



CORRESPONDENT LENDER CHECKLIST

Correspondent Lender Name: _____

Correspondent Product Options: *select all programs that apply for Delegated and/or Non-Delegated.*

	Delegated	Non-Delegated
Conforming Conventional		
FHA		
VA		
USDA		

All of the following documents fully executed (please mark N/A for those that do not apply):

Application Package

- _____ Correspondent Lender Agreement
- _____ Schedule A, State License Information (Non-Depository Institutions)
- _____ Schedule B, Lender/Investor References
- _____ Schedule C, Warehouse Lender Information
- _____ Schedule D, Authorization to Release Information
- _____ Schedule E, Operations Contacts
- _____ Important Notice
- _____ Corporate Resolution
- _____ VA: Existing VA ID: _____
- _____ FHA: Existing FHA ID: _____
- _____ USDA: Existing RHS ID: _____
- _____ FNMA: Existing FNMA ID: _____
- _____ FHLMC: Existing FHLMC ID: _____
- _____ GNMA: Existing GNMA ID: _____
- _____ Fidelity Bond ___ Expires _____ E & O ___ Expires _____
or Professional Liability Insurance Policy ___ Expires _____
- _____ MERS ID: _____



Corporate Information

- _____ Company History
- _____ List of Affiliates and DBAs
- _____ Ownership Structure
- _____ Resume of all Corporate Officers
- _____ W-9
- _____ Current Litigation

Production Overview

- _____ Summary of Previous Year Production and Product Mix
- _____ Loan Officer Compensation Structure

Accounting & Secondary Marketing

- _____ Investor Report Cards
- _____ Indemnifications and Repurchases in the Past 12 Months
- _____ Financial Statements (must be audited for Delegated Applicants)

Compliance

- _____ Quality Control Plan
 - _____ Anti-Money Laundering Program
 - _____ Fair Lending Policy
 - _____ SAFE Act Policy
 - _____ Red Flags Policy
 - _____ Appraiser Independence Requirements policy
- _____ Most Recent 2 Months Quality Control Audits and Lender Responses
- _____ Most Recent 12 Months State and/or Federal Audits, Investor Audits and Lender Responses



SCHEDULE A

States in which Correspondent Lender is duly licensed:

State	State	State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Locations:

Corporate Office

Mailing Address:

Contact: _____

Phone: _____

Fax: _____

Branch Offices

Mailing Address:	Mailing Address:	Mailing Address:
_____ _____ _____	_____ _____ _____	_____ _____ _____
Contact: _____	Contact: _____	Contact: _____
Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____



SCHEDULE B

LENDER / INVESTOR REFERENCES

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

Daytime Phone #: _____

Email Address: _____

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

Daytime Phone #: _____

Email Address: _____

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

Daytime Phone #: _____

Email Address: _____



SCHEDULE C

WAREHOUSE LENDERS

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

Daytime Phone #: _____

Email Address: _____

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

Daytime Phone #: _____

Email Address: _____

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

Daytime Phone #: _____

Email Address: _____



SCHEDULE D

AUTHORIZATION TO RELEASE INFORMATION

By executing this form, the Correspondent Lender/Investor and each of the undersigned Lenders in Schedule B hereby authorize Mortgage Solutions of Colorado, LLC, its assigns and their authorized agents, at their discretion, to:

- Obtain positive identification of information the Correspondent Lender/Investor has provided on the Correspondent Lender Application.
- Obtain credit reports, business reference reports and any other information that is of concern to us.

We acknowledge that such reports and information will be obtained and used only in connection with Mortgage Solutions of Colorado’s approval of the Correspondent Lender and evaluation of the Correspondent Lenders current and continued eligibility to do business with Mortgage Solutions of Colorado and not for any other purpose. Please provide the information requested below for all principals, officers, and any responsible correspondent lender(s), and have them execute where indicated.

Name	SSN	Signature



SCHEDULE E

Operations Contacts

Suspense Notices

Contact Person: _____
Title: _____
Daytime Phone #: _____
Email Address: _____

Trailing Docs

Contact Person: _____
Title: _____
Daytime Phone #: _____
Email Address: _____

Purchase Advices

Contact Person: _____
Title: _____
Daytime Phone #: _____
Email Address: _____

MERS

Contact Person: _____
Title: _____
Daytime Phone #: _____
Email Address: _____



Mortgage Solutions of Colorado, LLC

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Phone (719) 447-0325 Fax (719) 471-2788

IMPORTANT NOTICE

As of August 25, 2003, the Federal Communication Commission (FCC) requires written consent to send or receive rates, product information and/or marketing material.

The regulations apply even where there is an existing business relationship between two parties. Mortgage Solutions of Colorado, therefore, is required to obtain written permission from our business associates in order to send you material via fax.

Please complete the following information:

Your Name: _____

Correspondent firm: _____

Address: _____

Phone# (with area code): _____

Primary Fax: _____

All other Fax(s): _____

(Please list all fax numbers) _____

E-mail Address: _____

I understand that providing the fax number(s), I consent, on behalf of my company, to receive faxes sent by, or on the behalf of, Mortgage Solutions of Colorado, LLC.

Please sign here....

Signature: _____

Date: _____



Corporate Resolution

Name of Correspondent Lender: _____

Resolved That (List name and title of all Officers and Directors)

	President
	Vice President
	Secretary

Of this Corporation or any one or more of them or their duly elected or appointed successors in office, each of them is hereby authorized and empowered in the name of and on behalf of this Corporation and under its corporate seal, from time to time while this resolution is in effect, to execute and approve all agreements, contracts, assignments, endorsements, and issuance of checks or drafts, reports, mortgage documents, and other papers in connection with documents, and furnish any information required or deemed necessary or proper.

Certification

I hereby certify that the foregoing is a true and correct copy of a resolution presented to and adopted by the Board of Directors of _____ at a meeting duly called and held at _____ on the _____ day of _____, 20____, at which a quorum was present and voted, and that such resolution is duly recorded in the minute book of this Corporation; that the Officers named in said resolution have been duly elected or appointed to, and we the present incumbents of, the respective officers set after their respective names.

SECRETARY

DATE