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| **Administrator:** | |
| **Contract Number** |  | |
| **Beneficiary Name :** | | |
| **Project Address:** | | |

State and federal laws require that persons involved in the origination of mortgage loans either be licensed or exempt or that they use someone who is licensed to perform all acts requiring licensure.  The intake application submitted to TDHCA does not include Loan Originator Information, and this form serves to notify TDHCA of the Loan Originator’s status regarding licensure.

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| Current Status (Select one option) | |
|  | **Exempt Governmental Entity:** Administrator is not required to be licensed, nor is Administrator engaging the professional services of an entity that is required to be licensed. |
|  | **Exempt Nonprofit Entity:** Administrator has notified the Texas Department of Savings and Mortgage Lending (“TDSML”) of a claimed exemption from the loan origination licensing requirements and to date received no objection to or rejection of that claimed exemption from TDSML. |

We expressly understand that TDHCA is relying upon the truth of these statements herein and the undertakings of the contractor, administrator, or subrecipient for the purpose of complying with  (1) the Dodd Frank Act (Public Law 111-203, 124 Stat.1375), (2) Consumer Financial Protection Bureau (“CFPB”) Mortgage rules, (3) the Truth in Lending Act (“TILA”) (15 U.S.C. 1601 *et seq.)* and its implementing regulations at 12 CFR §1026 (Regulation Z),  (4) the Real Estate Settlement Procedures Act (“RESPA”) (12 U.S.C. 2601 *et seq.)* and its implementing regulations at 12 CFR §1024 (Regulation X), and (5) any and all applicable Texas laws, statutes, and regulations in the origination, closing  and servicing of the TDHCA’s residential mortgage loan transactions.

We also understand and acknowledge that TDHCA is not making a determination on any exemption status or verifying any loan origination number by our execution and TDHCA’s acceptance of this confirmation of our status,  and TDHCA is assuming no responsibility for the compliance responsibilities of the person completing this confirmation or for any entity for whom they are an agent, employee, or contractor complying.

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| Signature of Individual Acknowledging Licensing Status |  | Title |
| Name |  | Date |