

SUCCESSOR SERVICER APPLICATION

Contact Information

Name of Eligible Financial Institution or Eligible Finance Lender: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person Name: _____ Title: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Email Address: _____

Description of Institution

Insured Depository Institution

Insured Credit Union

Community Development Financial Institution

California Finance Lender

Regulatory Agency: _____ Insuring Agency: _____

License # (if applicable): _____

If an Eligible Finance Lender, does the business have a net worth in excess of \$1,000,000 and assets that exceed 0.5% of assets under servicing? Yes No

Required Enclosures for Eligible Financial Institutions:

In addition to the abovementioned enclosures, and pursuant to Section 10091.2 of the Program regulations, Eligible Financial Institutions must also provide:

1. Certifications of the Eligible Financial Institution

Required Enclosures for Eligible Finance Lenders:

In addition to the abovementioned enclosures, and pursuant to Sections 10091.2 and 10091.3 of the Program regulations, Eligible Finance Lenders must also provide:

1. Certifications of the Eligible Finance Lender
2. Evidence of insurance coverage (required by Section 10091.3(a)(1), 10091.3(a)(2), and 10091.3(a)(3) of the Program regulations)
3. A description of the Eligible Finance Lender's quality control and management systems to evaluate and monitor the overall quality of its loan or financing-related activities, including underwriting reviews and consumer complaint resolution processes

Note: All capitalized terms are defined in Section 10091.1 of the Program regulations.

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I, the undersigned, hereby certify that all of the information provided in this application is true and accurate to the best of my knowledge, and I am authorized to legally bind the applicant.

Authorized Representative Signature: _____ Date: _____

Printed Name: _____ Title: _____

CAEATFA Use Only			
PFI ID#:	Received Date:	Approval Date:	Approval Signature: