|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Broker Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broker Name: | | | |  | | | | | | | | | | | | | |  | DBA (if applicable): | | | | | | | | | | | |  | | | | | | | |  |
| Federal Tax ID Number: | | | | | | | | | |  | | | | | | | |  | VA ID Number: | | | | | | | |  | | | | | | | | | | | |  |
| Company Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| City: | |  | | | | | | | | | | | |  | | State: | | | | |  | | | | | | | |  | | | Zip: | |  | | | | |  |
| NMLS ID Number: | | | | | | |  | | | | | |  | Contact Name: | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| Phone Number: | | | | | |  | | | | | | |  | Fax Number: | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| Email: | | |  | | | | | | | | | |  | HomeBridge AE: | | | | | | | | | |  | | | | | | | | | | | | | | |  |
| States in which Broker will originate VA loans: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of FHA Loans Closed in Previous Year: | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Number of VA Loans Closed in Previous Year: | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| By signing below, I certify that the employees of our company who will originate or process VA mortgage applications have read and are familiar with the VA Lender’s Handbook. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |  | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | | | | | | | |  | | Date: | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Print Name and Title | | | | | | | | |  | | | | | | | | | | |  | |  | | |  | | | | | | | | | |  | | | | |
| **Sponsorship Request Submission** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brokers must be VA approved by HomeBridge prior to submitting a VA loan. If you have any questions, please contact Broker Approval at [brokerapproval@homebridge.com](mailto:brokerapproval@homebridge.com) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Submit this VA Sponsorship Request, completed in its entirety, along with a check for $100\* to HomeBridge at:  HomeBridge  5 Park Plaza, 10th Floor  Irvine, CA 92614  Attn: Broker Approval | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*The Department of Veterans Affairs requires a $100.00 fee at time of application for sponsorship along with an annual $100.00 fee; the check should be made payable to: **HomeBridge Financial Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sponsorship Renewal Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete the information below to request renewal of sponsorship. Renewal request must include a check for $100.00 made payable to: **HomeBridge Financial Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broker Name: | | | | |  | | | | | | | | | | | | | |  | | VA ID Number: | | | | | | | | | |  | | | | | | | |  |
| DBA (if applicable): | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Company Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| City: | |  | | | | | | | | | | | | |  | | State: | | | |  | | | | | |  | | | Zip: | | |  | | | | | |  |
| Phone: | | |  | | | | | | | | | | | |  | | Fax: | | | |  | | | | | | | | | | | | | | | | | |  |
| Contact Name: | | | | |  | | | | | | | | | |  | | Email: | | | |  | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |  |
| Signature of Authorized Representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Print Name and Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |