

**Oregon Department of Consumer and Business Services
Division of Financial Regulation**

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dfr.oregon.gov



ANNUAL RECERTIFICATION OF BONA FIDE NONPROFIT ORGANIZATION

1. (Organization name): _____ (hereinafter “the nonprofit”) has received confirmation that it is a bona fide nonprofit organization from the Division of Financial Regulation (hereinafter “DFR”).
2. Attached is the nonprofit’s most recent financial audit performed by an independent third-party auditor.
3. All significant changes, if any, to the materials submitted to obtain the bona fide nonprofit organization status or to the nonprofit’s operations that may affect the bona fide nonprofit organization status have been reported to DFR previously or are attached to this form.
4. The nonprofit continues to meet the criteria for a bona fide nonprofit organization, including, but not limited to:
 - a. The IRS continues to recognize the nonprofit as having 501(c)(3) status.
 - b. The nonprofit provides loans that are consistent with a public or charitable purpose.
 - c. The nonprofit charges no more in fees than is necessary to support the loan origination program activities.
 - d. The nonprofit compensates its employees in a manner that does not incentivize the employees to act in a manner other than in the best interest of the borrower.
 - e. The nonprofit provides loans that contain terms that are in the best interest of the borrower.
 - f. The nonprofit obtains criminal records checks on loan originators.
 - g. The nonprofit has required loan originators to complete continuing education in ECOA, TILA, FCRA, HOEPA, HMDA, RESPCA, FDCPA, GLB, or SAFE.
 - h. The nonprofit administers a process that provides for receiving and documenting complaints.
5. The undersigned person, under penalty of perjury, declares that he or she signs this certification on behalf of the nonprofit indicated and that he or she occupies the official position indicated and is authorized to sign this document on behalf of the nonprofit.

Nonprofit name: _____

Mailing address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone number: _____

Signer’s name: _____ Title: _____

Signature: _____

Sworn and subscribed before me this _____ day of _____, 20 _____

Notary public for the state of _____ My commission expires _____.

Notary public signature: _____

Notary public seal:

