ______________ State: __________ Zip Code: __________________

Is your lending institution currently conducting business with Lakeview Loan Servicing, LLC?
□ Yes □ No OR Idaho Housing Finance Association □ Yes □ No?

Please list the name of other state housing finance agencies with which your lending institution participates:
___________________________________________________________

___________________________________________________________

Please list three correspondent lenders with which your lending institution currently conducts business:
___________________________________________________________

___________________________________________________________

___________________________________________________________

Federal Tax Identification # ________________________________
FNMA Seller/Servicer Approval Number: ________________________________
Freddie Mac Seller/Servicer Approval Number: ________________________________
FHA Approved Mortgagee Number: ________________________________
FHA Approved Direct Endorsement Underwriter(s) Name and CHUMS Number: __________________________________________

VA Approved Mortgagee Number: ________________________________
GNMA MBS Issuer ID Number: ________________________________
RHS Approved Mortgage Number: ________________________________
Government supervision by: ________________________________
What is your MERS ID Number? ________________________________

Private Mortgage Insurers (please give approval numbers for all insurers with which your institution has current contracts):

<table>
<thead>
<tr>
<th>Mortgage Insurance Company</th>
<th>Approval Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>__________________</td>
</tr>
<tr>
<td>__________________________</td>
<td>__________________</td>
</tr>
<tr>
<td>__________________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

Does your errors and omissions policy cover the Commission as an Additional Insured?

☐ Yes  ☐ No

Please state the name of the Insurer and limits of liability for your errors and omissions coverage:
________________________________________________________________________ $ ____________

Does your fidelity bond name or cover the Commission as an Additional Insured?

☐ Yes  ☐ No

Please state the name of the guarantor and the amount of your fidelity bond:
________________________________________________________________________ $ ____________

Please indicate whether you or your parent company are, or have received, notice or knowledge that you or your parent company are on any form of “watch list”; or under any program of specified supervision of the FDIC, FSLIC, Federal Home Loan Bank Board, NCUA, or other regulatory body:

☐ Yes  ☐ No

If “Yes”, please indicate name of regulatory body involved: ______________________________

January 1, 2020
Washington State Housing Finance Commission
ORIGINATION INFORMATION

Date of Qualification to do Business in the State of Washington: ___________________
Number of Loan Origination Employees based in Washington: ___________________
Number and Amount of One-to-Four-Family Mortgages originated in Washington:

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th></th>
<th>2018</th>
<th></th>
<th>2017</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>$</td>
<td>#</td>
<td>$</td>
<td>#</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

LENDER CONTACT INFORMATION

- The Lender Contact receives all critical information, including Program Announcements, and serves as a resource to trained originators within your organization.
- The Lender Contact is responsible for monitoring loan reservations.
- The Lender Contact has the first opportunity to spot trends and monitor completeness of the loan process, creating enhanced performance.
- Lender Contacts who call the Commission and the Master Servicer on behalf of their loan originators will have controls in place to ensure consistency with loan file submittals.

The person named below will be the Primary Contact person for Program Administration. Responsibilities include distribution of program information to all branch offices, and acting as liaison between the Mortgage Lender, Borrower, Commission and the Master Servicer.

Name ____________________________ Title ____________________________
Street Address ______________________ Phone # _______________________
City, State, ZIP ____________________ Fax # _________________________
E-mail Address _____________________ Signature ______________________

Contact for Payment Verification:

The following named person should be contacted regarding payments and verification of account balances for any Commission Program Loans to be sold to the Master Servicer:

Name ____________________________ Title ____________________________
Street Address ______________________ Phone # _______________________
City, State, ZIP ____________________ Fax # _________________________
E-mail Address _____________________ Signature ______________________
GENERAL FINANCIAL INFORMATION

Are your financial statements audited?  □ Yes  □ No

By whom?  ______________________________________________________________

Organization Fiscal Year ends on ________________________________ of each year.

The information provided below is for Fiscal Year ended ______________________

A. Please provide the following information if your institution is a credit union, savings or commercial bank:

   Profit (Loss), year to date .................................................................
   Total assets ..................................................................................
   Conventional mortgage loans ......................................................
   FHA-VA mortgage loans ..........................................................
   Cash ............................................................................................
   Total capital accounts ...............................................................
   Total deposits ...........................................................................
   Total capital notes and long-term debt outstanding ....................
   Net Worth (capital, surplus, UP & R) ...........................................

B. Please provide the following information if your institution is a mortgage company:

   Profit (Loss), year to date .................................................................
   Total assets ..................................................................................
   Conventional mortgage loans ......................................................
   FHA-VA mortgage loans ..........................................................
   U.S. Government obligations .......................................................
   Construction and development loans (net of possible losses) ...
   Foreclosed properties ..............................................................
   Net Worth ..................................................................................
CERTIFICATIONS:

There is _____, is not _____, any litigation, fidelity losses, or federal program suspensions pending against our company or any of our employees which could materially affect our ability to perform our obligations under the Commission’s Program. (If there is, attach explanation.)

I hereby certify that the foregoing information (and our company’s previous origination experience as set forth in an accompanying form) is true and correct to the best of my knowledge and belief. I understand that an audited financial statement may be requested.

It is understood that Commission may use the information contained in this Lender Questionnaire, along with other factors and information (including any data furnished by the undersigned in connection with prior programs of Commission), in selecting Participating Lenders for the Program. We hereby authorize such use and certify to the best of our information, belief and knowledge, that the information presented in this Lender Questionnaire is true and accurate to the extent possible given available information. We understand that if any information is materially misrepresented in this Lender Questionnaire, the Commission shall have the right to modify or terminate our participation in its Program. In certain instances, estimates have been based upon reasonable assumptions using such reliable sources of data and information as are available to this institution. We further certify that as of the date hereof there is no aspect of our financial condition or operations that could reasonably be expected to adversely affect our ability to perform our obligations to Commission under the Mortgage Origination Agreement applicable to the Program.

_____________________________________________________
Lending Institution

_____________________________________________________
Name                  Title

_____________________________________________________
Signature               Date
LENDER PARTICIPATION FEE CALCULATION

Participating Branches

PLEASE LIST BELOW ALL BRANCHES ORIGINATING PROGRAM LOANS:

1. Branch Name: ___________________________________________________________
   Branch Site Address: ____________________________________________________
   Branch Mail Address: ___________________________________________________
   Branch Phone # __________________ Branch Fax # _________________________

2. Branch Name: _________________________________________________________
   Branch Site Address: ____________________________________________________
   Branch Mail Address: ___________________________________________________
   Branch Phone # __________________ Branch Fax # _________________________

3. Branch Name: _________________________________________________________
   Branch Site Address: ____________________________________________________
   Branch Mail Address: ___________________________________________________
   Branch Phone # __________________ Branch Fax # _________________________

4. Branch Name: _________________________________________________________
   Branch Site Address: ____________________________________________________
   Branch Mail Address: ___________________________________________________
   Branch Phone # __________________ Branch Fax # _________________________

5. Branch Name: _________________________________________________________
   Branch Site Address: ____________________________________________________
   Branch Mail Address: ___________________________________________________
   Branch Phone # __________________ Branch Fax # _________________________

PLEASE LIST ADDITIONAL BRANCHES AND INFORMATION ON A SEPARATE SHEET IF NECESSARY.
Participation Fee for New Lending Institutions

The program participation fee requirement for new lending institutions is $500.00 per institution. This includes up to five branches. For institutions wishing to register more than five branches, the participation fee is $100.00 per branch.

Fee Calculation

Number of Branches

CHECK ONE:

- $500.00 Total (1-5 branches)
- x $100.00 each (6 or more branches)

Total Participation Fee: $ ____________

This is the participation fee required from your institution. Please enclose a check for this amount, payable to the “Washington State Housing Finance Commission.”

Additional Information

We welcome you to include contact information for additional operations staff at your corporate office who would like to receive our program update e-mails.

Name ___________________________ Title ___________________________
E-mail __________________________ Phone __________________________

Name ___________________________ Title ___________________________
E-mail __________________________ Phone __________________________

Name ___________________________ Title ___________________________
E-mail __________________________ Phone __________________________

Name ___________________________ Title ___________________________
E-mail __________________________ Phone __________________________