

Third Party Processor Application and Certification

Referred by:					
Company Legal Name:					
D/B/A Name (if different):					
Principal(s) Full Name(s):					
Address:					-
Telephone:					
E-Mail Address:					
Date Established:					
NMLS #:					
If NMLS registration is associated with morts FLCB Account Executive:	gage bro	ker or mortgage lender under st	ate law, please provide the na	ame of the broke	r or lender:
References: (Please indicate numb Top Three Client Names	er of y	ears you have been approv Contact Person	ved to do business with Email Address	each firm.)	
Top Three Chefit Names	rears	Contact Person	Email Address		
Certification Questions - For any "Yes" answers, provide an explanation and documentation.				YES	NO
Has your company or its principals been a defendant in any legal proceeding in the past seven years related to the real estate industry?					
Has your company or its principals Limited Denial of Participation (LDF Housing and Urban Development (I (SAM/GSA), or the Federal Housing (SCP) list?	P), exclu HUD) p ; Financ	uded from participating in rograms through the System (FHFA) Suspende	U.S. Department of m for Award Management of ed Counterparty Prograr	m	
Has your company, or its principals been refused, restricted, suspended, or revoked any license necessary to conduct normal operations by any regulatory, licensing agency, body, or authority FNMA, FHLMC, GNMA, HUD, USDA, VA?					
Has your company ever had any adverse findings in any audit or examination conducted by any regulatory, licensing agency, body, authority, any federal or state agency, FNMA, FHLMC, GNMA, HUD, USDA, VA in the past seven years?					
Certification Questions - For any "No" answers, provide an explanation and documentation.				YES	NO
Does your company have the ability to protect borrower personal and confidential information from illegal access by others outside of the transaction?					
Does your company perform training state, regulatory policies and proces which your company provides services.	dures r	required to participate in to our institution?	he different programs fo		
Does your company perform audits on the services/products offered to our company for quality control, risk and compliance?					
By signing below, I, as the authorized with any mortgage broker or mortgage Company or any mortgage broker or control or ownership, of any of the Oprincipals. If the Company becomes understand and agree that the Company becomes	age lender Lender Compar s affilia	der for which it provides lo r for which the Company p ny's principals are related t ted with a mortgage brok	oan processing services. Frovides loan processing to one or more of the more of more of the more of more of the increase.	"Affiliated" m services share ortgage broke n the future, I	eans the e common er/lender
Signature of Authorized Representative: Date: _				te:	
Printed Name of Authorized Represer	ntative:				