



DELEGATED EXAMINER NOMINATION FORM

\_\_\_\_\_ nominates and authorizes the following individuals to serve as approved Delegated Examiners for the Mississippi Home Corporation's Smart Solution program.

Once the Lender has been participating with MHC for twelve (12) months and upon completion of ten (10) quality test cases per nominee during the 12- month period, this designation authorizes these individual(s) to issue delegated conditional commitments on behalf of our organizations for the Mississippi Home Corporation's Smart Solution program.

We hereby warrant and represent to the Corporation that these nominees will act in accordance with the MHC's program requirements. MHC requires this original form be mailed to our office at 735 Riverside Drive, Jackson, MS 39202 Attn: Sheryl Abercrombie.

Nominee's Name	Original Signature	E-mail Address	Address Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Name of Requesting Corporation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Print)

\_\_\_\_\_  
Date