

Enrollment Compliance Form

Date:	Custo	Customer Service Rep:		
Please	fill out the form below	and give to Risk Ma	nagement.	
	Letter of A	Acceptance		
Builder Name:	Builder Number:			
TO 4 4 3 3				
City:		State:	Zip Code:	
Legal Description (Lot/Block):				
HBW Enrollment Number	r:			
Lot Included? Yes	No			
FHA/VA/RHS Case Number:		Closing I	Closing Date:	
LETTER WILL BE FA	XED TO MORTGAGE CO	OMPANY AND/OR CL	OSING ATTORNEY ONLY	
If this is for a manufact	ured home, we will only is.	sue an LOA for final c	losing not construction loan.	
Mortgage Company Name			Contact Person	
Phone Number		Fax Number		
Closing Attorney Name		Contact Person		
Phone Number			Fax Number	
v	ctured and Modular On	<i>ly:</i> Serial #		
	W Use Only – HBW Pl	_	Yes No	
Please fax letter to:				
Verified by Builder to	·	Contact Name:	or FHA final inspection**	
Supervisor Initials: Rep #:				
~~pvi 12001 12111111111111111111111111111111				
	For Office Use C	Only: Product:	HBW Non-HBW	
		FHA: []	Box A Box B	