



## CORRESPONDENT LENDER CHECKLIST

Correspondent Lender Name: \_\_\_\_\_

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

	Delegated	Non-Delegated
<b>Conforming Conventional</b>		
<b>FHA</b>		
<b>VA</b>		
<b>USDA</b>		

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: \_\_\_\_\_

\_\_\_\_\_ MSC

\_\_\_\_\_ CL



### 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

\_\_\_\_\_ MSC

\_\_\_\_\_ CL



**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ MSC

\_\_\_\_\_ CL



## 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**

5455 N. Union Blvd.  
Colorado Springs, CO 80918  
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: \_\_\_\_\_

\_\_\_\_\_ MSC

\_\_\_\_\_ CL





## 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

\_\_\_\_\_ MSC

\_\_\_\_\_ CL