



Wholesale Lending Division New Broker Application - CHECKLIST

Please include the following documentation in your application package.

1. Broker Application Form
2. W-9 Completed in the full legal name of company, not the DBA name
3. **Copies of all branch licenses:** Provide a copy of the mortgage broker license. The name and address on the license must match the name and address of the FHA correspondent application. If a fictitious business name is being used, it must appear on the license and the application.
4. Roster of all employees (see attached template)
5. Signed agreement
6. **Resumes of Senior Company Officers:** Senior company officers must spend their full time on the mortgagee's operations. Their experience must include a minimum of three years in single family mortgage lending activities. Details must be reflected in the text of the resume.
7. Copy of Financial Statements
8. **Quality Control Plan and Procedures:** Provide a copy of your company's comprehensive quality control plan in a narrative format. The required elements of the plan are listed in HUD Handbook 4060.1 (Rev 2) Chapter 7. If your company does not wish to create its own Quality Control Plan, HSOA will provide the names of several outsourcing quality assurance firms your company may contact to perform this service.
9. Completed and signed HSOA Lender Comp Agreement.

FHA Application (MUST also include the following):

- A. Provide a resume of at least one full-time processor evidencing prior FHA experience.
- B. Copy of profile/report card from two lenders with whom the company is currently FHA approved.
- C. Copy of financial statements evidencing net worth that is reasonable for the company profile
- D. Maximum HUD Compare Ratio (2 yr) 150.



Wholesale Lending Division New Broker Application

Company Name: _____

Company DBA Name(s): _____

Federal Tax Employee ID Number or Social Security Number: _____

Broker is (please select one):

- an individual
- a partnership organized under the laws of the state of: _____
- a corporation organized under the laws of the state of: _____
- a limited liability corporation organized under the laws of the state of: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Website: _____

Primary Contact: _____

Email: _____

Broker of Record: _____

Broker License Number: _____

Company NMLS #: _____

License Expiration Date: _____

| Licenses | | | | |
|----------|----------------|---------|---------|-----------------------------------|
| States | License Number | Expires | Exempt? | Why Exempt? *attach documentation |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Community Banker (A/E): _____

Email Address: _____

Cell Phone Number: _____

Efax Number: _____

MARI**

Do you have MARI hits: Yes* No

*If yes please explain:

**If you are unsure or would like to know your status with MARI contact: www.marisolutions.com or call 866-676-6774

Government Products

Requesting FHA approval with HSOA? Yes No

Requesting VA approval with HSOA*? Yes No

*If yes, attach a check for \$100 to Department of Veterans Affairs

How do you source your business:

Number of Branches*: _____ *For each additional branch include a branch addendum form.
Is processing done at each branch or at one central location?

| Branch | Central Location |
|--------|------------------|
|--------|------------------|

Number of Processors at your location: _____

Number of Loan Officers at your location: _____

Number of loans funded last month: _____

Dollar amount of funded loans last month: _____

What percent of your business is:

Agency: % FHA: % VA: % Other: %

Average Fico Score: _____

Number of loans expected to fund with HSOA?: _____

What products are you interested in at HSOA?: _____

List your top three lenders:1. _____ 2. _____ 3. _____

Certifications:

1. I certify that neither the company nor any of its principals, partners, officers, individuals serving on it's board of directors, managers, supervisors, loan originators, loan processors, loan underwriters, individuals acting as authorized signatories or other employees are:

(a) Suspended, debarred, under a limited denial of participation (LDP), or otherwise restricted under Part 25 of Title 24 of the Code of Federal Regulations, 2 Code of Federal Regulations, Part 180 as implemented by Part 2424, or any successor regulations to such parts, or under similar provisions of any Federal or State agencies;

(b) Under indictment for, have been convicted of, or charged with a felony offense that reflects adversely upon the company's integrity, competence or fitness to meet the responsibilities of an FHA TPO approved company;

(c) Subject to unresolved findings contained in a Department of Housing and Urban Development or other governmental audit, investigation, or review;

(d) Engaged in business practices that do not conform to generally accepted practices of prudent lenders or that demonstrate irresponsibility, including, but not limited to, failure to satisfy debts due and owing to FHA/HUD, or associating or affiliating, for the purpose of conducting mortgage business, with a person or entity previously sanctioned/fined by HUD;

(e) Convicted of, or has pled guilty or nolo contendere ("no contest") to, a felony related to participation in the real estate, mortgage loan, or financial services industry

- i. During the 7-year period preceding the date of this application for FHA TPO Approval
- ii. At any time preceding such date of application, if such felony involved an act of fraud, dishonesty, breach of trust, or money laundering;

(f) In violation of provisions of the S.A.F.E. Mortgage Licensing Act of 2008 (12 U.S.C. 5011 et seq.) or any applicable provision of state law;

(g) In violation of any other requirement established by the department of Housing and Urban Development;

(h) Currently or presently suspended, terminated, debarred, sanctioned, fined, convicted, denied, approval, or subject to a license/approval revocation by any federal, state, or local government agency, or a government-related entity, where the action is related to the responsibilities that are commensurate with those of the financial services industry;

(i) Currently involved in a proceeding or subject to an investigation that could result, or has resulted, in suspension, fine debarment, or other sanction by a federal, state, or local government agency, conviction in a criminal matter, bankruptcy or loss of fidelity insurance or errors and omissions insurance coverage.

2. I certify no mortgage insurance companies, secondary marketing agencies, warehouse lenders, or broker /dealers have denied the company approval in the past three years from the date of these certifications.

3. I certify the company, its principals, partners, officers, and/or directors, have not been subject to any past or present action by HUD, VA, Fannie Mae, Freddie Mac, or other government-related entity in which there has been a request to repurchase a loan or to indemnify the entity against loss.

4. I certify the company is not currently subject to, previously been, or is proposed for regulatory or supervisory action by any regulatory entity. Regulatory actions include, but are not limited to, supervisory agreements, cease and desist orders, notices of determination, notices of proposed actions, formal memoranda of understanding, informal memoranda of understanding, unresolved audits, revocation of license(s) and investigations. Supervisory actions include, but are not limited to, the appointment of a trustee, receiver, conservator, or managing agent.

5. I certify that neither the company nor any of its owners, principals, officers, managers or supervisors have been involved, through ownership or otherwise, with a previously defaulted Ginnie Mae issuer(s), and FHA-approved mortgagee that was subject to action by the Mortgagee Review Board, and/or an entity subject to a civil or criminal action by federal or state law enforcement.

6. I certify that all employees' compensation must be reported on Form W-2.

7. I certify that employees may have outside employment. Such outside employment may not be in mortgage lending, real estate, or related field.

8. I certify that the company is compliant with all HUD requirements and applicable laws.

9. I certify that the company's facilities comply with the HUD Mortgage Approval Handbook.

Please check box and sign below to authorize HSOA to send you informational emails, such as Rate Sheets, for any purpose to the email address listed above.

Please check box and sign below to authorize HSOA to send you informational faxes, such as Rate Sheets, for any purpose to the fax number listed above. I agree to receive notices, advertisements, announcements, brochures and other information from HSOA by facsimile at and/or at any other fax numbers used or operated by this company.

I further agree this express consent will continue and have no date of expiration.

By signing below, Broker agrees to comply with applicable laws, rules, and regulations, including but not limited to the Fair Housing Act, the Equal Opportunity Act, the Truth in Lending Act and the Federal Reserve Regulations Z there under, the Real Estate Settlement Procedures ACT (RESPA), the rules and regulation of all state and federal agencies and the Federal Bank Bribery Act.

I hereby certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief. I acknowledge that if I knowingly have made any false, fictitious, or fraudulent statement, representation, or certification on this form or on any accompanying documents, I, as well as the company, may be subject to disapproval/termination.

"Broker (TO BE SIGNED BY BROKER OF RECORD OR PRINCIPAL)

Date: _____

By: _____

Its:

Broker must sign and agree to terms of the attached Addendum.



Wholesale Lending Division New Broker BRANCH ADDENDUM

HSOA Wholesale Community Banker: _____

PRIMARY LOCATION INFORMATION

Company Legal Name: _____ HSOA Broker Number: _____

Company DBA Name: _____

Main Location Address: _____

Primary Contact at Main Location: _____

Main Location Phone #: _____ Main Location Fax #: _____

Primary Contact Email Office: _____

BRANCH INFORMATION

Branch DBA: _____

Branch Location Address: _____

Branch Phone #: _____ Branch Fax Number: _____

Branch Primary Contact: _____

Primary Contact Phone #: _____ Primary Contact Fax #: _____

Primary Contact Email Address (must be different than main location primary contact email address)

Branch Email Address for Rates & Notices: _____

Branch License #: _____ State: _____ Expiration Date: _____

Signature of Broker or Authorized Representative _____ Date _____

