

## WHOLESALE PARTNER APPLICATION

ORGANIZATION INFORMATION			
Legal name:			
DBA (if applicable):			
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Website:	
Organized/Formed on what date:		Organized under State Laws of:	
Business Origination Start Date:		State of Principal Office:	
Fiscal Year End:	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Bank	State(s) where Applicant originate mortgage loans:	
Number of Branches:			
Tax ID #:			
Applicant is a subsidiary of or controlled by another entity?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please indicate name or other entity(s) below (attach an organizational chart if necessary):			
Entity Name:		Number of Shareholders:	
Entity Name:		Number of Shareholders:	
CONTACT INFORMATION			
Name:			
Phone:	E-mail:		
KEY MANAGEMENT OF MORTGAGE DIVISION			
Complete Fully. Attach separate sheet if necessary. SSN and Date of Birth information required on Mortgage Division Manager and CFO for MARI and Background checks.			
Mortgage Division Manager Name:		SSN:	DOB:
Chief Finance Officer Name:		SSN:	DOB:
Please identify the person that manages/oversees each operational area.			
Name	Phone	E-mail	
Underwriting:			
Processing:			
Closing:			
Post-Closing:			
Compliance:			
Secondary Marketing:			

## GENERAL INFORMATION

Do you have a Quality Control Department or outsource Quality Control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If outsourced, list company name:		
Who manages the procedures and implementation of Quality Control for the company?		
What is the most recent review/revision date of the Quality Control Policy/Procedures for the company?		
Do you train your employees, and maintain policies and procedures relating to Fair Lending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## LOAN ORIGINATION

Type	Year-to-date	Past two years		Project Monthly volume to CW
		20____	20____	
A Minus	\$	\$	\$	\$
Conforming Fixed	\$	\$	\$	\$
Conforming ARM	\$	\$	\$	\$
Jumbo	\$	\$	\$	\$
Sub-Prime	\$	\$	\$	\$
Government (FHA/VA)	\$	\$	\$	\$
Other Loans	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

What is the composition of loan origination (%)?	Purchase:	Refinance:			
What are the principal sources of business (please provide %)?					
Builder:	Realtor:	Referral:	Internet-Based:	Telemarketing:	Third Party Broker:

## AGENCY APPROVALS

Agency	Mortgage Approval Number	Date Approved
VA		
FHA		
FNMA		
GNMA		
FHLMC		

**AFFILIATED BUSINESSES SECTION**

<p>Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest, directly or indirectly, in any <b>other mortgage company</b> (e.g. mortgage bank, mortgage broker)? If yes, please provide the company's full legal name, address and Tax ID:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest, directly or indirectly, in any <b>Title Insurance Agency or Title Insurance Company</b>? If yes, please provide the company's full legal name, address and Tax ID:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest, directly or indirectly, in any <b>Real Estate Company</b>? If yes, please provide the company's full legal name, address and Tax ID:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest, directly or indirectly, in any <b>Appraisal Company</b>? If yes, please provide the company's full legal name, address and Tax ID:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest, directly or indirectly, in any <b>Settlement Agency or Closing Agent</b>? If yes, please provide the company's full legal name, address and Tax ID:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest, directly or indirectly, in any <b>Residential Home Builder</b>? If yes, please provide the company's full legal name, address and Tax ID:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Do any of the owners, partners, shareholders, directors, officers, employees or loan officers <b>hold second jobs with other real estate related businesses</b>? If yes, please provide the company's full legal name, address and Tax ID:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## COMPANY REFERENCES

Do you have a warehouse line of credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide warehouse reference(s) below		
<b>Investor References: List 3 of your largest investor references</b>		
Company Name:		
Contact Name:		
Phone:	E-mail:	
Company Name:		
Contact Name:		
Phone:	E-mail:	
Company Name:		
Contact Name:		
Phone:	E-mail:	

## COMPLIANCE

Has any Agency or Investor approval, Mortgage Insurance Master Policy, or Warehouse Line ever been cancelled or suspended for any reason? (If yes, please attach an explanation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to repurchase or indemnify a loan from an Agency or investor in the past 24 months? (If yes, please attach an explanation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company ever been suspended by FHA, VA, FNMA or FHLMC? (If yes, please attach an explanation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company ever had unfavorable findings with regard to mortgage operations or servicing activities included in any audit, examination or report by FHA, VA, FNMA, FHLMC or any regulatory, supervisory or investigating agency? (If yes, please attach an explanation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any owner, partner, officer, director, employee or loan officer been affiliated with any company/business that was suspended by FHA, VA FNMA or FHLMC and/or subject to any voluntary or involuntary bankruptcy proceedings? (If yes, please attach an explanation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any owner, partner, officer, director, employee or loan officer of your company ever been found guilty of a criminal offense? (If yes, please attach an explanation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any owner, partner, shareholder, officer, director, employee or loan officer of your company ever been sanctioned or disciplined by any licensing or regulatory authority? (If yes, please attach an explanation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any pending litigation involving the company or any of its owners, partners, shareholders, officers, directors, employees or loan officers? (If yes, please attach an explanation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## CERTIFICATION

The undersigned declares that the statements set forth herein and in any accompanying documents are true and factual. The undersigned hereby authorized CapWest Mortgage to obtain verification of the information disclosed from any named source and authorizes CW to obtain information it may deem necessary about the Applicant, its officers, directors, loan officers, and employees from any source including any investor, governmental agency or authority, Private Mortgage Insurance company, Mortgage Asset Research Institute, Inc. (MARI) or any other person or entity. (Only authorized signatories should sign the application form)

Company Name:

Signature of corporate officer, partner, or sole proprietor:

Print Name & Title:	Date:
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