



224 Strawbridge Drive, Suite 200  
Moorestown, NJ 08057

## 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 <i>Minimum \$2,500,000 Net Worth</i>	Delegated – Non-Agency <i>Minimum \$3,000,000 Net Worth*</i>
Delegated – Mandatory <i>Minimum \$1,500,000 Net Worth</i>	Non-Delegated <i>Minimum \$150,000 Net Worth</i>	

*\*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.



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## ORIGINATION & PROCESSING

Processing Method: In House      Outsourced:  
Closing Method: In House      Outsourced:

AUS Engine:  
Origination/Processing System:  
Pricing Marketplace (e.g. LoanSifter, EPPS, LoanNex, etc.):  
Credit Reporting Agency:

## FOR NON-AGENCY ORIGINATIONS ONLY

How many years' experience does your company have in underwriting, originating and funding Non-QM loans?

How many years' experience does your UW Manager have in Non-QM underwriting?

What is the average experience of your Non-QM underwriting group?

To which other companies have you sold Non-QM loans?

## CURRENT INVESTOR RELATIONSHIPS

Investor Name:	Contact Name:
Monthly Volume (\$\$):	Contact Phone #:
Relationship Since:	Contact Email:

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Investor Name:	Contact Name:
Monthly Volume (\$\$):	Contact Phone #:
Relationship Since:	Contact Email:

## WAREHOUSE RELATIONSHIPS

Warehouse Name:	Contact Name:
Line Amount (\$\$):	Contact Phone #:
Line Expiration:	Contact Email:

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Warehouse Name:	Contact Name:
Line Amount (\$\$):	Contact Phone #:
Line Expiration:	Contact Email:

## STATE LICENSING

Is your organization a Federally Chartered or State Chartered bank?	Federal	State	Neither
Is your organization a subsidiary of a bank or credit union?	Yes	No	
If "Yes" please identify the bank you are a subsidiary of:			

## APPRAISAL MANAGEMENT COMPANIES (AMCs)

AMC's Utilized:

**Disclaimer:** The correspondent lender is solely responsible for ensuring that any Appraisal Management Company selected by the correspondent is acceptable to Arc Home. If the correspondent lender makes any additions or deletions to its roster of Appraisal Management Companies, that information must be promptly communicated to Arc Home. Should the correspondent lender have any question regarding Appraisal Management Companies acceptable to Arc Home, they should contact their account representative.



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## 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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## DISCLOSURES

- |  |                    |
|--|--------------------|
| <b>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?</b><br>IF YES, PLEASE PROVIDE AN EXPLANATION:   | <b>Yes      No</b> |
|  |                    |
| <b>2) Has your Company been suspended from selling or servicing mortgages by an Investor?</b><br>IF YES, PLEASE PROVIDE AN EXPLANATION:  | <b>Yes      No</b> |
|  |                    |
| <b>3) Are you aware of any company officers or employees that are or have been on any agency, state, or federal exclusionary list?</b><br>IF YES, PLEASE PROVIDE AN EXPLANATION:   | <b>Yes      No</b> |
|  |                    |
| <b>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?</b><br>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. | <b>Yes      No</b> |
|  |                    |
| <b>5) Have any principals or corporate officers ever been convicted of a financial crime?</b><br>IF YES, PLEASE PROVIDE AN EXPLANATION:  | <b>Yes      No</b> |
|  |                    |
| <b>6) Has your company, and/or owners or corporate officers, filed for bankruptcy within the past seven years?</b><br>IF YES, PLEASE PROVIDE AN EXPLANATION:   | <b>Yes      No</b> |
|  |                    |



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7) 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:

8) 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

9) 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".

10) 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 t 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.

11) 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.

12) Is your Company in compliance with CFPB's loan originator compensation rules? Yes No

13) Is your Company in compliance with SAFE Act regulations? Yes No

14) Has your company developed a compliance program in accordance with the US Patriot Act? Yes No

15) Is your company in compliance with FNMA/FHLMC Appraiser Independence Requirements? Yes No

16) 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 your 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.

*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 <sup>th</sup> 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 (required)	SPARC User Role(s):    Admin <input type="checkbox"/> Loan Officer <input type="checkbox"/> Post-Closer <input type="checkbox"/> Processor <input type="checkbox"/> Secondary <input type="checkbox"/> <input type="checkbox"/>										
	Name				Email Address				NMLS (if applicable)		
	Office Phone Number				Cell Phone Number*						
Additional User	SPARC User Role(s):    Admin <input type="checkbox"/> Loan Officer <input type="checkbox"/> Post-Closer <input type="checkbox"/> Processor <input type="checkbox"/> Secondary <input type="checkbox"/> <input type="checkbox"/>										
	Name				Email Address				NMLS (if applicable)		
	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.