

Home Affordable Modification Program (HAMP) Registration Form

Registration Type <input type="checkbox"/> New HAMP Servicer Registration <input type="checkbox"/> Update to HAMP Servicer Registration <input type="text"/> Enter existing HAMP Registration Number if changing information associated with the contract <input type="text"/> Enter existing HAMP Servicer Number if changing information associated with a servicer <input type="checkbox"/> Additional HAMP Servicer Number Request <input type="text"/> Enter existing HAMP Registration Number that this new servicer should be associated with	Internal Use Only HAMP Registration Number: <input style="width: 100%;" type="text"/> HAMP Servicer Number: <input style="width: 100%;" type="text"/>
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Section 1: Account Holder's Identification ("Servicer") (REQUIRED)

Account Holder's Name and Address Company Name: <input style="width: 100%;" type="text"/> Street: <input style="width: 100%;" type="text"/> City: <input style="width: 50%;" type="text"/> State: <input style="width: 50%;" type="text"/> Zip code: <input style="width: 100%;" type="text"/>	Primary Contact Name and Telephone Number (Individual Completing/Submitting Form with Authority to Execute) Contact Phone Number: (<input style="width: 15%;" type="text"/>) <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> Contact Name: <input style="width: 50%;" type="text"/> Extension: <input style="width: 20%;" type="text"/> E-Mail Address <input style="width: 100%;" type="text"/>
List all DBAs, trade names and assumed names used by Servicer as a servicer of loans: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	Secondary Contact Name and Telephone Number (Individual Validating ACH Payment Instructions) Contact Phone Number: (<input style="width: 15%;" type="text"/>) <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> Contact Name: <input style="width: 50%;" type="text"/> Extension: <input style="width: 20%;" type="text"/> E-Mail Address <input style="width: 100%;" type="text"/>
	Servicer Operations Contact Name and Telephone Number (Individual to Contact Regarding Reporting) Contact Phone Number: (<input style="width: 15%;" type="text"/>) <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> Contact Name: <input style="width: 50%;" type="text"/> Extension: <input style="width: 20%;" type="text"/> E-Mail Address <input style="width: 100%;" type="text"/>

List the official name of all subsidiaries of Servicer that perform loan servicing and under the name of each one, list the DBAs, trade names and assumed names and customer contact information the subsidiary uses in servicing loans:

Section 2: Portfolio Data (REQUIRED)

For your Agency portfolio, please provide the following:

Fannie Mae Servicer ID:

Freddie Mac Servicer ID:

For your non-Agency portfolio, please provide the following first lien mortgage data:

Note: Your non-Agency portfolio includes only loans you directly service for your own account or for a third party as primary servicer (and not as Master Servicer or sub-servicer for another servicer). You are the primary servicer even if you have contracted with a sub-servicer to perform day-to-day servicing activities.

FHA 10-digit ID Number:

Section 3: ACH Payment Instructions - Single (Default) Account (REQUIRED)

The foregoing account will be the "default" bank account for the Servicer to receive payments via ACH under the MHA programs. If the Servicer would like Fannie Mae to bypass making MHA program payments directly to the default account and instead make payments to separately designated servicer, investor, and borrower accounts of the Servicer, then the Servicer should also complete section 4 of this Registration Form. Default bank account information is required.

Bank Name:

Bank Mailing Address:

City:

State:

Zip:

9 Digit Bank Transit / ABA Number:

Account Number:

Account Name:

Section 4: ACH Payment Instructions - Multiple Accounts (OPTIONAL)

Additional accounts can be established for servicer, investor, and borrower compensation. Complete the sections below if you would like additional accounts to be established.

Servicer Compensation

Bank Name:

Bank Mailing Address:

City:

State:

Zip:

9 Digit Bank Transit / ABA Number:

Account Number:

Account Name:

Investor Compensation

Bank Name:

Bank Mailing Address:

City:

State:

Zip:

9 Digit Bank Transit / ABA Number:

Account Number:

Account Name:

Borrower Compensation

Bank Name:

Bank Mailing Address:

City:

State:

Zip:

9 Digit Bank Transit / ABA Number:

Account Number:

Account Name:

Section 5: Signature (REQUIRED)

The officer of the Servicer, by his or her signature below, represents and warrants on behalf of Servicer to Fannie Mae that (i) he or she is duly authorized by the Servicer to authorize and approve the receipt of funds on behalf of the Servicer on the bank accounts identified in sections 3 and 4 above; (ii) Fannie Mae may continue to send money to the accounts designated in sections 3 and 4 above until Fannie Mae receives, in writing in a form suitable to Fannie Mae, updated ACH payment instructions from the Servicer at least ten days prior to the next anticipated transfer of funds, and (iii) Fannie Mae is entitled to rely on the accuracy of any signatures and the information provided in this Registration Form (or any written updates), (iv) the bank or banks identified in sections 3 and 4 above are able to receive funds via ACH from Fannie Mae under the MHA programs; and (v) in the event of an overpayment by Fannie Mae, Servicer hereby authorizes Fannie Mae to initiate an electronic debit transfer from the accounts designated in Sections 3 and 4 (as applicable) to correct such overpayment. We understand that Servicers are required to report loan level data to the U.S. Treasury through the HAMP Reporting Tool. We have read and understand reporting tool guidance, job aids and other supplied program requirements available on HMPAdmin.com, and certify that we intend to follow these requirements and any new requirements as directed by Treasury while participating in any MHA programs.

Primary Contact's Signature _____

Date Signed _____

Primary Contact's Printed Name & Title _____

Primary Contact's Printed Phone Number _____

Instructions for Completing Form

Submit HAMP Registration Request To:

HAMP Solutions Center

fax: (240) 699-3900

email (signed and scanned): setup@HMPAdmin.com

General:

- The HAMP Registration Form allows servicers to add/change bank accounts for the Home Affordable Modification Program.
- **Complete the HAMP Registration Form to initiate the registration process and submit the form to the HAMP Solutions Center by facsimile or email. After receipt of the HAMP Registration number and the HAMP servicer number, please return the completed original HAMP Registration Form along with the other required registration documents to the HAMP Solutions Center.**
The Servicer must file a HAMP Registration Form and check "Update to HAMP Servicer Registration" under Registration Type whenever any of the information reflected in the most recently submitted HAMP Registration Form becomes inaccurate due to changed circumstances.
An updated HAMP Registration Form must be submitted within 10 days after the event that triggers the need for the update.
- A unique HAMP registration number and a HAMP servicer number will be assigned with the first registration request. Complete a separate form for each subsidiary that you would like to register.
- All program compensation payments will be made via ACH.
- If you have questions about the form please contact the HAMP Solution Center at setup@HMPAdmin.com.

Section 1: Account Holder's Identification (REQUIRED)

Please provide:

- **Account Holders Name and Address:** The name and address of the account holder.
- **Primary Contact Name and Telephone Number:** The name and telephone number of the primary point of contact (the individual completing and executing the form).
- **Primary Contact E-Mail Address:** The email address of the primary point of contact (the individual completing and executing the form).
- **Secondary Contact Name and Telephone Number:** The name and telephone number of the secondary point of contact (the individual verifying the ACH payment instructions).
- **Secondary Contact E-Mail Address:** The email address of the secondary point of contact (the individual verifying the ACH payment instructions).
- **Servicer Operations Contact Name and Telephone Number:** The name and telephone number of the reporting point of contact (the individual to contact regarding reporting).
- **Servicer Operations Contact E-Mail Address:** The email address of the reporting point of contact (the individual to contact regarding reporting).
- **Doing Business As (DBA) / Trade Name / Assumed Name:** any business name used by the servicer in communicating to borrowers to conduct its servicing business for loans covered by the servicer's Servicer Participation Agreement.
- **Subsidiary:** any separate entity controlled by the servicer that performs servicing for loans covered by the servicer's Servicer Participation Agreement.

Section 2: Portfolio Data (REQUIRED)

Please provide for your Agency portfolio:

- **Fannie Mae servicer ID:** Select any approved Fannie Mae servicer number.
- **Freddie Mac servicer ID:** Select any approved Freddie Mac servicer number.

Please provide only for your non-Agency portfolio:

- **Note:** Your non-Agency portfolio includes only loans you directly service for your own account or for a third party as primary servicer (and not as Master Servicer or sub-servicer for another servicer). You are the primary servicer even if you have contracted with a sub-servicer to perform day-to-day servicing activities. A trial balance summary report must be provided to validate your non-Agency portfolio data.
- **FHA 10-Digit ID Number:** Select any approved FHA ID Number (if applicable):

Section 3: ACH Payment Instructions - Single (Default) Account (REQUIRED)

- This section provides the bank account where the MHA program will transact debits or credits for program compensation funds via ACH.

Please provide:

- **Bank Name and Mailing Address:** The name and address of the banking institution servicing the account.
- **Bank Transit / ABA Number:** The 9 digit ABA/Routing number for the account.
- **Account Number:** The bank account number.
- **Account Name:** The bank account name.

Section 4: ACH Payment Instructions - Multiple Accounts (OPTIONAL)

- This section allows separate accounts to be established for servicer, investor, and borrower compensation. All transactions will be completed via ACH to the default account unless other accounts are requested in this section of the form.

If additional accounts are desired, please provide:

- **Bank Name and Mailing Address:** The name and address of the banking institution servicing the account.
- **Bank Transit / ABA Number:** The 9 digit ABA/Routing number for the account.
- **Account Number:** The bank account number.
- **Account Name:** The bank account name.

Section 5: Signature (REQUIRED)

- **Signature:** Please have the primary contact designated in Section 1 of the HAMP Registration Form sign and date the form.

Ready to Submit?

- Print the completed form and sign it. Then send the completed form to one of the following:

Fax: 1-240-699-3900

Email: setup@hmpadmin.com