

NEW CORRESPONDENT APPLICATION

COMPANY INFORMATION

Company Name:	Federal Tax ID:
DBA(s), if applicable:	MERS Membership #:
Street Address:	Business Entity Type:
City, State, ZIP:	Incorporation/Formation Date:
Company Phone:	Incorporation State:
Company Fax:	Company Primary Contact:
Company Website:	Contact Phone:
NMLS ID #:	Contact Email:

REQUESTED DELEGATION

Delegated – Best Efforts <i>Minimum \$1,000,000 Net Worth</i>	Delegated – with Broker TPO Minimum \$2,500,000 Net Worth	Delegated – Non-Agency Minimum \$3,000,000 Net Worth*
Delegated – Mandatory Minimum \$1,500,000 Net Worth	Non-Delegated Minimum \$150,000 Net Worth	

*Delegated - Non-Agency clients may be subject to higher Net Worth requirements based upon application review.

OWNERSHIP INFORMATION

Principal/Owner:	* DOB (mm/dd/yy):
Title:	* Home Address:
% Owned:	
Principal/Owner:	* DOB (mm/dd/yy):
Title:	* Home Address:
% Owned:	
Principal/Owner:	* DOB (mm/dd/yy):
Title:	* Home Address:
% Owned:	
Parent Company:	* Federal Tax ID:
% Owned:	Corporate Address:

(NOTE: *DATE OF BIRTH, AND/OR FEDERAL TAX ID REQUIRED FOR APPROVAL*)

- ❖ Above information required for any individual and/or Company with > 10% ownership interest.
- ❖ For any additional Ownership, please attach a separate list containing the above information.



224 Strawbridge Drive, Suite 200
Moorestown, NJ 08057

AFFILIATED COMPANIES

**** Affiliated Companies include any separate business entity that is fully or partially owned by either the Applicant or the Applicant's Principal(s), Director(s), or Officer(s).**

1) Have any affiliate relationships been terminated within the past 12 months? Yes No

IF YES, PLEASE PROVIDE AN EXPLANATION:

2) For any existing affiliates, please provide the following information (list if additional):**

a. Affiliated Company Name: _____
 Affiliated Company Address: _____
 Length (tenure) of Affiliation: _____
 Brief description of business activities: _____
 Ownership Breakdown (include Name and % ownership): _____
 % Applicant's Production that runs through affiliate: _____
 % Affiliate's business driven by Applicant: _____
 Does Applicant share employees with affiliate? Yes No
 Does Applicant share office space with affiliate? Yes No
 Does any employee of Applicant have signing authority at the affiliated company? Yes No
 (Include Name(s), Title): _____

***** IF AFFILIATE IS A TITLE COMPANY, COMPLETE THE FOLLOWING *****

Title Insurer: _____
 Main Contact Name: _____
 Main Contact Phone: _____
 Main Contact Email: _____
 Affiliated Company Name: _____

b. Affiliated Company Address: _____
 Length (tenure) of Affiliation: _____
 Brief description of business activities: _____
 Ownership Breakdown (include Name and % ownership): _____
 % Applicant's Production that runs through affiliate: _____
 % Affiliate's business driven by Applicant: _____
 Does Applicant share employees with affiliate? Yes No
 Does Applicant share office space with affiliate? Yes No
 Does any employee of Applicant have signing authority at the affiliated company? Yes No
 (Include Name(s), Title): _____

***** IF AFFILIATE IS A TITLE COMPANY, COMPLETE THE FOLLOWING *****

Title Insurer: _____
 Main Contact Name: _____
 Main Contact Phone: _____
 Main Contact Email: _____



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|---|-----|----|
| 1. Has your Company, and/or principals or corporate officers, had a real estate or other professional license suspended or revoked, or received any other disciplinary action from a regulatory agency?
IF YES, PLEASE PROVIDE AN EXPLANATION: | Yes | No |
| 2. Has your Company been suspended from selling or servicing mortgages by an Investor?
IF YES, PLEASE PROVIDE AN EXPLANATION: | Yes | No |
| 3. Are you aware of any company officers or employees that are or have been on any agency, state, or federal exclusionary list?
IF YES, PLEASE PROVIDE AN EXPLANATION: | Yes | No |
| 4. Has your Company, and/or principals or corporate officers, been named as a defendant in a lawsuit for alleged fraud or misrepresentation in connection with any real estate-related activity, or been involved in any criminal proceedings or litigation in the past seven years?
IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS SURROUNDING ANY SETTLED, OPEN OR PENDING LITIGATION: 1) LITIGATION EXPLANATION, 2) PLAINTIFF NAME, 3) DATES THE CASE WAS OPENED AND RESOLVED, 4) POTENTIAL CORRESPONDENT EXPOSURE AMOUNT, AND 5) THE COMPANY ACTION PLAN TO RESOLVE. | Yes | No |
| 5. Have any principals or corporate officers ever been convicted of a financial crime?
IF YES, PLEASE PROVIDE AN EXPLANATION: | Yes | No |
| 6. Has your company, and/or owners or corporate officers, filed for bankruptcy within the past seven years?
IF YES, PLEASE PROVIDE AN EXPLANATION: | Yes | No |
| 7. What is your process for creating/monitoring an exclusionary list (ie appraisers, brokers, title agencies, and other vendors)? | | |
| 8. What is your process for Appraisal ordering, Valuation Review and Fraud/Risk Mitigation? | | |



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9. Has your company ever had material adverse findings included in any audit examination that was conducted by HUD, VA, Fannie Mae, Freddie Mac, or any regulatory agency? Yes No
IF YES, PLEASE PROVIDE AN EXPLANATION:
10. Do you have processes in place to ensure compliance with any applicable federal, state, and local high cost and anti-predatory lending statuses? Yes No
11. Please provide details surrounding any settled, open, or pending Repurchases and/or Indemnifications within the past 24 MONTHS.
Include: 1) investor name, 2) note date, 3) repurchase amount, and 4) repurchase explanation (please include with respect to each loan). If no repurchases/indemnifications, enter "N/A".
12. Please provide your latest employee onboarding policy that speaks to any exclusionary lists new hires are checked against the Office of Foreign Asset Control's Specially Designated Nationals and Blocked Persons list ("SDN List") U.S. General Services Administration (GSA) Excluded Parties List, the HUD Limited Denial of Participation List (LDP) List and the Federal Housing Finance Agency (FHFA) Suspended Counterparty Program (SCP) list, etc.).
If no policy exists, please confirm in writing that all employees are checked against the SDN List, the GSA List, the LDP list, the FHFA SCP List during the onboarding process and periodically thereafter.
13. Please provide your Company's compliance program in accordance with FinCEN's Anti-Money Laundering rules issued pursuant to the Bank Secrecy Act or explain below how compliance with FINCEN's requirements are managed.
14. Is your Company in compliance with CFPB's loan originator compensation rules? Yes No
15. Is your Company in compliance with SAFE Act regulations? Yes No
16. Has your company developed a compliance program in accordance with the US Patriot Act? Yes No
17. Is your company in compliance with FNMA/FHLMC Appraiser Independence Requirements? Yes No
18. Has your company taken steps to meet CFBP Title XIV mortgage rules (provisions under Dodd Frank Wall Street Reform and Consumer Protection Act) effective January 2014? Yes No



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REQUIRED DOCUMENTATION CONT.

- Please provide 2 years FYE audited financial statements and your most recent fiscal year financial statements (Income Statement and Balance Sheet)
- Please provide a copy of a Corporate Resolution
- Please provide resumes or bios for all owners
- Please provide your current Organizational Chart
- Please provide a copy of your Quality Control Plan
- Please provide a copy of you AIR Compliance Plan (Appraiser Independence Requirements) in accordance with FNMA guidelines
- Please provide an executed copy of the Correspondent Agreement
- Please provide a completed IRS W9 Form (current version)
- Please provide evidence of your Fidelity Bond and Errors and Omissions Insurance
- Please provide evidence of your State required Surety Bond, if applicable
- Please provide your most recent Investor report card
- Please provide your two most recent post quality control reports (dated within the last 12 months) with management responses to any significant findings
- Please provide a copy of your AIR Compliance Plan (Appraiser Independence Requirements) in accordance with FNMA guidelines

Additional information or documentation may be requested by Arc Home LLC for the approval to deliver certain products.

CERTIFICATION & AUTHORIZATION

The undersigned certifies that the statement set forth herein and in any accompanying documents are true and factual to the undersigned's best knowledge. The undersigned hereby authorizes Arc Home LLC, or its affiliates or agents to obtain verification of the information it may deem necessary about the Applicant and its principals from any source including any investor, governmental agency or authority, credit bureau or reporting agency, MI company, Mortgage Asset Research Institute, Inc. (MARI) or any other person or entity including warehouse guarantors.

Additionally, the undersigned and company ("We") represent and warrant that the information provided is complete and accurate in all respects. We understand that this application is made for the purpose of inducing Arc Home LLC to approve our request for a correspondent relationship with Arc Home LLC. We authorize Arc Home LLC to make such investigation of our financial condition and the representations contained in the application. We understand that this application shall remain the confidential property of Arc Home LLC for all purposes. We agree to notify you immediately of any adverse change affecting the company.

The Federal Equal Credit Opportunity Act requires that all creditors, including Banks, Savings and Loans, small loan companies, retail stores and others, make credit equally available to all credit worthy customers without regard to sex, marital status, race, color, religion, national origin, age, the fact that all or part of the applicants income is derived from a public assistance program, or the fact that this applicant has in good faith exercised any right under the Consumer Credit Protection Act

AUTHORIZED OFFICER SIGNATURE:	OFFICER NAME/TITLE:
	DATE:
AUTHORIZED OFFICER SIGNATURE:	OFFICER NAME/TITLE:
	DATE:



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NEW CORRESPONDENT SET UP FORM

Account Executive: _____

Product Elections:

Channel	Conventional	Jumbo	FHA	VA	Non-QM		Arc Elite QM
					Non-DSCR Programs	DSCR Program	
Non-Delegated							
Delegated		N/A					
TPO (4 th Party)		N/A			N/A	N/A	N/A

SPARC Credentials (All Channels):

Please identify one admin and one additional user within this organization for SPARC credentials and specify their SPARC User Role(s) - check all roles that apply.

SPARC User Type	SPARC User Information											
SPARC Admin <i>(required)</i>	SPARC User Role(s):		Admin		Loan Officer		Post-Closer		Processor		Secondary	
	Name				Email Address				NMLS <i>(if applicable)</i>			
	Office Phone Number				Cell Phone Number*							
Additional User	SPARC User Role(s):		Admin		Loan Officer		Post-Closer		Processor		Secondary	
	Name				Email Address				NMLS <i>(if applicable)</i>			
	Office Phone Number				Cell Phone Number*							

**** Important Note:** All SPARC users must provide a cell phone number; it is used for multi-factor authentication only.