



## Warehouse Application Corporate Information

Legal Name of Organization:		Requested Facility Amount	
DBA name(s) (if applicable):			
Street Address:		City:	State:    Zip:
Main Phone #:		Main Fax #:	
Person to Contact Regarding Application:		E-Mail Address:	Phone #:

### Structure

	Corporation, if so, list state of Incorporation	
	Sub-S Corporation, if so, list state of Incorporation	
	Partnership	
	Limited Liability Company	
Fiscal Year End Date:		Date Established:
County For Main Office Location:		# of Branches:    # of Employees:
Federal Tax ID #:		MERS Org ID #:    Breakeven Units:

### State Lender/Broker Licenses

<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA
<input type="checkbox"/> HI	<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD
<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH
<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC
<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY

### Agency Approvals

FNMA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Seller #:			
FHLMC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Seller #:			
GNMA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Seller #:			
FHA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Seller #:	DE Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Seller #:	Automatic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

USDA            Yes            No

## Mortgage Types and Production Levels

Production	Fiscal Year End _____ To Date: _____ 2020 (Must match current financial statements)		Previous Fiscal Year End 2019	
Loan type	# Units	\$	# Units	\$
Government				
Conventional				
Jumbo				
Other				
Total volume				
	%		%	
Brokered				
Banked				
Purchase				
Refinance				
Sources of volume	Retail:	Wholesale:	Retail:	Wholesale:

	Previous year 2018		Previous year 2017	
	# Units	\$	# Units	\$
Government				
Conventional				
Jumbo				
Other				
Total volume				
	%		%	
Purchase				
Refinance				

If you have the above information in report format, please feel free to attach.

### Majority Owners

Name:	Title:	Cell Phone #:	
Home Address:	City:	State:	Zip:
Social Security #:	Date of Birth:	Ownership %:	
Annual Salary from applying entity:	Distributions:	Commission:	
Other Income (explain):	*Spouse's Name, Employer and Job Title:		

Name:	Title:	Cell Phone #:	
Home Address:	City:	State:	Zip:
Social Security #:	Date of Birth:	Ownership %:	
Annual Salary from applying entity:	Distributions:	Commission:	
Other Income (explain):	*Spouse's Name, Employer and Job Title:		

Name:	Title:	Cell Phone #:	
Home Address:	City:	State:	Zip:
Social Security #:	Date of Birth:	Ownership %:	
Annual Salary from applying entity:	Distributions:	Commission:	
Other Income (explain):	*Spouse's Name, Employer and Job Title:		

Name:	Title:	Cell Phone #:	
Home Address:	City:	State:	Zip:
Social Security #:	Date of Birth:	Ownership %:	
Annual Salary from applying entity:	Distributions:	Commission:	
Other Income (explain):	*Spouse's Name, Employer and Job Title:		

Ownership must = 100%  
 If more, please list on a separate sheet  
 \*Not applicable in non-community property states

## All Other Warehouse Line Relationships

Warehouse Lender:		Facility Limit:	Length of Relationship:
Contact:		Phone #:	Average Days Loans on Line:
E-Mail Address:			Expiration Date:
Interest Rate:	Floor:	Total Fee:	Non-Use Fee:
Net Worth Covenant:	Liquidity Covenant:	Cash Covenant:	Leverage Covenant:
Advance Rate %:		Pledge Amount:	Reason for exit:

Warehouse Lender:		Facility Limit:	Length of Relationship:
Contact:		Phone #:	Average Days Loans on Line:
E-Mail Address:			Expiration Date:
Interest Rate:	Floor:	Total Fee:	Non-Use Fee:
Net Worth Covenant:	Liquidity Covenant:	Cash Covenant:	Leverage Covenant:
Advance Rate %:		Pledge Amount:	Reason for exit:

Warehouse Lender:		Facility Limit:	Length of Relationship:
Contact:		Phone #:	Average Days Loans on Line:
E-Mail Address:			Expiration Date:
Interest Rate:	Floor:	Total Fee:	Non-Use Fee:
Net Worth Covenant:	Liquidity Covenant:	Cash Covenant:	Leverage Covenant:
Advance Rate %:		Pledge Amount:	Reason for exit:

Warehouse Lender:		Facility Limit:	Length of Relationship:
Contact:		Phone #:	Average Days Loans on Line:
E-Mail Address:			Expiration Date:
Interest Rate:	Floor:	Total Fee:	Non-Use Fee:
Net Worth Covenant:	Liquidity Covenant:	Cash Covenant:	Leverage Covenant:
Advance Rate %:		Pledge Amount:	Reason for exit:

## Investors

Company Name:			Contact Name:	
E-Mail:			Phone #:	
Approval Date:			Seller #:	
Delegated?	Yes	No	Delegated Loan Limits:	Reason For Exit:

Company Name:			Contact Name:	
E-Mail:			Phone #:	
Approval Date:			Seller #:	
Delegated?	Yes	No	Delegated Loan Limits:	Reason For Exit

Company Name:			Contact Name:	
E-Mail:			Phone #:	
Approval Date:			Seller #:	
Delegated?	Yes	No	Delegated Loan Limits:	Reason For Exit

Company Name:			Contact Name:	
E-Mail:			Phone #:	
Approval Date:			Seller #:	
Delegated?	Yes	No	Delegated Loan Limits:	Reason For Exit

Company Name:			Contact Name:	
E-Mail:			Phone #:	
Approval Date:			Seller #:	
Delegated?	Yes	No	Delegated Loan Limits:	Reason For Exit

List all current correspondent investors that purchase your loans (include any wholesale companies, if your company brokers loans too). If more, please list on a separate sheet.

## Required Documentation Check List

1. Check for application fee in the amount of \$2,500, upon acceptance of term sheet.	<input type="checkbox"/>
2. Audited financial statements for most recent three fiscal years	<input type="checkbox"/>
3. Most recent un-audited (interim) financial statement	<input type="checkbox"/>
4. Current Personal Financials signed and dated for all guarantors	<input type="checkbox"/>
5. Last year's personal Tax Return for all guarantors (all schedules/pages)	<input type="checkbox"/>
6. IRS Employer Identification Number Confirmation Letter	<input type="checkbox"/>
7. Articles of Incorporation and Certificate of Incorporation; Fictitious Name Statement if applicable. If the owners name does not appear on the Articles, provide an Operating Agreement or Amendment to the Articles showing the names and titles of each owner	<input type="checkbox"/>
8. Executed Corporate Resolution and Resolution of Board of Directors	<input type="checkbox"/>
9. Resumes of all principals, officers, managers and key personnel	<input type="checkbox"/>
10. List of key personnel including: name, title, phone number and e-mail address	<input type="checkbox"/>
11. Organizational Chart	<input type="checkbox"/>
12. Quality Control Procedures & last QC audit, including responses	<input type="checkbox"/>
13. Brief narrative of company's business history, ownership and brief business plan	<input type="checkbox"/>
14. Approval letters from all Investors & agencies	<input type="checkbox"/>
15. If originating Third Party Business, please provide a copy of your firm's broker approval procedures and a list of approved investors currently purchasing this business from your firm	<input type="checkbox"/>
16. All investor score cards – most recent month or quarter	<input type="checkbox"/>
17. Current trial balance for each existing warehouse line	<input type="checkbox"/>
18. Copy of driver's licenses for all guarantors	<input type="checkbox"/>
19. Copy of entire current Fidelity Bond, including application <u>and</u> Mortgagee's Interest E&O policies	<input type="checkbox"/>

## Questions

Yes      No

<p>1. Has your company or any of its owners been named as a defendant in <u>any</u> lawsuit?</p> <ul style="list-style-type: none"> <li>▪ If yes, please attach a copy of the suit and evidence of its dismissal.</li> </ul>		
<p>2. Do any of the guarantors of the proposed PlainsCapital Bank facility have assets that are held in a trust?</p> <ul style="list-style-type: none"> <li>▪ If yes, please provide a copy of the trust.</li> <li>▪ Please list assets held in trust and/or trust financials.</li> </ul>		
<p>3. Does the company and/or any of its officers, managers, directors or employees have ownership interest directly or indirectly in any title company, escrow company or closing agency?</p> <ul style="list-style-type: none"> <li>▪ If yes, please explain on a separate page.</li> <li>▪ If yes, please provide financials for the company.</li> </ul>		
<p>4. Are any of the guarantors of the proposed PlainsCapital Bank facility a guarantor or a co-borrower on a note or any other legal agreement?</p> <ul style="list-style-type: none"> <li>▪ If yes, please describe.</li> </ul>		
<p>5. Has your firm had any repurchases in the past 24 months?</p> <ul style="list-style-type: none"> <li>▪ If yes, please attach a letter of explanation and agreement with investor.</li> </ul>		
<p>6. Has your firm paid any indemnifications in past 24 months?</p> <ul style="list-style-type: none"> <li>▪ If yes, please attach a letter of explanation and agreement with investor.</li> </ul>		
<p>7. Has your firm been demanded or settled any indemnification or repurchase not covered in questions 5 and 6 above in the last 24 months?</p> <ul style="list-style-type: none"> <li>▪ If yes, please attach a letter of explanation and agreement with investor</li> </ul>		
<p>8. Are you hedging?</p> <ul style="list-style-type: none"> <li>• If yes, please provide all of the following:</li> <li>• Who is your hedging advisor?</li> <li>• Copy of investor hedging agreement from client's approved Third Party hedging firm</li> <li>• Approval letter(s) from appropriate investor(s) allowing customer to fund hedged loans</li> <li>• Copy of executed agreement between PCB's client and Third Party broker/dealer</li> <li>• Copy of client's Secondary Marketing/Interest Rate Risk Policy</li> <li>• Copy of last 4 month-end position reports (market to market report) and financials to match</li> </ul>		
<p>9. Is your firm a member of any State Mortgage Banking Associations?</p> <ul style="list-style-type: none"> <li>▪ If yes, please list.</li> </ul>		
<p>10. Is your firm a member of the National Mortgage Bankers Association?</p>		

THE INFORMATION IN THIS APPLICATION IS BEING PROVIDED TO A FEDERALLY INSURED FINANCIAL INSTITUTION. PRIOR TO SIGNING BELOW, PLEASE REVIEW ALL PROVIDED INFORMATION AS TO ITS ACCURACY AND CORRECTNESS.

### Authorized Officer's Signatures

The undersigned applicant hereby authorizes PlainsCapital Bank, as it deems necessary, to verify information provided herein from any source named and authorizes PlainsCapital Bank to obtain information about applicant, its officers, owners, managers, directors or employees from any investor, private mortgage insurance company, credit bureau, agency, HUD or VA office any and all other sources deemed appropriate by PlainsCapital Bank.	
Duly Authorized Corporate Officer Name:	Signature
Title:	Date:

### To Be Signed By All Guarantors

Guarantors must be the majority ownership in company. Minimum 51% of ownership percentage is required.

As part of my application for a warehousing facility with PlainsCapital Bank, I hereby authorize PlainsCapital Bank to obtain a personal credit report and other such documentation as may be required to determine my credit worthiness.			
Guarantor Name:		Guarantor Name:	
Signature:	Date:	Signature:	Date:

Guarantor Name:		Guarantor Name:	
Signature:	Date:	Signature:	Date:

### Privacy Act Notice

The information to be obtained will be used by PlainsCapital Bank to determine whether you qualify as a warehouse client under PlainsCapital Bank's approval standards. The information will not be disclosed to other parties, save and except as required for PlainsCapital Bank to verify the information including, but not limited to, your employer, bank, lender, or other credit information, and as permitted by law

### Patriot Act Notice

Procedures for Opening a New Account (including deposit and loan accounts) – To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**This application must be completed in its entirety and returned with all required attachments.**

Please mail to: PlainsCapital Bank  
 Attention: Sonja Sheeley  
 325 North Saint Paul Street, Suite 800  
 Dallas, Texas 75201  
 469-718-4685



## Operating Account Authorization Form

If you are approved with PlainsCapital Bank, you will need to provide the first name, last name, job title, social security number and a copy of driver's license for all authorized signors for your checking account. These authorized signors will have access to the balance of the account and will have authorization to request funds to be wired out of the account.

Duly Authorized Corporate Officer Name:	Signature:	Date:
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Name:	Title:
Social Security #:	Provide a Copy of Driver's License <input type="checkbox"/>

Name:	Title:
Social Security #:	Provide a Copy of Driver's License <input type="checkbox"/>

Name:	Title:
Social Security #:	Provide a Copy of Driver's License <input type="checkbox"/>

Name:	Title:
Social Security #:	Provide a Copy of Driver's License <input type="checkbox"/>

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