

## BRANCH OFFICE LOCATION CHANGE FORM

Lender Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please list changes below of branch offices involved with originating, processing, underwriting, pre-closing, post-closing and/or ensuring/guaranteeing THDA loans. Include one primary contact per office to be responsible for receiving THDA updates and revisions, and distributing to appropriate staff within office. **Please submit form to: [sfASK@thda.org](mailto:sfASK@thda.org)**

**IMPORTANT:** Street addresses listed below will be displayed as approved lender branch offices on the THDA website.

.....  
**BRANCH:**

**Reason for change:**  Address/Location Change\*  Additional Branch  Branch Closed  Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Branch Manager/Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

\*If address change, please provide the following information:

Previous Address: \_\_\_\_\_  
.....

**BRANCH:**

**Reason for change:**  Address/Location Change\*  Additional Branch  Branch Closed  Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Branch Manager/Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

\*If address change, please provide the following information:

Previous Address: \_\_\_\_\_  
.....

**BRANCH:**

**Reason for change:**  Address/Location Change\*  Additional Branch  Branch Closed  Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Branch Manager/Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

\*If address change, please provide the following information:

Previous Address: \_\_\_\_\_  
.....

Submitted by: \_\_\_\_\_  
Name Title

Phone Email

Comments: \_\_\_\_\_  
\_\_\_\_\_