HOPE of Kentucky, LLC **DBA HOPE of the Midwest (HOPE)**

<u>Member Invoice</u>		
Name of Entity or Individual Applying for Membership:		
Name & Title of contact person:		
Street Address:		
Telephone:		
I/We Qualify To Become a Member of H	IOPE As Checked Below:	
☐ Full Member: A HOPE Full Membe to enable the organization to engag of a one-time joining fee, which is ca	e in affordable housing lend	ing. Full Member fees consist
Asset Size (Consolidated if Holding C Over \$2 billion Over \$500 million Over \$100 million Under \$100 million		mbership Fee \$10,000 \$ 5,000 \$ 2,500 \$ 1,000
☐ Capital Contribution/Grants: HO additional grants or other donation organization of a KBA Sponsored 50°	ons to benefit HOPE base	d on its status as a sister
Remittance		
☐ Based on the above, our membershi	p contribution in the amount	of \$ is enclosed.
 Based on the HOPE status as a siste organization, a capital contribution enclosed. (Please call us for name to 	(Grant or donation) in th	
Please make a check(s) paya	able: "HOPE of Kentucky, LLO	C" and mail to:
HOPE OF Ke 600 West Ma Louisville KY	ain Street, Suite 400	
Executed/Completed by:	Print Name	Title
	Please Sign Here	Date

HOPE of Kentucky, LLC **DBA HOPE of the Midwest (HOPE)**

Full Member Loan Consortium Pledge

The HOPE of Kentucky, LLC, DBA HOPE of the Midwest ("HOPE"), a subsidiary of the Kentucky Bankers Association, accepts pledges from its Full Members to finance affordable housing developments in conjunction with its mission and objectives. In addition, pledges are used to fund loan participations, primarily in the form of first lien mortgages, which are approved by the HOPE loan committee, in accordance with pre-approved loan underwriting guidelines.

Each respective Full Member Company determines its "Participation" amount, and the member agrees to a minimum \$50,000 commitment per approved loan package (unless loan demand dictates otherwise). HOPE will forward a lending package to the Full Member for review and determination in this respect. In consideration of the member participant's approval of the loan package, the member participant will promptly remit their pro rata share of loan funds when instructed by HOPE, evidencing their respective "Participation."

Under this arrangement, the member company acknowledges that the interest on its Participation Investment will be paid to it by HOPE based on:

- 1. The member company's pro rata share of the full loan; and
- 2. Less an operating and loan servicing fee retained by HOPE.

Full Members are asked to provide their loan participation pledge amount below to indicate their expected level of participation in the HOPE Program. Memberships are reviewed on a three-year cycle. Failure to participate in at least one loan during the three-year period, may result in the payment of additional membership fee to rejoin. Membership fees or contributions are not refundable.

Under this arrangement, HOPE acknowledges that the member Financial Institution and/or its regulator(s) have full access to all lending records for this program. HOPE also acknowledges that it will send the Member Financial Institution Bank adequate documentation and information for Member Financial Institution Bank Participation review and determination.

Name:	
Loan Participation Pledge Amount:	
Title of Financial Institution Representative:	
Date:	

Per the attached invoice, enclosed please find a check payable to the HOPE of Kentucky, LLC in remittance for the Member Financial Institution's HOPE membership joining fee.

HOPE of Kentucky, LLC **DBA HOPE of the Midwest (HOPE)**

Full Member Loan Pool Application

This application is used to obtain Full Membership in the HOPE of Kentucky, LLC, DBA HOPE of the Midwest ("HOPE"), a subsidiary of Kentucky Bankers Association. By completing this application, the applicant organization and/or company acknowledge:

- 1. Having business transactions in the State of Kentucky and a commensurate business objective to promote affordable housing for low- and moderate-income households; and,
- 2. An obligation to verify with its own legal counsel the extent to which membership dues to HOPE to obtain membership qualify for any special legal, tax, and/or regulatory treatment.

Company Information	
Company Name:	
Tax ID Number:	
Main Office Address:	
Bank Designated Representation	<u>tive</u>
(For Membership communication, p	rivileges, etc.)
Name of Key Contact:	
Title:	
Address:	
Phone:	
Fax:	
Email:	