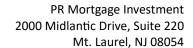


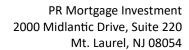
## **NEW CORRESPONDENT INTAKE FORM**

	COMPAN	NY INFORMATIO	ON			
	DBA(s), as applicable:					
		City, State & Zip code:				
		Requested Delegation:				
	MERS Org ID:			y NMLS:		
	Formation Date:					
Name:	Title:	_ Email:	Phone: _			
	СОМР	ANY CONTACTS				
Name:	Title:	Email:	Phone: _			
	Title:					
	Title:					
	Title:					
	OWNERS	HIP INFORMATI	ON			
	Include any individual and/or c	company with 10% or more	ownership interest			
Name:	Title:	Ownership:%	DOB:	_ Last 4 of SSN	:	
Name:					:	
Name:	Title:	Ownership:%	DOB:	_ Last 4 of SSN	:	
Name:				_ Last 4 of SSN	:	
		wnership Addendum, pleas	e click here***			
		TE LICENSING				
Is your organization a F	Federally Chartered or State C	a copy of current NMLS reco Chartered Bank?		( ) Federal	( ) State	
	subsidiary of a bank or credit			() Yes	( ) No	
	identify the bank you are a su			( ) 103	( ) 140	
3, 1,		JSE RELATIONSI	HIPS			
5 A.	1: 4					
Entity Name:		Line Amount:		Line Expiration:		
Contact:	Phone: ***To access additional Warehou			**		
		TED COMPANIE				
* Affiliated Companies inclu	de any separate business entity that			ant or the Applicant's	: Principal(s),	
	Dire	ector(s) or Officer(s).				
Have any affiliate relati	ionships been terminated in t			( ) Yes	( ) No	
	For any existing affiliates*, p	•	•			
Company Name:		Length/Tenure:				
Company Address:		City, State & Zip cod	e:			
Business activities:						





Affiliate Ownership breakdown: Name: Ownership: \_\_\_\_ % Affiliate Production: % Does Applicant share employees with affiliate? () Yes () No Does Applicant share office space with affiliate? () Yes () No Does any employee of Applicant have signing authority at the affiliated company? () Yes () No If yes, provide Name(s) & Title(s): \_\_ \*\*\* If affiliate is a Title Company, complete the following \*\*\* Title Insurer: \_\_\_ Main Contact: \_\_\_ Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_ \*\*\*To access additional Affiliated Companies Addendum, please click here\*\*\* **CLOSING AND FULFILLMENT SERVICES** Services included (no additional cost): () Loan Documents Optional Services (additional fees may apply): () HUD Balance with Title () Post Closing-Work Prior () Order Wire: \$50 () Funding Auth: \$75 () Shipping-Upload: \$75 to Purchase Conditions: \$50 **DISCLOSURES** 1. Has your Company and/or principals or corporate officers had a real estate or other () Yes () No professional license suspended, revoked or received any other form of disciplinary action from a regulatory agency? If yes, please elaborate: 2. Has your company been suspended from selling or servicing mortgages by an investor? () Yes () No If yes, please elaborate: 3. Are you aware of any company officers or employees that are or have been on any agency, () Yes () No state or federal exclusionary list? If yes, please elaborate: 4. Has your company, and/or principals or corporate officers been named as a defendant in a () Yes () No lawsuit for alleged fraud or misrepresentation in connection with any real estate related activity, been involved in any criminal proceedings or litigation in the past 7 years? If yes, please elaborate: 5. Have any principals or corporate officers ever been convicted of a crime? () Yes () No If yes, please elaborate: 6. Has your company and/or owners or corporate officers filed bankruptcy within the past 7-() Yes () No years? If yes, please elaborate:





7.	Has your company ever had material adverse finding that was conducted by HUD, VA, FNMA, FHLMC, or If yes, please elaborate:	() Yes	( ) No		
8.	Do you have processes in place to ensure compliar and local high cost and anti-predatory lending state		ederal, state	() Yes	( ) No
9.	Have there been any settled, open, pending repurc the past 24 months. <i>If yes, please provide:</i>		ations within	() Yes	( ) No
	Investor: Note Date	Repurchase Amo	unt:		
	Repurchase explanation:				
10.	Has your company developed a compliance progra Money Laundering rules issued pursuant to the Ba		CEN's Anti-	() Yes	( ) No
11.	Do you check all employees who are involved in the the FHFA Suspended Counterparty Program List, G Parties list and HUD Limited Denial Participation List If no, please elaborate:	( ) Yes	( ) No		
12.	Is your company in compliance with CFPB's loan or	iginator compensation ru	ıles?	() Yes	( ) No
13.	Is your company in compliance with SAFE Act Regu	lations?		( ) Yes	( ) No
14.	Has your company developed a compliance progra	m in accordance with the	e US Patriot Act?	() Yes	( ) No
	Is your company in compliance with FNMA/FHLMC		·	() Yes	( ) No
16.	Has your company taken steps to meet CFPB Title	= = "		() Yes	( ) No
	Dodd Frank Wall Street Reform and Consumer Pro				
		& AUTHORIZATIO			
fact affil prir age war Ado con Mo aut con Mo	e undersigned certifies that the statement set forth it tual to the undersigned's best knowledge. The undersigned's best knowledge. The undersignes or agents to obtain verification of the information of	rsigned hereby authorize tion it may deem necess rnmental agency or authore, Inc. (MARI) or any otheresent and warrant that that this application is mare spondent relationship tigation of our financial capplication shall remain to	es PR Mortgage In ary about the Apprority, credit bure er person or entite the information pade for the purpowith PR Mortgage ondition and the he confidential pr	ovestment are all or repay including or ovided ase of ind a linvestment operty of the control of	it, or its and its corting ang is ucing PR tent. We tations of PR
The con sex, der	e Federal Equal Credit Opportunity Act requires that mpanies, retail stores and others, make credit equall s, marital status, race, color, religion, national origin, rived from a public assistance program, or the fact the Consumer Credit Protection Act or applicable state	y available to all credit w age, the fact that all or p nat this applicant has in g	orthy customers vart of the applica	without r	egard to ne is
Aut	thorized Officer Signature Officer Naı	me/Title	Date		