



ORIGINATOR/LENDER QUESTIONNAIRE
HOME OFFICE CONTACT FORM

Legal Name of Lender: _____

Home Office Contact for updates, memos and future issues:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Home Office Contact for Smart Solution compliance file submission:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Home Office Contact for Smart Solution compliance curative information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Home Office Contact for Smart Solution closed loan curative information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____