



Lending Originator Application

SECTION 1: COMPANY / BROKER INFORMATION (Main Office or Parent Company)

Company Name: _____

Doing Business As: _____

Street Address: _____

City, State, Zip: _____

County: _____

Phone #: _____

Fax #: _____

E-Mail Address: _____

Contact Name: _____

Account Executive: _____

Please Check One:

Sole Proprietor

Partnership

Corporation

LLC

LLP

LP

LTD

Please Check

Programs Applied:

Table Funding

FHA Sponsorship

FHA Approval

VA

Loan Origination System:

Point

Genesis

Other

*Please provide a list of any additional branches w/ phone & fax #'s.

SECTION 2: CORPORATE FILING INFORMATION

Date Incorporated: _____

County: _____

State: _____

Fed Tax ID#: _____ - _____

Social Security# (if no Fed Tax ID): _____ - _____ - _____

SECTION 3: LICENSING / APPROVAL

Broker name license was issued to: _____

License #: _____

Date Issued: _____

Expiration Date: _____

If licensed or approved by any of the following please complete information required.

FHA/HUD - #: _____

Date Approved: _____

Fannie Mae - #: _____

Date Approved: _____

Freddie Mac - #: _____

Date Approved: _____

Veterans Affairs - #: _____

Date Approved: _____

SECTION 4: PRINCIPALS & AUTHORIZED OFFICERS

Principal's Name: _____

SS#: _____

Title: _____

yrs Mtg Banking Experience: _____

Principal's Name: _____

SS#: _____

Title: _____

yrs Mtg Banking Experience: _____

Authorized Officer's Name: _____

SS#: _____

Title: _____

yrs Mtg Banking Experience: _____

Authorized Officer's Name: _____

SS#: _____

Title: _____

yrs Mtg Banking Experience: _____

SECTION 5: LENDER REFERENCES (Please use extra page for additional entries.)

Lender Name: _____

Phone #: _____

Contact Person: _____

Title: _____

Lender Name: _____

Phone #: _____

Contact Person: _____

Title: _____

Lender Name: _____

Phone #: _____

Contact Person: _____

Title: _____

Lender Name: _____

Phone #: _____

Contact Person: _____

Title: _____

SECTION 6: AFFILIATED COMPANIES (Please use extra page for additional entries.)

Company Name: _____

Phone #: _____

Doing Business As: _____

Type of Business: _____

% of Ownership: _____

Company Name: _____

Phone #: _____

Doing Business As: _____

Type of Business: _____

% of Ownership: _____