

BROKER/CORRESPONDENT APPLICATION

Please complete the following items in detail so that Sterling Eagle Mortgage Investment Company, LLC ("SEMortgage") may process this application in a timely manner. Once completed, please deliver the application and all exhibits to:

SEMortgage
340 Scotch Road
West Trenton, NJ 08628
609-671-0600

General Information

Company ("Applicant") _____

Primary place of business: _____

Street Address _____

City _____ County _____ State _____ Zip _____

Phone () _____ Fax () _____

E mail address _____ Web address _____

Tax I.D. # _____

Broker of Record _____ Social Security # _____

License # _____ Expiration Date _____

Number of Branches _____. Please list branches or other business locations separately:

#1 Street Address _____

City _____ State _____ Zip _____

Branch Manager _____ Phone () _____ Fax () _____

#2 Street Address _____

City _____ State _____ Zip _____

Branch Manager _____ Phone () _____ Fax () _____

If there are additional locations or if the company is a subsidiary of another company, please attach a separate sheet listing each, complete with address, phone and fax numbers.

Please supply the following information with respect to the Applicant:

1. Form of Organization: (check one) Corporation Sole Owner Partnership
 Bank Charter Limited Liability Company Limited Liability Partnership

Organized/Incorporated in what State: _____, formed in _____ (year).

If Applicant is a subsidiary or affiliate of any other company please provide information on the parent and any affiliate companies (see Exhibits Item O).

Parent Company: _____
Street Address _____
City _____ County _____ State _____ Zip _____

2. Applicant is a licensed lender/broker (circle applicable term and states) in the state/s of:

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

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

3. The owners/principals of the Applicant are as follows: (Persons with less than a 5% interest need not be listed).

Name	Home Address	SS#	% interest
A. _____	_____ _____	_____	_____
B. _____	_____ _____	_____	_____
C. _____	_____ _____	_____	_____

4. The key personnel or contact person for the Applicant are:

	Name	Extension:	Email Address:
PRODUCTION MANAGER:	_____	_____	_____
PRODUCT UPDATES:	_____	_____	_____
PRICING CHANGES:	_____	_____	_____
LEGAL:	_____	_____	_____
TECHNOLOGY:	_____	_____	_____

5. The Applicant presently has _____ employees of which _____ are full-time.

6. Check if Applicant is approved by:

ID#: APPROVAL DATE: CONTACT NAME: PHONE #:

- FHA _____
- VA _____
- FNMA _____
- FHLMC _____

7. Has the Applicant ever been suspended or terminated by any agency listed above or from brokering any loans to any lender? YES NO

If yes, explain. _____

8. What is Applicant's primary loan product? (Indicate percentage of total production)

PRODUCT TYPE		AVG. CREDIT GRADE		PURPOSE/SOURCE	
CONVENTIONAL		A		% PURCHASE	
FHA/VA		ALT-A		% REFINANCE	
FHA TITLE 1		B/C			100%
2 ND LIEN		D		% WHOLESALE	
HLTV125				% RETAIL	
TOTAL	100%	TOTAL	100%	TOTAL	100%

9. Closed loan volume (prior twelve months):

Loan Count _____ Dollar Amount \$ _____

10. Average loan size \$ _____ Average LTV _____%

11. What are your loan production projections for the next 12 months?

Loan Count _____ Dollar Amount \$ _____

12. LENDER/INVESTOR RELATIONSHIPS: List the three largest lenders/investors through whom you have originated the majority of your loan production:

Lender/Investor Name: Contact Name Title: Phone #

Has Applicant ever been required to repurchase a loan from a lender/investor? YES NO

If yes, explain: _____

13. BUSINESS BANKING INFORMATION

Current bank relationship: _____ Branch: _____

Account Number: _____ Contact & Phone #: _____

Current bank relationship: _____ Branch: _____

Account Number: _____ Contact & Phone #: _____

14. PMI COMPANY REFERENCES (Currently under contract with)

Company Name:	Contact Name:	Title:	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

15. FIDELITY BOND AND ERRORS & OMISSIONS INSURANCE

Name of Carrier: _____

Policy Number: _____ Expiration Date: _____

Agent/Contact: _____ Phone Number: _____

16. BUSINESS REFERENCES: List two business references:

1. Name: _____
 Address: _____

 Phone Number and extension: _____
 Contact Person: _____

2. Name: _____
 Address: _____

 Phone Number and extension: _____
 Contact Person: _____

17. Does any broker, principal or officer have any ownership interest in any of the following:

Appraiser Firms	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Real Estate Firms	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Credit Bureau Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Escrow Company	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Title Company	<input type="checkbox"/> YES	<input type="checkbox"/> NO

18. List any memberships in trade or professional organizations:

NAMB _____ MBA _____ Other _____ Other _____

EXHIBITS

19. Please attach the following exhibits or provide the requested information, as Appropriate, and place a checkmark on the corresponding line or, if not applicable, indicate "N/A":

- _____ A. Copy of Certificate of Incorporation and By-Laws, Partnership Agreement, LLC Certificate of Formation and Agreement of Organization, and certificate of good standing, as applicable (showing filing date stamp). If a fictitious name or a D/B/A is used, also include a copy of all state filings.
- _____ B. Financial statements of the Applicant for the last three fiscal years plus current interim statements as of the most recent month or quarter-end. (If audited statements are not available, the statements must be certified as true and correct by a principal or the chief financial officer of the Applicant.)
- _____ C. A signed **Corporate** release from the Applicant and an **Individual** release for each principals listed in B, above, to allow SEMORTGAGE to verify credit information.
- _____ D. A personal, educational and professional resume of all principals, officers, and management personnel.
- _____ E. Copies of all professional licenses held by the Applicant, officers and principals which are required for or relate to the business of the Applicant
- _____ F. A brief history of the Applicant.
- _____ G. A complete list of lenders for which Applicant is an approved broker.
- _____ H. A copy of **all** written agreements with current lenders fully executed.
- _____ I. A copy of Applicant's fidelity bond insurance.
- _____ J. A copy of Applicant's errors and omissions policy.
- _____ K. A list of all affiliate and subsidiary companies indicating company name, address, and phone number.
- _____ M. Copy of Applicant's Quality Control Plan.

IF ANY OF THE EXHIBITS REQUESTED ABOVE ARE NOT ATTACHED, PLEASE EXPLAIN: _____

DISCLOSURES

21. Has any of the officers, directors, principals, partners or managers of the Applicant:

(Please mark or circle the correct answer.)

- A. been convicted of a crime or named in a pending legal/criminal proceeding other than for minor traffic violations? YES NO

- B. been the subject of an order, judgment, or decree enjoining him/her from engaging in any activities in connection with any type of business (including the purchase or sale of a security) or acting as an investment advisor, underwriter, broker, dealer, financial institution, or any other business (whether as principal associate, or affiliated person)? YES NO

- C. been employed by any institution within two years of its debarment by the Department of Housing and Urban Development? YES NO

If the answer to 21A, B or C was yes, please explain: _____

GENERAL CERTIFICATION

The undersigned **certifies** that:

- A. The Applicant is duly organized and properly licensed under all applicable laws and regulations and has the authority to enter into an agreement with SEMORTGAGE.
- B. The Applicant will act as an independent contractor and will not, at any time, represent that it is acting as an agent for, or on behalf of, SEMORTGAGE.
- C. Neither the Applicant nor its principal(s) has ever had its (their) license privileges terminated in any State.

I certify that all answers and information submitted in this application and all Exhibits attached are true and correct. I hereby authorize SEMORTGAGE to verify the information with any source and waive any cause of action or claim the Applicant may have against such source with respect to any information provided.

Applicant's Name: _____

By: _____

Title: _____ Date: _____

Signature of officer, principal or partner required.

INDIVIDUAL

AUTHORIZATION FOR VERIFICATION OF CREDIT

To: Any person having knowledge of my conduct or activities, or any past or present employer or any credit bureau, retail merchant association, bank, financial institution, or any other credit extending organization or any law enforcement agency or any licensing or regulatory authority of any local, county, state or federal government:

The undersigned hereby authorizes Sterling Eagle Mortgage Investment Company, LLC (“SEMORTGAGE”), and its agents to conduct a background investigation of me including, but not limited to, personal interviews in order to determine my eligibility and acceptability to enter into a contractual relationship with SEMORTGAGE as governed by the Fair Credit Reporting Act - P.L. 91-508. I understand that I have a right to request, in writing, additional disclosures under the provisions of the Fair Credit Reporting Act.

This authorization and request includes, but is not limited to, documents, records or files regarding any charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, and information from the Mortgage Industry Data Exchange database (hereinafter “MIDEX”) from the Mortgage Asset Research Institute, Inc. I authorize all persons who may have information relevant to this investigation to disclose such information to SEMORTGAGE or its agents and I release all persons from liability on account of such disclosure. I hereby further authorize a photocopy of this authorization to be considered as valid as an original.

Date: _____ Signature: _____

Furnished for reasons of positive identification: (Please Print)

Full name _____

Date of Birth _____ Social Security Number _____

Present Address _____

Previous address (if at present address less than five years) _____

THIS FORM MUST BE NOTARIZED

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Public

My Commission Expires: _____
(Seal)

CORPORATE

AUTHORIZATION FOR VERIFICATION OF CREDIT

To: Any person or firm having knowledge of activities, past or present, or any credit bureau, retail merchant association, bank, financial institution, or any other credit extending organization or any law enforcement agency or any licensing or regulatory authority of any local, county, state or federal government:

The undersigned, on behalf of _____ (“Applicant”)

hereby authorizes Sterling Eagle Mortgage Investment Company, LLC (“SEMORTGAGE”) and its agents to conduct an appropriate background investigation of the Applicant including, but not limited to, personal interviews in order to determine Applicant’s eligibility and acceptability to enter into a contractual relationship with SEMORTGAGE as governed by the Fair Credit Reporting Act - P.L. 91-508. I understand that I have a right to request, in writing, additional disclosures under the provisions of the Fair Credit Reporting Act. This authorization and request includes, but is not limited to, documents, records or files regarding any charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, and information from the Mortgage Industry Data Exchange database (hereinafter “MIDEX”) from the Mortgage Asset Research Institute, Inc. I authorize all persons who may have information relevant to this investigation to disclose such information to SEMORTGAGE or its agents and on behalf of the Applicant I release all persons from liability on account of such disclosure. I hereby further authorize a photocopy of this authorization be considered as valid as an original. I further certify that I am authorized by the Applicant to execute this release.

Date: _____ Signature: _____

Name: _____

Title: _____

(Add Corporate Seal)

THIS FORM MUST BE NOTARIZED

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Public

My Commission Expires: _____
(Seal)