# Correspondent Application Checklist



# Complete, Sign, & Date:

- 1. Champions Funding Correspondent Application.
- 2. Champions Funding Authorization to Investigate Background Form(s) (To be completed by all individuals who own more than 20% of the company).
- 3. Champions Funding Mortgage Loan Purchase Agreement and Addenda (Signed by all individuals who own more than 20% of the company).

### **Provide:**

- 1. Formation Document.
  - The Corporate Charter or Articles of Incorporation (if a corporation).
  - The Articles of Organization and Operating Agreement (if a Limited Liability Company).
  - The Partnership Agreement (For partnerships of any kind).
- 2. DBA/Fictitious Name Filings (If applicable).
- 3. Management Chart Chart is to show applicants divisions, officers and managers; include NMLS licenses.
- 4. Resumes (Include copies of resumes for personnel identified on CHAMPIONS FUNDING Application and Profile form and all other Corporate Officers).
- 5. Financial Statements.
  - Most recent two years audited.
  - Interim statements within 90 days, if year-end statements are more than 90 days old.
    HUD audit, including compliance audit (if HUD approved lender).
- 6. Insurance and Fidelity Bond (Copies of current binder noting coverage amount, deductible and expiration date).
- 7. Wiring Instructions.
- 8. TRID Compliance-Provide a copy of your current TRID compliance program, including policies and procedures.
- Bank Secrecy ACT/Anti-Money Laundering (BSA/AML) Program Provide a copy of your current BSA/AML Program, including policies and procedures, as required by the Financial Crimes Enforcement Network (FinCEN); if applicable please provide the most recent independent review of the AML Program.
- 10. Copies of any regulatory audit results or inquires.
- 11. Provide a letter of explanation for any and all current or ongoing corporate litigation and all repurchase requests within the past 12 months including any outstanding repurchase requests.
- 12. Quality Control Plan.
- 13. Copies of report cards from main investors and any repurchase requests in the last 12 months.
- 14. Document Review for Business Purpose Loans
  - Closing Document pkg with the following prepayment penalty verbiage. Equal to 5% of the unpaid principal balance. Other than the monthly payments required herein, if the Borrower prepays the Note in whole or in part before the full term of the prepayment period, Borrower will pay a Prepayment Penalty equal to Five Percent (5%) of any amounts prepaid.
  - It is required that seller use the firm Geraci and their document system Lightning Docs. www.geracillp.com
  - See underwriting guidelines for state restrictions for prepayment penalty.

Champions Funding Correspondent Lending Division 365 E Germann Road, Suite 140 Gilbert, AZ 85297



# **Company Profile**



| Company Name:                 |                                  |                     |                 |  |  |
|-------------------------------|----------------------------------|---------------------|-----------------|--|--|
| Physical Address:             |                                  |                     |                 |  |  |
| City:                         | State:                           |                     | Zip:            | Main Phone:                            |  |
| Mailing Address: (if differer | <br>It from physical addres      | ss)                 |                 |  |  |
| City:                         | State:                           |                     | Zip:            |  |  |
| Website Address:              | I                                |                     |                 |  |  |
| Main Contact for Applicati    | on Process: (Name/Title          | e)                  |                 |  |  |
| Phone:                        | Fax:                             |                     | Email:          |  |  |
| Company Type:                 | Mortgage Bank                    | Mortgage Banker     |                 | Commercial Bank                        |  |
| (Check all that apply)        | Federally Charte<br>Credit Union | ered Savir          | ngs Inst.       | State Chartered Savings Inst.<br>Other |  |
|                               |                                  | Sole Proprietorship |                 | S-Corporation                          |  |
| Legal Description:            | C-Corporation                    |                     |                 | Limited Liability Corp. (LLC)          |  |
| (Check all that apply)        | General Partner                  | General Partnership |                 | Limited Partnership (LP or LLP)        |  |
|                               | Other:                           |                     |                 |  |  |
| Organization Date:            |                                  | Orç                 | ganization Sto  | ate:                                   |  |
| Federal Tax ID No:            |                                  | Fisc                | cal Year End: . |  |  |
| Owne                          | r(s)                             | % of (              | Ownership*      | Trading Symbol (if applicable)         |  |
|                               |                                  |                     |                 |  |  |
|                               |                                  |                     |                 |  |  |
|                               |                                  | <u> </u>            |                 |  |  |

\*All individuals that own 20% or more of the company must complete CHAMPIONS FUNDING "Authorization to Investigate Background" form (page 7 of this Application).

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# **Company Profile Continued**



List all DBAs (if applicable). Include copies of any DBA/fictitious business name filings and state licenses:

#### **Officers:**

| Phone: | Fax:   | E-mail:  |   |
|--------|--|--|---|
| Phone: | Fax:   | E-mail:  |   |
|        | Phone:<br>Phone:<br>Phone:<br>Phone:<br>Phone:<br>Phone:<br>Phone:<br>Phone:<br>Phone: | Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax: | Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail:Phone:Fax:E-mail: |

### Agency Approvals:

| Agency | Yes | No | Agency Identifying Number | Date Approved |
|--------|-----|----|---------------------------|---------------|
| HUD    |     |    |                           |               |
| FNMA   |     |    |                           |               |
| FHLMC  |     |    |                           |               |

## **Credit Facilities:**

| Facility | Credit Type | Credit Amount | Renew Date | Contact Name | Phone |
|----------|-------------|---------------|------------|--------------|-------|
|          |             |               |            |              |       |
|          |             |               |            |              |       |
|          |             |               |            |              |       |

### **Interim Servicing:**

| Facility | Contact Name | Phone | Email |
|----------|--------------|-------|-------|
|          |              |       |       |
|          |              |       |       |



# Marketing/Production Information



Please show closed loan production for the previous two fiscal years.

|                       | FYE       |            | FYE       | -          |
|-----------------------|-----------|------------|-----------|------------|
|                       | \$ (000s) | # of Units | \$ (000s) | # of Units |
| Agency/Conforming     |           |            |           |            |
| Government            |           |            |           |            |
| Jumbo                 |           |            |           |            |
| Non-QM/Alt-Doc        |           |            |           |            |
| Multifamily/Mixed Use |           |            |           |            |
| Fix & Flip            |           |            |           |            |
| Total:                |           |            |           |            |

| Loan Purpose: |      |      |  |  |
|---------------|------|------|--|--|
| Purchase (%)  |      |      |  |  |
| Refinance (%) |      |      |  |  |
| Total:        | 100% | 100% |  |  |

| Origination Source:              |  |  |  |
|----------------------------------|--|--|--|
| % Consumer Direct                |  |  |  |
| % Third-Party Originated ("TPO") |  |  |  |
| Total:                           |  |  |  |

| Consumer Direct Originations (If Applicable): |  |  |
|---|--|--|
| Face-to-Face (%)                              |  |  |
| Telephone (%)                                 |  |  |
| Internet (%)                                  |  |  |
| Total:  |  |  |

| TPO (If Applicable): |  |  |  |
|----------------------|--|--|--|
| % Broker             |  |  |  |
| % Correspondent      |  |  |  |
| Total:               |  |  |  |

| Your Funding Source:  |  |  |  |
|-----------------------|--|--|--|
| Closed Loan Sale (%): |  |  |  |
| Brokered (%):         |  |  |  |
| Total:                |  |  |  |

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# Marketing/Production Information (Continued)



List states from which production was generated for the previous year (please indicate percent of totals for each state over 5%).

| State | % | State | % | State | % | State | % |
|-------|---|-------|---|-------|---|-------|---|
|       |   |       |   |       |   |       |   |
|       |   |       |   |       |   |       |   |
|       |   |       |   |       |   |       |   |
|       |   |       |   |       |   |       |   |
|       |   |       |   |       |   |       |   |

### Investors

Provide the following information on all investors to whom you are presently approved to sell loans:

| Investor | % Pipeline | Contact Name | Phone |
|----------|------------|--------------|-------|
|          |            |              |       |
|          |            |              |       |
|          |            |              |       |
|          |            |              |       |

### Loan Origination Information

(please attach a list of branch offices):

# of Retail Offices: \_\_\_\_\_\_ # of TPO Originators: Approved: \_\_\_\_\_ Active: \_\_\_\_\_

# of Retail Offices Paying Own Expenses (net branches)? \_\_\_\_\_

Is underwriting centralized or performed in branch offices? (Retail: \_\_\_\_\_ TPO: \_\_\_\_\_)

loans closed/funded in a central location or in branch offices? (Retail: \_\_\_\_\_ TPO: \_\_\_\_\_)

| Indicate the type B | Brokers f | rom whom y | ou obtain loan app | lications | and the percentage of n | nonthly |
|---------------------|-----------|------------|--------------------|-----------|-------------------------|---------|
| volume: Mortgage    | Broker:   | %          | Savings Bank:      | %         | Commercial Bank:        | _%      |
| Credit Union:       | _%        | Other:     | _%                 |           |                         |         |

What percentage of TPO business is underwritten by a broker or correspondent client? \_\_\_\_\_%

How do loan officers lock loans in your company (company portal, internal lock desk, directly with investor)?



# **Operations Information**



| Do you use a Product, Price & I  | Eligibility   | engine ("PP     | PE")? Prov | ider:  |   |
|--|---------------|-----------------|------------|--------|---|
| Are you a MERS registrant?   | Yes           | No              |            |        |   |
| (Note: If MERS member, Seller is requir<br>MERS Registration System. If not, Selle<br>each loan it intends to sell to CHAMPI | er is require | ed to prepare o |            |        | to sell to CHAMPIONS FUNDING using nment in favor of CHAMPIONS FUNDIN for |
| Do you conduct post-funding  | quality c     | control in ho   | use?       | Yes    | No  |
| If no, do you outsource your Q   | C? \          | Yes No          | QC Pro     | vider: |   |
| Loan Servicing Information:  |               |                 |            |        |   |
| Do you service loans? If yes, sy   | /stem us      | ed:             |            |        |   |
| Do you utilize a sub-servicer?   | lf yes, se    | rvicer name     | :          |        |   |

Do you subservice for others? Yes No

### **Underwriting Practices:**

Provide the following information by type of Underwriting performed (use abbreviations below).

| Residential | Commercial | Other |
|-------------|------------|-------|
|             |            |       |
|             |            |       |
|             |            |       |

| AUS – Automated Underwriting | CON – Contract Underwriting | DEL – Delegated Underwriting    |
|------------------------------|-----------------------------|---------------------------------|
| INV – Investor Underwriting  | N/A – Not Applicable        | PRIOR – Investor Prior Approval |

Provide the following information on all Mortgage Insurance companies with whom you are presently contracted for underwriting services:

| MI Company | Contact Person | Phone Number |
|------------|----------------|--------------|
|            |                |              |
|            |                |              |

### **General Certifications:**

The undersigned declares that, to the best of his/her knowledge, the statements set forth herein are true. CHAMPIONS FUNDING (and its subsidiaries and/or affiliates) is hereby authorized to obtain verification of any information provided herein.

 Officer Signature:
 \_\_\_\_\_\_

 Printed Name:
 \_\_\_\_\_\_



# Authorization to Investigate Background



(Please

Initial)

(Please

Initial)

(Please

Initial)

(Please

Initial)

This form is to be completed by each Individual who owns 20% or more of the company. (Please make copies as needed.)

I hereby authorize (in my individual capacity) investigation of all of the statements in this application and any information or other documentation submitted herewith, including verification of my employment (both past and present), work performance, abilities, education, personal history and conviction records. I hereby authorize Citadel Servicing Corporation, d.b.a. Champions Funding Lending, its parent corporation and/or any subsidiaries, (collectively referred to hereinafter as "CHAMPIONS FUNDING") to obtain a consumer report from an outside vendor. I hereby release CHAMPIONS FUNDING and those individuals providing such information from any liability or damages except where such release is prohibited by statute or regulation.

I understand that CHAMPIONS FUNDING's decision to do business with

may be conditioned in whole or in part upon my passing CHAMPIONS FUNDING's background investigation, which includes verification of my accomplishments and employment history, as well as a review of criminal records and my credit history.

I hereby certify that, during the past ten years, I have not been convicted of or pled nolo contendre to any crime or found liable in a civil or administrative action for wrong acts against banks, trust companies, savings institutions, credit unions, escrow companies and/or industrial thrift and loan companies.

I hereby certify that I have read and understand the application submitted herewith and that all statements and comments set forth in that application are true and complete to the best of my knowledge. I understand that misrepresentation, falsification or omission of material facts may result in denial of the business relationship contemplated therein.

### Please attach a letter of explanation for any "Yes" responses:

| 1. Have you filed for protection from creditors under any provision of bankruptcy laws?  | Yes | No |
|--|-----|----|
| 2. Have you had your real estate or other professional license suspended or revoked, or received any other disciplinary action from a regulatory agency? | Yes | No |
| 3. Have you ever been named as a defendant in a lawsuit for alleged fraud or misrepresentation?  | Yes | No |
| 4. Are you currently party to a lawsuit?   | Yes | No |

| Applicant Name:  |        |        |
|------------------|--------|--------|
| Date of Birth:   | SSN:   |        |
| Present Address: |        | # Yrs: |
| City/State/Zip:  |        |        |
| Prior Address:   |        |        |
| City/State/Zip:  |        |        |
| Signature:       |        |        |
| Print Name:      | Title: |        |
|                  |        |        |

