

**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:	Phone #:	

**Legal Structure**

<input type="checkbox"/>	Corporation, if so, list state of Incorporation	
<input type="checkbox"/>	Sub-S Corporation, if so, list state of Incorporation	
<input type="checkbox"/>	Limited Liability Company	
<input type="checkbox"/>	Partnership	
Fiscal Year End Date:		Date Established:
County for Main Office Location:		# of Branches:      # of Employees:
Federal Tax ID #:		MERS Org ID #:

**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
<input type="checkbox"/> DC									

**Agency Approvals**

FNMA	Yes	No	If Yes, Seller #:			
FHLMC	Yes	No	If Yes, Seller #:			
GNMA	Yes	No	If Yes, Issuer ID #:			
FHA	Yes	No	If Yes, Lender ID #:	DE Approved?	Yes	No
VA	Yes	No	If Yes, Lender ID #:	Automatic?	Yes	No
USDA	Yes	No	If Yes, Lender ID #:	SFHGLP?	Yes	No

## Majority Owners

Name:		Title:	Ownership %:
Home Address:	City:	State:	Zip:
Social Security #:	Date of Birth:	Cell Phone #:	E-Mail:
Annual Salary (\$):	Annual Commission (\$):	Annual Distributions (\$):	Other Income (\$) (explain):
Is ownership in borrowing entity held in a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide trust name and copy of trust agreement:	
<sup>1</sup> Industry-affiliated business ownership interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide business name and ownership %:	
<sup>2</sup> Is spouse employed by borrowing entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide name and job title:	

Name:		Title:	Ownership %:
Home Address:	City:	State:	Zip:
Social Security #:	Date of Birth:	Cell Phone #:	E-Mail:
Annual Salary (\$):	Annual Commission (\$):	Annual Distributions (\$):	Other Income (\$) (explain):
Is ownership in borrowing entity held in a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide trust name and copy of trust agreement:	
<sup>1</sup> Industry-affiliated business ownership interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide business name and ownership %:	
<sup>2</sup> Is spouse employed by borrowing entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide name and job title:	

Name:		Title:	Ownership %:
Home Address:	City:	State:	Zip:
Social Security #:	Date of Birth:	Cell Phone #:	E-Mail:
Annual Salary (\$):	Annual Commission (\$):	Annual Distributions (\$):	Other Income (\$) (explain):
Is ownership in borrowing entity held in a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide trust name and copy of trust agreement:	
<sup>1</sup> Industry-affiliated business ownership interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide business name and ownership %:	
<sup>2</sup> Is spouse employed by borrowing entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide name and job title:	

Ownership must = 100%

If > 3 owners, provide an additional copy of this page

<sup>1</sup> Industry-affiliated businesses include realty firm, home builder, appraisal management company, credit reporting company, insurance agency, or settlement service provider

<sup>2</sup> Not applicable in non-community property states

## Questionnaire

Yes    No

1. Is the company a member of the National Mortgage Bankers Association or any State Associations? ▪ If yes, please list:																						
2. Does the company and/or any controlling persons, directors, officers, managers or employees have a direct or indirect ownership interest in an industry-affiliated business? ▪ If yes, please describe nature of relationship with and/or services provided to the company.																						
3. Is the company hedging their pipeline? ▪ If yes, for how long? ▪ If yes, who is the hedge advisor?																						
4. Does the company retain any or all the servicing rights to the loans originated? ▪ If yes, describe the servicing retention strategy: ▪ If yes, how frequent is the servicing portfolio valued by a third party? ▪ If a servicing valuation is not completed, provide an explanation as to why.																						
5. Are any of the company's assets held in a marketable securities/investment account? ▪ If yes, is the account pledged/restricted? ▪ If yes, can it be liquidated?																						
6. Does the company originate loans through a wholesale channel? ▪ If yes, for how long? ▪ If yes, how many brokers are approved? ▪ If yes, how many are active?																						
7. Does the company purchase closed loans through a correspondent channel? ▪ If yes, for how long? ▪ If yes, how many correspondents are approved? ▪ If yes, how many are active? ▪ If yes, what product type(s) are originated through this channel?																						
8. Does the company utilize a document custodian and/or a fulfillment company ? ▪ If so, please provide name(s).																						
9. Within the past 7 years, has the company or any of its owners been named as a defendant in any lawsuit? ▪ If yes, please list the title (plaintiff vs defendant), date filed and type (civil or criminal) below:																						
10. Has the company repurchased or indemnified any loan(s) with any investor or agency in the past 24 months? If so, please list below:																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Type</th> <th style="width: 25%;"># of Units</th> <th style="width: 25%;">UPB</th> <th style="width: 25%;">Loss / Settlement Amount</th> </tr> </thead> <tbody> <tr> <td>Indemnification</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Repurchase</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Make Whole</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Settlements</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type	# of Units	UPB	Loss / Settlement Amount	Indemnification				Repurchase				Make Whole				Settlements					
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Indemnification																						
Repurchase																						
Make Whole																						
Settlements																						
11. Does the company have any open repurchase or indemnification demands with any investor or agency? If so, please list below:																						
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Indemnification																						
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## Core Documentation Check List



N/A

1. Audited financial statements for most recent three fiscal years		
2. Most recent fiscal year to date (interim) financial statements		
3. Current personal financial statement (signed and dated) for each guarantor		
4. Personal tax return (including all schedules) for each guarantor (most recent year filed). If current year tax returns have not been filed by the due date, also include extension for current year.		
5. Articles of Incorporation and Certificate of Incorporation. Include Fictitious Name Statement (if applicable). <i>(If the current ownership names do not appear on the Articles, provide an Operating Agreement or Amendment to the Articles showing the name and title of each owner)</i>		
6. IRS employer identification number confirmation letter or W-9 form		
7. Executed corporate resolution		
8. Organizational chart		
9. Contact information for key personnel, including: title, phone number and e-mail		
10. Resumes for key personnel		
11. If the company has been in business for < 2 years, provide copy of original and/or current business plan		
12. Approval letters from all agencies		
13. Approval letters from all investors		
14. Quality Control (QC) policy and procedures		
15. Wholesale channel policy and procedures (if applicable)		
16. Correspondent channel policy and procedures (if applicable)		

Notes:

## Date-Specific Documentation Check List

*Items in this portion of checklist need to be the most current information available at submission*



N/A

1. Historical Production - Addendum A (see attached)		
2. Existing Warehouse Relationships - Addendum B (see attached)		
3. Top Five (5) Investors - Addendum C (see attached)		
4. Trial balance (outstanding loan) report for each warehouse line (dated to match most recent interim financials)		
5. Scorecards from top 5 investor relationships		
6. QC audit, including responses		
7. Copy of entire Fidelity Bond <u>and</u> Mortgagee Interest E&O policy		
8. If the company is hedging their pipeline, provide the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of secondary marketing/interest rate risk policy and procedures</li> <li><input type="checkbox"/> Copy of executed hedge advisory firm services agreement</li> <li><input type="checkbox"/> Copy of executed Master Securities Forward Transaction Agreement (MSFTA) with each broker-dealer</li> <li><input type="checkbox"/> Copy of last 4 month-end position (mark to market) reports</li> <li><input type="checkbox"/> Evidence of mandatory/hedge approval from investor(s) (approval letter, scorecards, correspondence, etc.)</li> </ul>		
9. If the company is retaining servicing, provide a copy of the servicing valuation.		
10. If any portion of the company's assets are held in a marketable securities/investment account, provide a copy of the account statement (dated to match most recent interim financials)		
11. If your company or any of its owners have been named as a defendant in any lawsuit within the past 7 years, please provide a copy of the suit and evidence of judgement/dismissal (if applicable). <i>(Please note that additional explanation may be required following completion of necessary background investigation).</i>		
12. Check for application fee in the amount of \$2,500, payable to: PlainsCapital Bank		

Notes:

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, warehouse provider, 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 or e-mail to the address below or contact Sonja to obtain a secure drop-box.**

PlainsCapital Bank  
 Attention: Sonja Sheeley-Thompson  
 Sonja.thompson@plainscapital.com  
 325 N. Saint Paul, Ste. 800  
 Dallas, Texas 75270  
 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:	Work Phone #:	Cell Phone #:
Social Security #:	E-Mail:		Copy of Driver's License <input type="checkbox"/>
Challenge Question – Mothers Maiden Name:			

Name:	Title:	Work Phone #:	Cell Phone #:
Social Security #:	E-Mail:		Copy of Driver's License <input type="checkbox"/>
Challenge Question – Mothers Maiden Name:			

Name:	Title:	Work Phone #:	Cell Phone #:
Social Security #:	E-Mail:		Copy of Driver's License <input type="checkbox"/>
Challenge Question – Mothers Maiden Name:			

Name:	Title:	Work Phone #:	Cell Phone #:
Social Security #:	E-Mail:		Copy of Driver's License <input type="checkbox"/>
Challenge Question – Mothers Maiden Name:			

### Admin/Primary

Who will be named as the admin for online services?
---

Name:	E-Mail:
Work Phone #:	Cell Phone #:

### Token Holders

We recommend dual control for online wire initiation from the clearing account (initiator/approver); a token is required only at the approval state – please provide user(s) who should receive a token.

Name:	E-Mail:
Work Phone #:	Cell Phone #:

Name:	E-Mail:
Work Phone #:	Cell Phone #:

## Historical Production - Addendum A

Production	Fiscal Year to Date 20 __		
Loan Type	# Units	\$	
Government			
Conventional			
Jumbo			
Other			
Total Volume			
%			
Brokered			
Banked			
%			
Purchase			
Refinance			
%			
Origination Channel	Retail:	Wholesale:	Correspondent:

Previous Fiscal Year Ended __ 20 __			
Loan Type	# Units	\$	
Government			
Conventional			
Jumbo			
Other			
Total Volume			
%			
Brokered			
Banked			
%			
Purchase			
Refinance			
%			
Retail:	Wholesale:	Correspondent:	

Previous year __ 20 __			
Loan Type	# Units	\$	
Government			
Conventional			
Jumbo			
Other			
Total Volume			
%			
Brokered			
Banked			
%			
Purchase			
Refinance			
%			
Retail:	Wholesale:	Correspondent:	

Previous year 20 __			
Loan Type	# Units	\$	
Government			
Conventional			
Jumbo			
Other			
Total Volume			
%			
Brokered			
Banked			
%			
Purchase			
Refinance			
%			
Retail:	Wholesale:	Correspondent:	



## Existing Warehouse Relationship(s) - Addendum B

Warehouse Lender:	Contact:	Phone #:	E-Mail:			
Line Limit:	Pledge Amount:	Length of Relationship:	Expiration Date:			
Rate Index: <input type="checkbox"/> Prime <input type="checkbox"/> Note Rate <input type="checkbox"/> Other:		Rate Margin:	Floor Rate:	Per File Fee:	Advance Rate:	Average Dwell :
Covenants:	<input type="checkbox"/> Unrestricted Cash: <input type="checkbox"/> <sup>1</sup> Unrestricted Liquidity:	<input type="checkbox"/> Book Net Worth: <input type="checkbox"/> <sup>2</sup> Tangible Net Worth:			Leverage:	Other:

Warehouse Lender:	Contact:	Phone #:	E-Mail:			
Line Limit:	Pledge Amount:	Length of Relationship:	Expiration Date:			
Rate Index: <input type="checkbox"/> Prime <input type="checkbox"/> Note Rate <input type="checkbox"/> Other:		Rate Margin:	Floor Rate:	Per File Fee:	Advance Rate:	Average Dwell:
Covenants:	<input type="checkbox"/> Unrestricted Cash: <input type="checkbox"/> <sup>1</sup> Unrestricted Liquidity:	<input type="checkbox"/> Book Net Worth: <input type="checkbox"/> <sup>2</sup> Tangible Net Worth:			Leverage:	Other:

Warehouse Lender:	Contact:	Phone #:	E-Mail:			
Line Limit:	Pledge Amount:	Length of Relationship:	Expiration Date:			
Rate Index: <input type="checkbox"/> Prime <input type="checkbox"/> Note Rate <input type="checkbox"/> Other:		Rate Margin:	Floor Rate:	Per File Fee:	Advance Rate:	Average Dwell:
Covenants:	<input type="checkbox"/> Unrestricted Cash: <input type="checkbox"/> <sup>1</sup> Unrestricted Liquidity:	<input type="checkbox"/> Book Net Worth: <input type="checkbox"/> <sup>2</sup> Tangible Net Worth:			Leverage:	Other:

Warehouse Lender:	Contact:	Phone #:	E-Mail:			
Line Limit:	Pledge Amount:	Length of Relationship:	Expiration Date:			
Rate Index: <input type="checkbox"/> Prime <input type="checkbox"/> Note Rate <input type="checkbox"/> Other:		Rate Margin:	Floor Rate:	Per File Fee:	Advance Rate:	Average Dwell:
Covenants:	<input type="checkbox"/> Unrestricted Cash: <input type="checkbox"/> <sup>1</sup> Unrestricted Liquidity:	<input type="checkbox"/> Book Net Worth: <input type="checkbox"/> <sup>2</sup> Tangible Net Worth:			Leverage:	Other:

If > 4 Warehouse lines, provide an additional copy of this page

<sup>1</sup> Unrestricted Liquidity is defined as unrestricted cash plus any other asset(s) that the warehouse lender considers unencumbered and easily liquidated for company use. If applicable, please list the other assets included in this calculation below the covenant.

<sup>2</sup> Tangible Net Worth is defined as book net worth less any other asset(s) (i.e. prepaid expenses, owner/employee receivables, loans held for investment, REO, etc.) that the warehouse lender considers intangible or not easily liquidated for company use. If applicable, please list the other assets excluded from this calculation below the covenant.

## Top Five (5) Investors - Addendum C

Company Name:	Contact Name:	Phone #:	E-Mail:
Approval Date:		Delegated    Yes No	
% of YTD Production Received:		% of Previous FY Production Received:	

Company Name:	Contact Name:	Phone #:	E-Mail:
Approval Date:		Delegated    Yes No	
% of YTD Production Received:		% of Previous FY Production Received:	

Company Name:	Contact Name:	Phone #:	E-Mail:
Approval Date:		Delegated    Yes No	
% of YTD Production Received:		% of Previous FY Production Received:	

Company Name:	Contact Name:	Phone #:	E-Mail:
Approval Date:		Delegated    Yes No	
% of YTD Production Received:		% of Previous FY Production Received:	

Company Name:	Contact Name:	Phone #:	E-Mail:
Approval Date:		Delegated    Yes No	
% of YTD Production Received:		% of Previous FY Production Received:	