



APPLICATION CHECKLIST

EXECUTE THE ATTACHED DOCUMENTS BELOW

- Correspondent Facility Application
- Signed and Completed W-9 Form

ATTACH THE FOLLOWING DOCUMENTATION

- Resumes of all Principal Officers
- Resumes of Underwriters, Operations and Sales Management
- Copies of State Licenses / exemptions for each State License
- Copy of Agency Approval Letters
- Most recent Financial Statements, two (2) years
- Copy of Un-audited Year to Date P&L and Balance Sheet
- Copy of Errors and Omissions and Fidelity Bond Policy, if applicable
- Copy of Quality Control Plan to include AML, OFAC policies
- Copy of Branch Licenses for all operating branches, if applicable

CORRESPONDENT FACILITY APPLICATION

Account Executive/Manager: _____ Date: _____

Credit Line Amount Requested: \$ _____ (\$1MM - \$20MM)

COMPANY INFORMATION

Company Name _____

DBA (if applicable) _____

Office Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Contact Person _____ Phone # _____

Tax ID # _____ MERS Reg. # (if any) _____

Business Entity type:

- Corporation
- LLC
- Partnership
- Sole Proprietorship
- Other _____

State of Incorporation _____

Date Established _____

AGENCY APPROVAL(S)

	Approval Number	Date Approved
<input type="checkbox"/> Fannie Mae (FNMA)	_____	_____
<input type="checkbox"/> Freddie Mac (FHLMC)	_____	_____
<input type="checkbox"/> FHA/HUD	_____	_____
<input type="checkbox"/> Veterans Affairs (VA)	_____	_____
<input type="checkbox"/> Ginnie Mae GNMA	_____	_____
<input type="checkbox"/> Other	_____	_____

PRINCIPAL OFFICERS

Name _____ Position _____
Address _____
City _____ State _____ ZIP code _____
Direct Phone _____ Email _____
Ownership Percentage _____%

Name _____ Position _____
Address _____
City _____ State _____ ZIP code _____
Direct Phone _____ Email _____
Ownership Percentage _____%

Name _____ Position _____
Address _____
City _____ State _____ ZIP code _____
Direct Phone _____ Email _____
Ownership Percentage _____%

Name _____ Position _____
Address _____
City _____ State _____ ZIP code _____
Direct Phone _____ Email _____
Ownership Percentage _____%

ACCOUNTING & LEGAL COMPANY INFORMATION

Legal Company _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Years with Company _____

Accounting Company _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Email _____

Years with Company _____

COMPANY CONTACTS

Company Role	Employee Name	Phone Number	Email Address
Secondary Manager			
Operations Manager			
Underwriting Manager			
Funding			
Lock Desk			
Shipping/Collateral			
Quality Control			

INVESTOR INFORMATION

Investor _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Email _____

Years Experience with Investor _____

Investor _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Years Experience with Investor _____

Investor _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Years Experience with Investor _____

Investor _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Years Experience with Investor _____

WAREHOUSE / CREDIT INFORMATION

Warehouse/Credit Line Lender _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Years Experience with Warehouse Lender _____ Line Amount \$ _____

Warehouse/Credit Line Lender _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Years Experience with Warehouse Lender _____ Line Amount \$ _____

Warehouse/Credit Line Lender _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Years Experience with Warehouse Lender _____ Line Amount \$ _____

BANKING INFORMATION

Bank _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Person for Reference _____ Title _____
Years at Bank _____ Account Number(s) _____

Bank _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Person for Reference _____ Title _____
Years at Bank _____ Account Number(s) _____

Bank _____
Address _____
City _____ State _____ ZIP Code _____
Phone _____ Email _____
Person for Reference _____ Title _____
Years at Bank _____ Account Number(s) _____

INSURANCE INFORMATION

FIDELITY

Insurance Carrier _____ Policy Amount _____

Contact Name _____ Deductible _____

Email _____ Phone _____

ERRORS AND OMISSIONS (E&O)

Insurance Carrier _____ Policy Amount _____

Contact Name _____ Deductible _____

Email _____ Phone _____

LOAN PRODUCTION

Current Year

	Volume	I	Retail%	Wholesale%	TPO%	I	Refi	Purch
Conforming	\$ _____		_____%	_____%	_____%		_____%	_____%
Jumbo	\$ _____		_____%	_____%	_____%		_____%	_____%
Government	\$ _____		_____%	_____%	_____%		_____%	_____%
Non Conforming	\$ _____		_____%	_____%	_____%		_____%	_____%
Total	\$ _____							

Previous Year

	Volume	I	Retail%	Wholesale%	TPO%	I	Refi	Purch
Conforming	\$ _____		_____%	_____%	_____%		_____%	_____%
Jumbo	\$ _____		_____%	_____%	_____%		_____%	_____%
Government	\$ _____		_____%	_____%	_____%		_____%	_____%
Non Conforming	\$ _____		_____%	_____%	_____%		_____%	_____%
Total	\$ _____							

Net Worth of Company: \$ _____

DUE DILIGENCE QUESTIONS

Does any principal officer of the applicant have any interest in any real estate, escrow, title, developer, appraisal, credit reporting, closing or insurance companies?

Yes No

Has the applicant been required to repurchase any mortgage loans, received a payoff demand or demand for a curtailment payment from an investor or warehouse lender within the last three (3) years?

Yes No

Has the applicant or any of its principal officers ever been suspended or terminated from selling or servicing mortgages by an investor or lender?

Yes No

Has the applicant or any of its principal officers filed for protection from creditors under any provision of the bankruptcy laws within the past 7 years?

Yes No

Has the applicant or any of its principal officers had any complaints, lawsuits, or judgments filed from any state agency within the last three (3) years?

Yes No

Has the applicant or any of its principal officers been involved in any legal action that could affect the company's capacity to perform under the correspondent facility agreement?

Yes No

Does the applicant currently retain servicing rights for loans made?

Yes No

Does the applicant originate reverse mortgage loans?

Yes No

Does the applicant have pledged assets that are not included or showing in the financial statements provided?

Yes No

Attach an explanation letter detailing each "Yes" response

CERTIFICATION AND AUTHORIZATION

All the information contained in this application and supporting documents is true and complete to the best of my knowledge. Global Mortgage Funding Corporation, Global Funding, GMF Credit, Global MFC, (**GMF**) is authorized to check and verify any source named herein, perform a thorough background check concerning any principal officers, employees, affiliates or contractors.

The applicant acknowledges that it is in the best interest of the applicant to authorize **GMF**, and any of its officers, employees and third party vendors to perform due diligence concerning applicant's background and experience. Therefore, applicant hereby consents and gives **GMF** permission to obtain information about applicant's company history information, criminal record information, credit information and other public record information.

Applicant understands that **GMF** performs quality control reviews of the loans that the applicant submits to **GMF** for registration, review, underwriting, and/or purchase. Applicant understands and hereby consents to the release of information about any loan application that is believed to contain misrepresentations and/or irregularities. Applicant agrees and gives its consent that it and its employees may be named as the originating entity or loan officers on such loans, whether or not applicant or its employees is implicated in the alleged misrepresentations and/or irregularities. Applicant hereby releases and agrees to hold harmless **GMF**, and third parties that may be used in conjunction with this review, and any fraud alert products from any and all liability for damages, losses, costs, and expenses that may arise from the reporting or use of information submitted by **GMF** or any of its vendors or third party providers.

Applicant will immediately notify **GMF** of any material change in the information provided at all times during this application process.

Applicant and its principal officers hereby authorize any person, entity or government agency to release information at the request of **GMF** without further need of written permission, this authorization shall be deemed as an original of the authorization when obtaining, verifying or reviewing information.

By signing below, applicant fully understands that it is a federal crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the above facts.

Date _____

Company Name _____

Principal Officer Name _____

Principal Social Security # _____

Position _____

Signature _____