**Finance Authority** 

Golden State Finance Authority (GSFA)
1215 K Street, Suite 1650 · Sacramento, California 95814

1215 K Street, Suite 1650 · Sacramento, California 95814 Phone: (855) 740-8422 · Fax: (916) 444-3219 · <u>www.gsfahome.org</u>

# ReCoverCA Homebuyer Assistance (DR-HBA) Program LENDER PROFILE

In order to better serve you, we are requesting contact information for specific departments within your company. This information will not be shared with any third parties. For your convenience, you may choose to attach a separate list of contact information for your company.

#### **CORPORATE INFORMATION:**

LEGAL NAME:		
DBA NAME (If applicable):		
COMPANY WEBSITE:		
CORPORATE ADDRESS:	PHONE:	
CITY:	FAX:	
STATE:	ZIP CODE:	

#### PRIMARY CORPORATE CONTACT - Receives important Program communications and updates.

NAME	PHONE:	
TITLE:	FAX:	
ADDRESS:	CITY:	
STATE:	ZIP:	
EMAIL:		

### ACCOUNTS PAYABLE CONTACT - receives fee invoices/payments for costs related to Program.

NAME	PHONE	
TITLE:	FAX	
ADDRESS:	CITY	
STATE:	ZIP	
EMAIL:		

#### PASSWORD MANAGEMENT - Creates and manages logins for our online Loan Reservation Portal.

NAME	PHONE:	
TITLE:	FAX:	
ADDRESS:	CITY:	
STATE:	ZIP:	
EMAIL:		

## **DOCUMENTS MANAGER LOGIN** – Views company reports and pipeline; pulls loan documents.

NAME	PHONE:	
TITLE:	FAX:	
ADDRESS:	CITY:	
STATE:	ZIP:	
EMAIL:		
DDITIONAL LOGIN:	☐ Password Manager ☐ Documents M	lanager
NAME	PHONE:	
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EMAIL:		
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NAME TITLE: ADDRESS: STATE: EMAIL:	PHONE: FAX: CITY: ZIP:	
NAME TITLE: ADDRESS: STATE: EMAIL: DDITIONAL LOGIN:	PHONE: FAX: CITY: ZIP:  Password Manager	
NAME TITLE: ADDRESS: STATE: EMAIL: DDITIONAL LOGIN: NAME	PHONE: FAX: CITY: ZIP:  Password Manager Documents M PHONE:	
NAME TITLE: ADDRESS: STATE: EMAIL:  DDITIONAL LOGIN: NAME TITLE:	PHONE: FAX: CITY: ZIP:  Password Manager Documents M PHONE: FAX:	

#### **AUTHORIZATION TO USE FAX/PHONE NUMBERS**

By signing below the Applicant provides Golden State Finance Authority (GSFA). with the authorization to utilize the listed and/or attached fax number(s), phone number(s) and email addresses for communication of information directly related to GSFA sponsored and/or managed programs.

OFFICER'S NAME:		
OFFICER'S TITLE:	PHONE:	
SIGNATURE:	DATE:	

#### **MAIL or EMAIL to:**

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