



ALTA MORTGAGE BANKERS
A DIVISION OF PACOR MORTGAGE

CLIENT APPLICATION

AMB Account Executive: _____

Legal Company Name: _____ Tax I.D. #: _____

DBA Name(s): _____ Company Website: _____

Primary Address: _____ City: _____ State: _____ Zip: _____

Primary Contact: _____ Contact Phone No: (____) _____ Contact email address: _____

Date Organized/ Incorporated _____

- Form of Organization: (Check One)
- Corporation Sole Owner Limited Liability Company
 - Bank Character Partnership Limited Liability Partnership

NMLS ID No.: _____ MERS Originator ID# _____ Lending State(s): _____

Parent Company Name (if applicable): _____

If privately held, list owners showing percentage of ownership and position:

Name:	Position:	Percentage:
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Number of Full-Time Employees (Excluding Loan Officers): _____ Number of Loan Officers: _____

Please provide organization chart.

Number of Branches: _____ Provide a List of Branch Addresses, Phone Numbers, and Managers separately.

How Do You Get Your Loans?

_____ % Directly From Borrowers, Agents _____ % From Wholesale Brokers _____ % From Correspondent Lenders

Is Lender Approved by any of the following agencies:

- Fannie Mae Seller / Servicer # _____ FHA/HUD # _____
- Freddie Mae Seller / Servicer # _____ VA# _____
- Ginnie Mae Seller / Servicer # _____ USDA # _____



LIST NAME, TITLE AND PHONE NO. OF ALL COMPANY OFFICERS

_____	_____	()_____-_____
Name	Title	Phone
_____	_____	()_____-_____
Name	Title	Phone
_____	_____	()_____-_____
Name	Title	Phone
_____	_____	()_____-_____
Name	Title	Phone

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE BELOW-NAMED

Secondary Marketing Supervisor: Name: _____ Telephone No.: () _____ Email: _____	Legal, Contract & Repurchase Notices: Name: _____ Telephone No.: () _____ Email: _____	Chief Compliance Officer: Name: _____ Telephone No.: () _____ Email: _____
Underwriting Supervisor: Name: _____ Telephone No.: () _____ Email: _____	Pre-Closing Shipping Supervisor: Name: _____ Telephone No.: () _____ Email: _____	Billing Invoices Contact: Name: _____ Telephone No.: () _____ Email: _____
Interim Servicing Supervisor: Name: _____ Telephone No.: () _____ Email: _____		

LOAN PRODUCTION

Please provide the following loan production and servicing data for the periods indicated:

Product Type	Current YTD Thru _____		Prior Year 20____		Projected Volume Thru _____		Current Volume Serviced
	Loan Count	\$ Volume (in millions)	Loan Count	\$ Volume (in millions)	Loan count	\$ Volume (in millions)	\$ in millions
Fannie Mae / Freddie Mac							
Non-Agency/ Jumbo/ NonQM							
FHA/VA/USDA							
Other, Private, 2 nd , Portfolio							
Total Production							



CURRENT WAREHOUSE LENDERS

Please list ALL current warehouse providers (Attach separate sheet if necessary). Please also provide wire instructions for each:

1. Company Name: _____ City: _____ State: ____ Credit Line \$ _____
 _____ () _____ - _____ Is Warehouse Line "Captive"? Yes No
 Contact Person Phone Number
2. Company Name: _____ City: _____ State: ____ Credit Line \$ _____
 _____ () _____ - _____ Is Warehouse Line "Captive"? Yes No
 Contact Person Phone Number
3. Company Name: _____ City: _____ State: ____ Credit Line \$ _____
 _____ () _____ - _____ Is Warehouse Line "Captive"? Yes No
 Contact Person Phone Number
4. Company Name: _____ City: _____ State: ____ Credit Line \$ _____
 _____ () _____ - _____ Is Warehouse Line "Captive"? Yes No
 Contact Person Phone Number

CURRENT INVESTORS

List the primary investors/lenders to whom you have sold or brokered loans in the last 12 months:

Investor/Lender Name	Contact Person	Phone	Product Types Sold	Delegated UW?	% of Total Company's Volume	Type of Relationship	% of Loans Brokered
		()				Broker	
		()				Broker	
		()				Broker	
		()				Broker	
		()				Broker	
		()				Broker	

E AND O INSURANCE/FIDELITY BOND

Please indicate below the insurance provider for your company's Errors and Omissions Coverage and Fidelity Bond:

- 1) E&O Insurance Provider Name: _____
 \$ _____ () _____
 Limit Per Incident Name of Issuing Agency Agent's Name Phone Number
- 2) Fidelity Bond Provider Name: _____
 \$ _____ () _____
 Limit Per Incident Name of Issuing Agency Agent's Name Phone Number



AFFILIATE RELATIONSHIPS

Does your company share a common ownership with other companies? Yes No

If Yes, please complete all of the following that apply:

	Services Company Provides:	Name of Affiliate Company:	% of Production Using Services:
<input type="checkbox"/>	Appraisal Services		
<input type="checkbox"/>	Appraisal Management		
<input type="checkbox"/>	Escrow Services		
<input type="checkbox"/>	Real Estate Brokerage		
<input type="checkbox"/>	Warehouse Lending / Loan Financing		
<input type="checkbox"/>	Title Services		
	Name of Company Underwriting Title Policies:		

PLEASE RESPOND TO THE FOLLOWING

1. Within the last three (3) years, has Applicant, its owner, its broker(s) of record or any of its employees (i) had any formal complaints filed against them with a federal or state mortgage banking/broker regulatory authority, (ii) been found in violation of any mortgage banking/broker federal or state regulatory authority's statutes or regulations (iii) had an order entered against them by a federal or state mortgage banking/broker regulatory authority (iv) been denied, or suspended or had a registration or license revoked by a federal or state mortgage banking/broker regulatory authority?
 Yes No
2. Has your company ever had unfavorable findings with regard to mortgage operations or servicing activities included in any audit, examination or report by FHA, VA, Fannie Mae, Freddie Mac or any regulatory, supervisory or investigative agency?
 Yes No
3. Has any owner, partner, officer, director, employee or loan officer been affiliated with any company/business that was suspended by FHA, VA, Fannie Mae, or Freddie Mac?
 Yes No
4. Has any owner, partner, officer, director, employee or loan officer of your company ever been found guilty of a criminal offense?
 Yes No
5. Has your company ever been denied, suspended or disqualified by any MI companies?
 Yes No

If you answered "Yes" to any of the above questions 1-5, please explain (attach to Application):

6. Have you been required to repurchase a loan(s) from investors in the last twenty-four (24) months?
 Yes No

If you answered "Yes" to question 6, please state number of loan(s): _____ Aggregate dollar amount: \$ _____

7. Is the company or any of the officers of the company currently involved in any lawsuit or litigation which could affect the company's capacity to perform under this agreement?
 Yes No

If you answered "Yes" to question 7, give details and provide estimate of potential liability through an adverse ruling (attach to Application).



8. Has the company adopted a policy for verifying potential employees against the following industry exclusionary lists: GSA Excluded Parties List, Freddie Mac's Exclusionary List, HUD's LOP List, FHFA'S Suspended Counterparty List and state specific debarment lists (e.g., CA, GA):

- Yes No

If you answered "No" to question 8, please provide explanation for lack of process and/or steps taken to remediate.

9. Does Applicant have a third-party compliance review reporting (e.g., Mavent, Compliance Ease) process in place to ensure loans comply with "high-cost" and "predatory lending" statutes for all applicable federal, state and, if necessary, local laws?

- Yes No

If you answered "Yes" to question 9, please include documentation of compliance review reporting process.

If you answered "No" to question 9, please provide explanation for lack of process and/or steps taken to remediate

10. Has the company adopted a policy for the regular training of all employees in federal and state regulatory compliance including but not limited to the processing, tracking and resolution of client and employee complaints?

- Yes No

If you answered "No" to question 10, please provide explanation for lack of process and/or steps taken to remediate

11. Does Applicant use third-party fraud alert software (e.g., DataVerify, Interthinx, CoreLogic) on every loan application prior to processing?

- Yes No

If you answered "No" to question 11, please provide explanation for lack of process and/or steps taken to remediate

AUTHORIZATION

By executing this application, Seller and each of the above named officers hereby authorize Alta Mortgage Bankers ("AMB") to obtain positive verification of information the Seller provided in this application and to obtain business credit and reference reports and other information that is of concern to Alta Mortgage Bankers. Seller acknowledges that such reports and information will be obtained and used in connection with Alta Mortgage Bankers approval of Seller and evaluation of Seller's eligibility to do business with Alta Mortgage Bankers and that such information may be disclosed to Alta Mortgage Bankers investors who may purchase mortgage loans from Alta Mortgage Bankers. However, such will not be used for any consumer credit purpose.

Seller certifies to its best belief and knowledge that the information provided herein is true and correct.

Signature

Title

Date





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CREDIT CONSENT

We Hereby give our consent to have Alta Mortgage Bankers and/or its designated credit reporting bureau obtain any and all information concerning our employment, checking and/or savings accounts, obligations and all other credit matters which they may require in connection with our application to broker or sell loans.

This form may be reproduced or photocopied. A copy of the original signed form shall be considered effective consent.

_____/_____
Broker of Record (Name/Signature) SS# _____ Date _____

_____/_____
Owner or Partner (Name/Signature) SS# _____ Date _____

_____/_____
Owner or Partner (Name/Signature) SS# _____ Date _____

_____/_____
Owner or Partner (Name/Signature) SS# _____ Date _____

PLEASE NOTE: Financial institutions subject to oversight by the FDIC, NCUA, OTS, Federal Reserve or Comptroller of the Currency may have this requirement waived.





Account Setup Worksheet

AMB Account Executive: _____

Company Name: _____

Company Administrator

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

License Number (if applicable): _____

The following are only mandatory if applicable.

1. Team Member: _____ Position: _____

Phone: _____ Fax: _____

Email: _____

2. Team Member: _____ Position: _____

Phone: _____ Fax: _____

Email: _____

3. Team Member: _____ Position: _____

Phone: _____ Fax: _____

Email: _____

