



LONG ISLAND
GUARDIAN GRANTS

LENDER AFFILIATION REQUEST

To affiliate your brokerage with Long Island Guardian Grants, please complete this Application Form.

Lender Information:

LenderName: _____

Lender License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Name: _____

Phone Number: _____

Email Address: _____

Agreement Terms:

By affiliating with Long Island Guardian Grants, the brokerage agrees to the following terms:

1. Lender agrees to (Check one)

Credit \$3,000 towards the down payment for any transaction facilitated through the Long Island Guardian Grants platform when the affiliate acts as the lender for the client.

Credit \$1,500 towards the down payment for any transaction facilitated through the Long Island Guardian Grants platform when the affiliate acts as the lender for the client.

2. No fees will be charged to the brokerage for this affiliation.

3. This agreement is on a transaction-by-transaction basis and the brokerage can decide to end the affiliation at any time.

Agreement Confirmation:

I, _____ (Full Name), as the authorized representative of the above-named brokerage, understand and agree to the terms outlined above. I confirm our voluntary affiliation with Long Island Guardian Grants and our commitment to crediting back as stipulated above.

Signature: _____ Date: _____

Please complete the form and send to:
Long Island Guardian Grants, 136 Carleton Ave, East Islip, NY 11730
Alternatively, you can email a scanned copy to: info@ligg.com
For any queries, please contact our office at (631) 306-4380.