

# HIGH-COST HOME LOAN CREDIT COUNSELING AGENCY REGISTRATION INSTRUCTIONS

**All REGISTRATION forms submitted to this office must be complete and include all fees, documents, and attachments. Any incomplete registration will not be accepted and will be returned in its entirety.**

1. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
2. Insert on line #1, the complete name of the entity exactly as it appears on your incorporation papers.
3. Submit a copy of your Certificate of Incorporation bearing the dated filing Stamp of the state in which you were incorporated. Foreign (out-of-state) entities must attach a copy of their Certificate of Authority to do Business in New Jersey bearing the dated filing stamp of the State of New Jersey Division of Revenue.
4. Submit a copy of the registration of any alternate name bearing the dated filing stamp of the State of New Jersey if the entity uses a "doing business as/alternate name". If such name is used, it must be included on the line provided for D/B/A name.
5. Sign and date the registration form. Signatures must be those of the corporate president and secretary and must be witnessed by a notary public or attorney.
6. Submit an unqualified financial statement prepared by a Certified Public Accountant (CPA) or a Public Accountant (PA) demonstrating the financial condition of the corporation.
7. Submit a copy of the annual report of the nonprofit corporation filed with the New Jersey Division of Revenue; or an equivalent report for non-New Jersey corporations.
8. Submit a copy of the corporate applicant's balance sheet and profit and loss statement for the fiscal year immediately preceding the filing of the application, if available.
9. Submit a copy of the applicant's current HUD Certificate of Approval as a Housing Counseling Agency and a certified statement affirming that, as of the date of the application, the applicant's approval by HUD as a Housing Counseling Agency remains in full force and effect.
10. Submit a Personal Certification completed by each officer, director, trustee or member of an advisory or similar committee.
11. Submit a company check or money order made payable to: **Treasurer, State of New Jersey** in the amount of \$100 to cover the **non-refundable** application fee for each location to be registered.

**Return to:**  
Licensing Services,  
Banking  
N.J. Dept. of Banking and  
Insurance  
PO Box 473  
Trenton, NJ 08625

**STATE OF NEW JERSEY**  
**DEPARTMENT OF BANKING and INSURANCE**  
**LICENSING SERVICES BUREAU, BANKING**

**HIGH-COST HOME LOAN CREDIT COUNSELING AGENCY**  
**REGISTRATION**

***TYPE OR PRINT CLEARLY***

1. Name of Applicant: \_\_\_\_\_  
D/B/A or Alternate Name (if applicable) \_\_\_\_\_  
1. New Jersey principal office address: \_\_\_\_\_  
(include city, state, county, zip code & phone #)  
\_\_\_\_\_

3. Address of each additional location where counseling will occur:  
(include city, state, county, zip code & phone #) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(A listing of other locations can be an attachment if all information requested above is provided).

4. Name of Branch Manager/Person in Charge of this location \_\_\_\_\_

5. Federal Employer ID # (FEIN) \_\_\_\_\_

6. E-mail Address \_\_\_\_\_

7. Has any officer, director, trustee or member of an advisory or other similar committee ever had a license, permit or other authorization (other than a driver's license) suspended or revoked by this or any other state or been affiliated, directly or indirectly, with any organization that has had such a license suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Attach a complete written explanation if "yes.").

\_\_\_\_\_  
Print Name of Corporate President

\_\_\_\_\_  
Signature of Corporate President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Corporate Secretary

\_\_\_\_\_  
Signature of Corporate Secretary

\_\_\_\_\_  
Date

Subscribed and sworn to before me at

\_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Official Title)

# PERSONAL CERTIFICATION

(This blank form may be reproduced)

**Individual completing form check below:**

Officer/Partner/Member/Owner \_\_\_\_\_  
 Director \_\_\_\_\_  
 Stockholder \_\_\_\_\_  
 Employee \_\_\_\_\_

1. Name \_\_\_\_\_
2. Residence Address \_\_\_\_\_
3. Business Address \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
5. Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.**

6. Employment History for Five Year Period Preceding the Date of This Application

| Date |    | (Include present employment as well as preceding five years) |                             |
|------|----|--|-----------------------------|
| From | To | Name, Location & Type of Business                            | Position & Nature of Duties |
|      |    |  |                             |
|      |    |  |                             |
|      |    |  |                             |

Attach additional sheet if more space is needed to complete employment history

7. Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, in what country do you hold citizenship? \_\_\_\_\_.
8. Have you ever been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ **If “yes”, complete [ARREST FORM](http://www.dobi.nj.gov) found on [www.dobi.nj.gov](http://www.dobi.nj.gov).**
9. Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you been involved in any material litigation during the five-year period prior to application? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are you now under investigation in this state, any other state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have you ever held any license issued by the Department of Banking and Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes \_\_\_\_\_ No \_\_\_\_\_.
15. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes \_\_\_\_\_ No \_\_\_\_\_. Are you in arrears on such obligations for a period of six months or more? Yes \_\_\_\_\_ No \_\_\_\_\_.

For “No” response to either question contained in Question 7, refer to the website for an [explanation of supporting documentation requirements](#).

For “Yes” responses to Questions 8 thru 15, refer to the website for an [explanation of supporting documentation requirements](#). Failure to provide the specific information requested will cause the application to be returned to you.

**CERTIFICATION**

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me

On this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Title