



**WHEDA Advantage  
Lender Changes**

# WHEDA

Use this form to notify WHEDA of changes or corrections in your institution's name, contact person, address or telephone number.

**LENDER NUMBER** \_\_\_\_\_

OLD:

NEW:

\_\_\_\_\_  
Lender name

\_\_\_\_\_  
Lender Name

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
P.O. Box                      Street Address

\_\_\_\_\_  
P.O. Box                      Street Address

\_\_\_\_\_  
City                      State                      Zip+4

\_\_\_\_\_  
City                      State                      Zip+4

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

Is this a new branch?  Yes       No

How does this location receive updates? Please indicate below.

\_\_\_\_\_ This office signed up for the subscription service to obtain program updates.  
Email address: \_\_\_\_\_

\_\_\_\_\_ The home office has signed up via the subscription service and provides this office with updated material.

\_\_\_\_\_ Other: Please explain. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

Fax to:  
**Fax (608) 819-4733**

WHEDA Advantage