## City of Dallas Homebuyer Assistance Program (DHAP)

## Title Company Membership Application Program Year 2023-2024

Title Company Name:				
Title Company Address:	Street Number	Street Name	Suite	
	City	State	Zip Code	
Primary Contact:		Title:		
Phone Number:		Extension	1:	
Fax Number:				
Email Address:				

## Membership Guidelines:

- 1. Only participating title companies may act as closing agents for **DHAP** transactions.
- 2. The City of Dallas (City) does not play an active role in the title company selection process for DHAP transactions.
- 3. Closing dates are only set by the City and the **DHAP** Lender.
- 4. Closing documents are prepared by the City's legal representative and forwarded via email to the participating title company for execution.
- 5. Members must strictly comply with the closing instructions provided by the City's legal representative.
- 6. Funds may not be disbursed without a funding authorization number from the City. Title companies will be financially liable for the full amount of the **DHAP** loan if it is funded without the City's authorization.
- 7. Members must attend training, initial and periodic, provided by the City with regard to DHAP guidelines and procedures.
- 8. Members are required to maintain a "good standing" rating to preserve their DHAP participation. This rating will be based on the title company's compliance with industry and DHAP standards and regulations. Any violation of these standards shall result in termination of such member's participation in the DHAP.
- 9. Title Companies must register as a Vendor with the City of Dallas.

DHAP Title Company	Membership	Application
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Items that $\underline{MUST}$ be included	with this Application:	
City of Dallas	s Vendor Account Number	
List of Escro	w Officers	
Current Wirin	ng Instructions	
Application Package must be f	forwarded to:	
City of Dallas, Housing/Neigh Dallas Homebuyer Assistance 1500 Marilla Street, 6CN Dallas, Texas 75201		
Title Companies are approved distribution, and new offices in	d based on quality of prior work, volume of production, geographic interested in participating.	
CERTIFICATJON STATEME	<u>ENT:</u>	
statements and attachments a	Inderstand the DHAP Membership Guidelines and certify that the foregoin re true, correct, and complete. I am duly authorized to execute the DHAP Application on behalf of the indicated Institution.	
Authorized Representative:		
Title:		
Signature:	Date:	