

## **HARP GRANT PROGRAM**

### **DATA EXCHANGE GATEWAY (DEG) WEB SITE AUTHORIZATION FORM**

#### **Lending Institutions and Closing/Title Companies**

Name:	Phone:	Fax:
Email:		
Address:		
Lending Institution or Closing/Title Agency Name:		
Contact Name:	Title:	
Address:		

*I am a duly authorized representative of the lending institution or closing/title company identified above and will serve as the lending institution or closing/title company main contact person at this business location. I have the authority to submit grant applications or executed HUD 1 Settlement Statements on behalf of the lending institution or closing/title company clients.*

***I hereby request a User ID and Password to access the Data Exchange Gateway system to securely submit grant applications and other pertinent documents.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the following to request one additional generic user:**

Name:	Phone:	Fax:
Email:		
Address:		
Lending Institution or Closing/Title Agency Name:		

**SCAN AND EMAIL FORM TO [agsettlement@michigan.gov](mailto:agsettlement@michigan.gov)**