

NEW CORRESPONDENT INTAKE FORM

COMPANY INFORMATION

Legal Name of Entity & DBA(s), as applicable: _____

Address: _____ City, State & Zip code: _____

Entity Type: _____ Requested Delegation: _____

Tax ID: _____ MERS Org ID: _____ Company NMLS: _____

Incorporation State: _____ Formation Date: _____ Website: _____

Name: _____ Title: _____ Email: _____ Phone: _____

COMPANY CONTACTS

Name: _____ Title: _____ Email: _____ Phone: _____

OWNERSHIP INFORMATION

Include any individual or company with 10% or more ownership interest, information will be used to pull public record background check(s)

Name: _____ Title: _____ Ownership: ___% DOB: _____ SSN/EIN: _____

Name: _____ Title: _____ Ownership: ___% DOB: _____ SSN/EIN: _____

Name: _____ Title: _____ Ownership: ___% DOB: _____ SSN/EIN: _____

Name: _____ Title: _____ Ownership: ___% DOB: _____ SSN/EIN: _____

****To access additional Ownership Addendum, please [click here](#)****

STATE LICENSING

Please attach a copy of current NMLS record.

Is your organization a Federally Chartered or State Chartered Bank? () Fed () State

Is your organization a subsidiary of a bank or credit unions? Yes No

If yes, please identify the bank you are a subsidiary of: _____

WAREHOUSE RELATIONSHIPS

Entity Name: _____ Line Amount: _____ Line Expiration: _____

Contact: _____ Phone: _____ Email: _____

****To access additional Warehouse Relationships Addendum, please [click here](#)****

AFFILIATED COMPANIES

** Affiliated Companies include any separate business entity that is fully or partially owned by either the Applicant or the Applicant's Principal(s), Director(s) or Officer(s).*

Have any affiliate relationships been terminated in the past 12 months? Yes No

For any existing affiliates*, please provide the following information:

Company Name: _____ Length/Tenure: _____

Company Address: _____ City, State & Zip code: _____

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](#)

MARGIN HOLDBACK

Would you like to apply a Margin Holdback? Yes No

If yes, please indicate Margin Holdback tier: _____

CLOSING AND FULFILLMENT SERVICES

Please attach any collateral and/or funding instructions you would like included.

*Please note, optional services will be billed directly by Shanks & Associates, PC

Shanks & Associates, PC will draft and send agreement based on the following information.

Signer Name: _____ Signer Title: _____ Signer Email: _____

Services offered (required): Loan Documents HUD Balance with Title

Optional Services (additional fees apply)*: Order Wire: \$50 Funding Auth/Shipping Upload: \$75

Post-Closing – Work Prior to Purchase Conditions: \$50

When recorded mail to: _____

DISCLOSURES

1. Has your Company and/or principals or corporate officers had a real estate or other professional license suspended, revoked or received any other form of disciplinary action from a regulatory agency? Yes No

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, state or federal exclusionary list? Yes No

If yes, please elaborate:

4. Has your company, and/or principals or corporate officers been named as a defendant in a 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? Yes No

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-years? Yes No

If yes, please elaborate:

7. Has your company ever had material adverse findings included in any audit examination that was conducted by HUD, VA, FNMA, FHLMC, or any regulatory agency? Yes No

If yes, please elaborate:

8. Do you have processes in place to ensure compliance with any applicable federal, state and local high cost and anti-predatory lending statuses? Yes No

9. Have there been any settled, open, pending repurchases and/or indemnifications within the past 24 months. *If yes, please provide:*

Investor: _____ Note Date: _____ Repurchase Amount: _____

Repurchase explanation:

10. Has your company developed a compliance program in accordance with FinCEN's Anti-Money Laundering rules issued pursuant to the Bank Secrecy Act? Yes No

11. Do you check all employees who are involved in the origination of mortgage loans against the FHFA Suspended Counterparty Program List, General Services Administration Excluded Parties list and HUD Limited Denial Participation List? Yes No

If no, please elaborate:

12. Is your company in compliance with CFPB's loan originator compensation rules? Yes No

13. Is your company in compliance with SAFE Act Regulations? Yes No

14. Has your company developed a compliance program in accordance with the US Patriot Act? Yes No

15. Is your company in compliance with FNMA/FHLMC Appraiser Independence Requirements? Yes No

16. Has your company taken steps to meet CFPB Title XIV mortgage rules (provisions under Dodd Frank Wall Street Reform and Consumer Protection Act) effective January 2014? Yes No

CERTIFICATION & AUTHORIZATION

The undersigned certifies that the statement set forth herein and in any accompanying documents are true and factual to the undersigned's best knowledge. The undersigned hereby authorizes PR Mortgage Investment, or its affiliates or agents to obtain verification of the information it may deem necessary about the Applicant and its principals from any source including any investor, governmental agency or authority, credit bureau or reporting agency, MI company, Mortgage Asset Research Institute, Inc. (MARI) or any other person or entity including warehouse guarantors.

Additionally, the undersigned and company ("We") represent and warrant that the information provided is complete and accurate in all respects. We understand that this application is made for the purpose of inducing PR Mortgage Investment to approve our request for a correspondent relationship with PR Mortgage Investment. We authorize PR Mortgage Investment to make such investigation of our financial condition and the representations contained in the application.

We understand that this application shall remain the confidential property of PR Mortgage Investment for all purposes. We agree to notify you immediately of any adverse change affecting the company.

The Federal Equal Credit Opportunity Act requires that all creditors, including Banks, Savings and Loans, small loan companies, retail stores and others, make credit equally available to all credit worthy customers without regard to sex, marital status, race, color, religion, national origin, age, the fact that all or part of the applicants income is derived from a public assistance program, or the fact that this applicant has in good faith exercised any right under the Consumer Credit Protection Act or applicable state law.

Authorized Officer Signature

Officer Name/Title

Date

Authorized Officer Signature

Officer Name/Title

Date