

## Instructions

This checklist is to be used to guide and confirm all items required to submit a complete lending application to First Community Mortgage, Inc. ("FCM"). Email the completed application and the required documents listed below to your Account Executive.

Company Name: \_\_\_\_\_

Account Executive: \_\_\_\_\_

Application Type:                      TPO                                      Non-Delegated Correspondent

### Required Documents for All Submitted Applications:

- Fully Completed Business Partner Application
- Executed [Broker Agreement](#)
- Executed [Compensation Agreement](#)
- [Corporate Resolution](#)
- [IRS Form W-9](#)
- [Fannie Mae- Desktop Underwriter Redistribution Agreement](#)
- [Anti-Money Laundering Certification Form](#)
- [Affiliate Relationship Form](#)
- [Hiring Procedures](#)
- [Red Flags Questionnaire](#)
- [Compliance Addendum](#)
- [AIR Addendum](#)
- Resumes of Principal Officers, Owners, and Underwriters (Not Required for Bank or Credit Unions)
- [Quality Control Plan](#)
- Company Formation (Not required for Banks or Credit Unions)
- Most recent two years Audited Financials or Corporate Tax Returns (Not required for Banks or Credit Unions)

### Additional Requirements for Non-Delegated Correspondent:

[Executed Non-Delegated Correspondent Agreement](#)

[Non-Delegated Correspondent Profile](#)

Copy of Appraisal Independence/ AIRS Policy (If ordering own appraisal)

QC Findings & Management Responses (Most Recent Two Months, If Tier 2 Selected on NDC Profile)

## GENERAL INFORMATION

Legal Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Company Fax: \_\_\_\_\_

Company Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Year Incorporated/Established: \_\_\_\_\_

State of Organization: \_\_\_\_\_

Fiscal Year End: \_\_\_\_\_

*Check if Subsidiary, Name of Parent Company:* \_\_\_\_\_

Parent Company Mailing Street Address (no P.O. Box please): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Company's Tax I.D. #: \_\_\_\_\_

Company's NMLS Identification Number: \_\_\_\_\_

OR

FDIC/NCUA#: \_\_\_\_\_

Does your company rent or own commercial office space?

Yes

No

If no, describe your office space arrangements:

\_\_\_\_\_  
\_\_\_\_\_

# BUSINESS PARTNER APPLICATION

## CONTACT INFORMATION AND AUTHORIZED OFFICERS

List the names of ALL companies or individuals with ownership interest in your Company. The total ownership percentage (%) must equal 100%. Please attach additional sheet if necessary

Name	Email	Phone	Title	%	*Required to be listed on the Resolution Authorized Officer?
*Primary Contact					

## USER ACCESS LIST

Please list all staff that you would like to have access to our website. User roles are set up as:  
 Manager – full access to entire company pipeline ● Loan Officer – only access to their files ● Processor – flexible accessibility (can have manager or LO access)

NAME	NMLS#	POSITION	FCM ROLE (LO/PROC/MGR)	EMAIL ADDRESS

## FEES

In an effort to comply with Fair Lending Testing and Compliance Regulations, please list any fees charged **and retained** by your company on a typical loan (example: Admin Fee, Application Fee, In-house Processing Fee):

NAME OF FEE:	AMOUNT OF FEE:	NAME OF FEE:	AMOUNT OF FEE:

## GENERAL QUESTIONS

If you answer **YES** to any of the following questions, please provide a detailed explanation or copies of all relevant documents.

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your company ever been named as defendant in a lawsuit, been involved in any criminal proceedings or litigation in the past 7 years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any principal or officers ever been named as defendant in a lawsuit, been involved in any criminal proceedings or litigation in the past 7 years?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any principals or corporate officers ever been convicted of a crime?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your company, and/or principals or corporate officers, ever filed for protection from creditors under any provision of the bankruptcy code within the past seven years?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your company, and/or any principals or corporate officers, ever had a real estate or other professional license suspended, revoked or received any other disciplinary action from a regulatory agency?     |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any lender enforced, or attempted to enforce, the Hold Harmless or Repurchase clause of their correspondent or broker agreement with your company and/or any principals or officers in the past 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any investor requested the repurchase of mortgages or requested an indemnity in the last twenty four months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your company ever had a Mortgage Insurance Master Policy cancelled or suspended for any reason?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your company ever had unfavorable findings with regard to mortgage operations, included in any audit examination or report by FHA, VA, FNMA, FHLMC or any regulatory, supervisory or investigating agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any owner, partner, officer, director of your company ever been affiliated with any company/business that was suspended by FHA, VA, FNMA, or FHLMC?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has there been a material change in company ownership, board of directors or senior management in the past 12 months?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you initiated or terminated any affiliate relationships in the past 12 months?  |

If you answer **NO** to any of the following questions, please provide a detailed explanation under separate cover.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does applicant have a process in place to insure compliance with high cost and anti-predatory lending statutes for all applicable federal, state and if necessary local laws?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does applicant have written hiring policies and procedures for checking all employees, including management, involved in the origination of mortgage loans (including application through closing) against the U.S General Services                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Does applicant have written hiring policies and procedures for checking all employees, including management, involved in the origination of mortgage loans (including application through closing) against the HUD Limited Denial of Participation List (LDP List)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your company have an Anti-Money Laundering program in place?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does company follow the recommended quality control guidelines for responsible lending of either Fannie Mae or Freddie Mac  |

## VOLUME

	<u>Annual Production</u>	<u>Current Year</u>	<u>Previous Year</u>
Conventional	_____ %	\$ _____	\$ _____
Jumbo Conforming	_____ %	\$ _____	\$ _____
FHA	_____ %	\$ _____	\$ _____
VA	_____ %	\$ _____	\$ _____
USDA	_____ %	\$ _____	\$ _____
Purchase	_____ %	\$ _____	\$ _____
<b>Total</b>		\$ _____	\$ _____

All production numbers are from January 1, \_\_\_\_\_ until \_\_\_\_\_ of current year.

## VA

Requirements to close VA loans with FCM:

Check for \$100 made payable to Veterans Administration delivered to FCM-

**275 Robert Rose Drive  
Murfreesboro, TN 37129  
ATTN: Cari Jeffrey**

\*Please include your VA lender ID# or indicate if this will be your first sponsorship.

## REFERENCES

**\*NOT REQUIRED FOR BANKS OR CREDIT UNIONS**

**Provide 2 Lender Related References:**

1. Lender Name: \_\_\_\_\_  
Name/Title of Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_
2. Lender Name: \_\_\_\_\_  
Name/Title of Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Provide 2 Vendor Related References:**

1. Office Landlord/Rental: \_\_\_\_\_  
Name/Title of Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_
2. Credit Report Vendor: \_\_\_\_\_  
Name/Title of Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, the undersigned Officer, am authorized to provide this information to First Community Mortgage, Inc. on behalf of my company. I attest to the truth and accuracy (to the best of my knowledge and belief) of all the information provided to First Community Mortgage, Inc.

I hereby authorize First Community Mortgage, Inc. in connection with its due diligence investigation to process our application, secure Business Reports, check references, and other such financial information that shall be reasonably required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Must be Senior Officer of Company)*