



LENDER PARTICIPATION APPLICATION

Name of Institution _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____

Contact Email Address _____

Contact Phone/Fax Number _____

CHECKLIST

- FDIC (if applicable)
- Corporation Date _____ (if applicable)
- Number of years in the state of Missouri _____
- Current Audited Financial
 - Assets \$ _____
- Approval Letters FHA, VA, USDA, etc.
- Fidelity Bond
 - Amount \$ _____
 - Expiration _____
- Errors and Omission
 - Amount \$ _____
 - Expiration _____
- Training Attended by _____
 - Training Date _____
 - Training Location Attended _____