



## LENDER/SERVICER RECERTIFICATION CHECKLIST

Submit this checklist with your Recertification package which is due within 90 days of your fiscal year end. Upon WHEDA's receipt of a complete package, allow 20 business days for review. WHEDA will not begin review of applications deemed incomplete. Additional information may be requested by WHEDA as needed.

	Annual Recertification Checklist	
	Depository Institution	Non-Depository
Updated list of Key Employees		
Completed Addendum		
Custodial account certification		
Audited financial statements for the previous year		
Fidelity Bond and Errors and Omissions Insurance declaration pages		
List of all individuals or entities with an ownership interest of 10% or greater		
List of housing-related affiliates in which the Applicant holds an ownership interest of 10% or greater		

**If WHEDA has questions regarding this checklist and application:**

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address: \_\_\_\_\_

**KEY EMPLOYEES**

Company Name: \_\_\_\_\_

Please list at least one key employee in each process area identified below and include resume(s):

**Origination**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
PO Box/Zip: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street: \_\_\_\_\_ NMLS #: \_\_\_\_\_  
City/County/Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax #: \_\_\_\_\_

**Underwriting**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
PO Box/Zip: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/County/Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax #: \_\_\_\_\_

**Quality Control**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
PO Box/Zip: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/County/Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax #: \_\_\_\_\_

**Post Closing**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
PO Box/Zip: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/County/Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax #: \_\_\_\_\_

Print additional sheets if needed.



## Addendum to the Lender Attestation Agreement

### Servicing Lenders Only:

#### As an Addendum to the Attestation Agreement, I hereby certify that:

10. The Company has met and continues to meet all requirements of the WHEDA Loan Servicing Agreement and the WHEDA Loan Servicing Manual; and will service WHEDA loans to the same standard as its own portfolio of single family high loan-to-value (LTV) ratio residential mortgages.

I have read and affirm that all the above information is true and correct. I hereby authorize WHEDA to verify the information with any other sources, and I hereby waive any cause of action or claim I may have against such sources with respect to any information they may provide.

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Authorized Signature)  
\_\_\_\_\_  
(Print or type name) Date: \_\_\_\_\_

### Servicing Lenders Only:

Please submit the following:

1. A report, prepared, signed and dated within the past 90 days by an independent public accountant, certifying that they have reviewed all applicable P&I and escrow custodial accounts, that the accounts name the Company as agent for WHEDA, and that the Company has accurately reported the status of the accounts.
2. The information requested below for the primary contact person(s) within your company for WHEDA related loan servicing issues:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone # \_\_\_\_\_