



Broker Program

Company Name:

*My Primary Resource Network
Account Executive is:*

5959 W Century Blvd
Suite 710
Los Angeles, CA 90045
Tel: 310-670-2299
Fax: 310-670-2211
www.fundnation.com



MORTGAGE BROKER APPLICATION

WHOLESALE DIVISION

General Information

Company Name: _____
Legal Name of Entity

Main Office Information

Address: _____
Street Number

City _____ State _____ Zip _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail Address: _____ Website: _____

Organized Under the State of: _____ Date Company Organized: _____
Date of Organization

Company Organized as (select one): () Sole Proprietorship () S-Corp. () C-Corp. () LLC
() LLP () LP () GP () Other: _____
Please Specify

Authorized Contacts

The following four (4) individuals are the only authorized individuals permitted to contact FundNation for information and status. This policy is strictly enforced; therefore, in the event there is a change to any of the below-named individuals, please advise FundNation in writing of such change.

President/Owner

Name	Title	Telephone Number	Fax Number
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Primary Operations Contact

Name	Title	Telephone Number	Fax Number
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Back-Up Operations Contact

Name	Title	Telephone Number	Fax Number
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Back-Up Operations Contact

Name	Title	Telephone Number	Fax Number
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Branches / Offices

Total Number of Offices/Branches: _____
(Attach complete company directory if necessary)

Location(s):

City/State

City/State

City/State

City/State

City/State

City/State

Market Characteristics and Coverage

Breakdown of Loan Production.

Time Period for Loan Data: () Year-to-Date or () 200__

	Purchases	Refinances	Sub-Total
Conforming Fixed	\$ _____	\$ _____	\$ _____
Non-Conforming Fixed	\$ _____	\$ _____	\$ _____
Conforming ARM	\$ _____	\$ _____	\$ _____
Non-Conforming ARM	\$ _____	\$ _____	\$ _____
FHA / VA	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Total Loans	\$ _____	\$ _____	\$ _____

Average Loan Amount: \$ _____

Does Applicant service 1-4 Family Residential Loans (either for itself or third parties)? () YES () NO

If yes, please provide the following: Number of Loans Serviced: _____ Total Volume: \$ _____

Current Delinquency Ratio: _____

Please Describe Major Product Needs: _____

Please Describe Current Operational Market Area(s): _____

Federal and State Laws

Type of License(s) Required and Obtained: _____

Select Agency, as Applicable to Current Approvals.

FNMA () FHLMC () FHA () VA () HUD ()

Approval # Approval # Approval # Approval # Approval #

Action Taken on License or Approval Status: () Suspended () Revoked

At anytime since obtained. () Terminated () Other: _____ () N/A

Please explain, as appropriate: _____

Has Applicant had any adverse findings regarding mortgage originations by any regulatory agency during the past 5 years? () YES () NO

If YES, please explain: _____

Are there any current or pending claims or lawsuits against the Applicant? () YES () NO

If YES, please explain: _____

Has Applicant ever been suspended or terminated from originating/selling by a mortgage investor? () YES () NO

If YES, please explain: _____

Does the Applicant insure appropriate and correct disclosures are timely provided? () YES () NO

If HUD Approved, does the Applicant have a current Quality Control Plan, which is implemented into the Company's operations? () YES () NO () NA

BUSINESS REFERENCES

Please list other conduits or correspondent relationships.

Name Address Telephone Number Contact Name

Name Address Telephone Number Contact Name

Name Address Telephone Number Contact Name

It is understood Primary Resource Network Inc. ("FundNation") will make reference inquiries and may order credit reports and/or independent background investigations on Applicant and/or Principals. It is further understood that FundNation is not bound in any manner or under any obligation to Applicant until the Applicant is approved in writing and both parties sign the appropriate Correspondent Agreement.

By submission of this Application to FundNation, Applicant hereby authorizes the release of financial and other information as may be required to evaluate the Applicant.

For: _____
Company Name – Applicant

By: _____
Signature of Authorized Agent

Title: _____
Title of Agent

Date: _____

Company Name: _____

FOR INTERNAL USE

DOCUMENTATION AND INFORMATION	IN	OUTSTANDING / DATE REQUESTED	N/A
Wholesale Division Broker Application, fully completed			
Executed Mortgage Broker Agreement			
Articles of Incorporation, as applicable			
Authorized Broker Contacts			
Current Mortgage Banking/Broker License(s)			
Agency Approval Letter(s)			
Resume of Principal(s)			
Prior and Current Year Financials <i>(Business or Personals as appropriate to entity)</i>			
Credit Report, as applicable <i>(Required on Principal if business operation less than one year)</i>			
Investor References <i>(Three references are required)</i>			
	VALID	INVALID	N/A
Verification of License(s) By: _____ (i.e., Internet, Telephone)			
Verification of Agency Approval(s) By: _____ (i.e., Internet, Copy of Approval Letter, Telephone)			

Account Executive Name: _____

By my signature below, I certify my review of the attached information and documentation and recommend their approval to our Wholesale Division Broker Program.

Approved

Suspended

Denied

Signature

Name

Please Print

Date: _____

Broker # Assigned: _____

If suspended or denied, please explain below. _____
