



MK LENDING CORP.
MORTGAGE BANKER

Correspondent Package



Please thoroughly complete this MK Lending Correspondent Application Package and provide the items listed below.

Correspondent Approval Application

1. ☐ Thoroughly completed MK Lending Correspondent Approval Application signed by principal officer or owner of > 10% of the Company
2. ☐ Company overview or brief corporate narrative/history
3. ☐ Articles of Incorporation, LLC, or Partnership, including any DBA filings and Amendments
4. ☐ Resumé of Principal Officer(s)
5. ☐ IRS Request for Taxpayer Identification Number and Certification (Form W-9) signed by principal officer
6. ☐ Affiliated Business Arrangement (ABA) Disclosure, if applicable
7. ☐ Most recent quarterly unaudited financial statements (Balance Sheet and Profit & Loss)
8. ☐ Warehouse Lender Approval Letter
9. ☐ Sample Bailee Letter
10. ☐ Company Organizational Chart
11. ☐ Company's "Goodbye" letter

Non-Delegated

12. ☐ Non-Delegated Agency, Jumbo & Non-QM approval requires proof of \$150,000 Minimum Net Worth
13. ☐ Previous year of audited financial statement
14. ☐ Errors and Omissions (E&O) Insurance/Fidelity Bond full policy with minimum \$150,000 coverage

Delegated Underwriting Consideration

15. ☐ Agency Delegated approval requires proof of \$1 MM Minimum Net Worth, plus:
 - a. ☐ Completed MK LENDING Delegated Underwriting Questionnaire
 - b. ☐ Post-closing QC Policy and Procedures
 - c. ☐ Most recent three (3) months' QC Reports, including management responses
 - d. ☐ Underwriter Resume(s) (Min. 2 years of experience required)
 - e. ☐ Last 2 years audited financial statement
 - f. ☐ Errors and Omissions (E&O) Insurance/Fidelity Bond full policy with minimum \$3000,000 coverage
 - g. ☐ Documented AIR Policy
16. ☐ Jumbo/Non-QM Delegated approval requires proof of \$1.5 MM Minimum Net Worth, plus:
 - a. ☐ Completed MK LENDING Jumbo/Non-QM Delegated Questionnaire
 - b. ☐ Agency Delegated Underwriting Approval required with MK Lending
 - c. ☐ Documented AIR Policy (If Applicable)
 - d. ☐ Jumbo/Non-QM Underwriting Resumé (Min. 2 years of experience required)

MK Lending will review the application package and verify the information provided. Any missing or incomplete information may result in delays.

COMPANY OVERVIEW			
Legal Company Name			
Business Classification	Sole Proprietorship Partnership Limited Liability Company C-Corporation S-Corporation Other:		
Company State	Company organized and existing under laws of on		
Company DBA(s)			
TAX ID#		Website	
Company LEI #			
Primary Address			
Primary City, State, Zip			
Primary Contact Name		Title	
Contact Phone		Email	
Date Organized/Incorporated		NMLS ID	
Date Company Began Correspondent Lending		MERS ID	
Loan Origination System		Pricing Engine Used	
Appraisal Ordering	☐ AMC ☐ Panel Management ☐ Both		
Name of AMC		Contact Info	
		Contact Info	
		Contact Info	
Parent Company Name (If Applicable)			
# of Full-time Employees (Excluding MLOs)		Number of MLOs	
# of Branches			

Loan Production Summary

Production Channel	Percent of Overall Production
Broker Out	%
Correspondent	%

Agency Approvals (Please mark all that apply and provide Company's Agency ID for each.)

☐ Fannie Mae Seller/ Servicer _____	☐ FHA/HUD Approved _____
☐ Freddie Mac Seller/ Servicer _____	☐ Ginnie Mae Seller/ Servicer _____
☐ USDA/Rural Housing Service _____	☐ US Dept of Veterans Affairs (VA) _____

Company Officers (Please provide Name, Title, and Business Phone for each Company Officer.)

COMPANY OFFICERS			
Officer Name	Position/Title	Phone	
COMPANY CONTACTS			
General Contact			
Phone		Email	
Secondary/Pricing Contact			
Phone		Email	
Underwriting Contact			
Phone		Email	
Billing Contact			
Phone		Email	
Post-Closing Contact			
Phone		Email	
Final Docs Contact			
Phone		Email	
Compliance Contact			
Phone		Email	
First Payments Contact			
Phone		Email	
Recertification Contact			
Phone		Email	
Website Security Admin 1			
Phone		Email	
Website Security Admin 2			
Phone		Email	
Servicing Toll-Free Number			
If not toll-free number, does your company accept collect calls from borrowers? ☐ Yes ☐ No			

LOAN PRODUCTION BREAKDOWN							
Product Type	Prior Year 20_____		Current YTD to _____		Projected to _____		Serviced Volume
	Loan Count	\$ Volume (in millions)	Loan Count	\$ Volume (in millions)	Loan Count	\$ Volume (in millions)	\$ Volume (in millions)
Fannie/Freddie		\$		\$		\$	\$
FHA/VA/USDA		\$		\$		\$	\$
NON-QM		\$		\$		\$	\$
Jumbo Prime		\$		\$		\$	\$
HELOCs/2nds		\$		\$		\$	\$
Others		\$		\$		\$	\$

WAREHOUSE LENDERS			
Please list all current warehouse providers (attach a separate sheet if necessary) and attach wire instructions for each.			
Warehouse Lender 1		Contact	
Phone		Email	
Credit Line	\$	Non-QM Allowed	☐ Yes ☐ No
Warehouse Lender 2		Contact	
Phone		Email	
Credit Line	\$	Non-QM Allowed	☐ Yes ☐ No
Warehouse Lender 3		Contact	
Phone		Email	
Credit Line	\$	Non-QM Allowed	☐ Yes ☐ No
Warehouse Lender 4		Contact	
Phone		Email	
Credit Line	\$	Non-QM Allowed	☐ Yes ☐ No
Warehouse Lender 5		Contact	
Phone		Email	
Credit Line	\$	Non-QM Allowed	☐ Yes ☐ No

Investors			
Please list primary investors/lenders to which you have sold or brokered loans in the last 12 months			
Investor 1		Contact Phone	
Relationship	☐ Correspondent ☐ Wholesale ☐ Both	% of total volume	%
Product Types		Delegated UW	☐ Yes ☐ No
Investor 2		Contact Phone	
Relationship	☐ Correspondent ☐ Wholesale ☐ Both	% of total volume	%
Product Types		Delegated UW	☐ Yes ☐ No
Investor 3		Contact Phone	
Relationship	☐ Correspondent ☐ Wholesale ☐ Both	% of total volume	%
Product Types		Delegated UW	☐ Yes ☐ No
Investor 4		Contact Phone	
Relationship	☐ Correspondent ☐ Wholesale ☐ Both	% of total volume	%
Product Types		Delegated UW	☐ Yes ☐ No
Investor 5		Contact Phone	
Relationship	☐ Correspondent ☐ Wholesale ☐ Both	% of total volume	%
Product Types		Delegated UW	☐ Yes ☐ No

ERRORS AND OMISSIONS (E&O) INSURANCE/FIDELITY BOND

Please provide the insurance carrier(s) for Company's E&O coverage and Fidelity Bond.

E&O Insurance Provider			Limit Per Incident	\$
Issuing Agency		Agent		
Agency Phone		Policy#	Expiration Date	
Fidelity Bond Provider			Limit Per Incident	\$
Issuing Agency		Agent		
Agency Phone		Policy#	Expiration Date	

AUTHORIZATIONS AND CERTIFICATIONS

By signing this application, you agree that MK Lending("MK") may, at its discretion, provide information to you and/or your Company via fax, telephone, and/or email using the phone numbers and email addresses provided herein (or to other telephone, fax, and email addresses as provided by you from time to time) and/or by courier, US Mail, the Internet, computer, and/or other means. You agree to provide updated fax, telephone, and email addresses to MK LENDING. Information provided may pertain to pricing, rates, available programs, specials, and other topics to keep you abreast of product opportunities and changes in the marketplace and/or how MK conducts business. You also agree to provide MK with annual Recertification through MK or its designated vendor.

This authorization may only be rescinded in writing to:

Broker Relation Department

11023 McCormick St. #100

North Hollywood, CA 91601

The undersigned Applicant declares that the information contained in this application and all accompanying supporting documentation is true and authentic to the best of their knowledge and belief. Applicant understands that MK is relying on said information in making its business decision to approve Applicant. MK and/or its affiliates are hereby authorized to obtain verification of the information from any source, including credit checks, reference inquiries, and background checks of the Applicant, its Principals, and Owners, in connection with this MK Lending Correspondent Approval Application. A photographic copy of this authorization may be used as a duplicate original. MK will treat the information obtained as confidential.

Printed Name

Title

Signature

Date

OWNER AUTHORIZATIONS AND CERTIFICATIONS

Please complete all fields below; this section must be executed by all owners with 10% or more ownership.

I HAVE AT LEAST 10% OWNERSHIP INTEREST IN THE COMPANY AND CERTIFY THE FOLLOWING:

I certify that I am duly authorized to complete this application and grant consent on behalf of the Company named herein for the purposes of establishing and maintaining a business relationship with MK Lending ("MK"). I certify that all information contained in this application is true and correct in all respects. By signing below, I hereby give MK authorization to obtain and/or verify information, including a credit report for the Company and all executive officers and/or owners from any source during this application process and semi-annually thereafter. MK is also authorized to submit the name of the Company and all employees of the Company at any time for screening through any mortgage industry background database. The undersigned hereby releases, discharges, and exonerates any person or entity providing information to MK Lending in connection with this application and any recipient of such information, including MK or its representatives, from any and all liability of every nature and kind arising from or in connection with the furnishing, receipt, and review of such information.

Owner 1 – Name		% Owned	%
Company Title		Phone	
Residential Address		SSN	
City, State & Zip		Birthdate	
Signature		Date	
Owner 2 – Name		% Owned	%
Company Title		Phone	
Residential Address		SSN	
City, State & Zip		Birthdate	
Signature		Date	
Owner 3 – Name		% Owned	%
Company Title		Phone	
Residential Address		SSN	
City, State & Zip		Birthdate	
Signature		Date	
Owner 4 – Name		% Owned	%
Company Title		Phone	
Residential Address		SSN	
City, State & Zip		Birthdate	
Signature		Date	

DISCLOSURE / DUE DILIGENCE

For any question answered 'Yes' below, please submit written documentation for the original finding and response or a letter of explanation

Company History Questionnaire	Yes	No
1. Has your Company ever been suspended by any Investor from selling or servicing?		
2. Has your Company and/or its principals or corporate officers been named as a defendant in a lawsuit for alleged fraud or misrepresentation?		
3. Has your Company ever been involved in, or is currently involved in litigation?		
4. Has your Company and/or its principals or corporate officers filed for protection from creditors under provision of the bankruptcy laws within the past seven years?		
5. Has your Company and/or its principals or corporate officers ever had a real estate or other professional license suspended, revoked, or received any other disciplinary action from a regulatory agency?		
6. Have any of your principals and or any person named on this application (employed by your Company) ever been convicted of a crime or are now named as a defendant in any current criminal proceeding?		
7. Has your Company ever entered into a supervisory agreement with any regulatory agency?		
8. Has any lender enforced or attempted to enforce the Hold Harmless or Repurchase clause with your Company and/or any principals or officers?		
9. Does any principal, owner, or employee of your Company have any affiliated or familial relationship with a MK Lending employee?		
10. Has your Company had any unfavorable findings with regard to mortgage operations/activities, including but not limited to any audit, examination, or report by Fannie Mae, Freddie Mac, Ginnie Mae, HUD, OTS, VA, or any other federal or state regulatory/investigatory agency?		
11. Does your Company currently have any outstanding repurchase demands with investors?		
For any question answered 'No' below, please submit a written letter of explanation.		
Company Compliance Questionnaire	Yes	No
12. Does your Company comply with the capital requirements of each state and federal agency with jurisdiction over your lending practices?		
13. Does your Company comply and conform to Fannie Mae/Freddie Mac Responsible Lending and Anti- predatory Lending Guidelines?		
14. Does your Company comply with Appraiser Independence requirements?		
15. Does your Company comply with the Patriot Act?		
16. Does your Company comply with the Gramm-Leach-Bliley Act?		
17. Does your Company have procedures for checking all employees against the US General Services Administration (GSA) Excluded Parties list, HUD Limited Denial of Participation (LDP) list, or any other government or public exclusionary list?		
18. Does your Company comply and conform to Fannie Mae/Freddie Mac quality control guidelines?		
19. Does your Company maintain a Business Continuity Plan (BCP)?		
20. Does your Company maintain procedures to collect/report first mortgage payments due to you?		

I have read all above Due Diligence statements and certify the responses to them are true and correct.

Signature

Date

AFFILIATE RELATIONSHIPS

Does your company have any affiliation with any of the following entities? (Affiliation is defined as having ownership in, partnership interest with, or family or other close personal relationship.) Accounting or Tax Preparation Company, Appraisal Management Company or Appraiser, Building Contractor or Developer, Credit Bureau Service, Escrow Company, Property Management Company, Realty Company, or Title Company If 'Yes,' please complete the fields below to disclose those relationships.	☐ Yes ☐ No
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If your company has an affiliation with any of the above-mentioned companies, please list them here:

Entity1 - Name		Phone	
Business Address			
City, State & Zip			
Entity2 - Name		Phone	
Business Address			
City, State & Zip			
Entity3 - Name		Phone	
Business Address			
City, State & Zip			
Entity4 - Name		Phone	
Business Address			
City, State & Zip			
Entity5 - Name		Phone	
Business Address			
City, State & Zip			

If you are affiliated with a Closing Agent or Escrow Company, please also provide the following:

- a. A copy of your Quality Control Plan to assure no conflict of interest due to your affiliated business arrangement.
- b. Proof of Errors and Omissions (E&O) insurance policy in the affiliated Closing Agent/Escrow Company's name with minimum coverage of \$1,000,000.

I certify the above information is true and correct.

Printed Name	Title
Signature	Date

CORPORATE RESOLUTION

I hereby certify that I am the Secretary of _____, a Corporation of the State of _____, and that as Secretary I have custody of the records of this Corporation, and by virtue of such action, the Board of Directors passed the following resolution at a meeting dated _____, which is now in force and is not in conflict with the Charter or Bylaws of the Corporation.

RESOLVED, the officers and agents of this Corporation appointed and named below are hereby authorized in the name of and on behalf of the Corporation to enter into an agreement with MK Lending Corp. (MK) to sell loans, and that these individuals are each and severally authorized to sign on said agreement and on behalf of the Corporation and to effect any changes with respect thereto.

FURTHER RESOLVED, these individuals are each and severally authorized to enter into commitments with MK and to execute any and all other documents on behalf of this Corporation.

FURTHER RESOLVED, this Corporation shall remain in force until MK receives, at its office, a certified copy of a resolution of this Corporation to the contrary, revoking all previous authorization heretofore given. The revocation of previous authorizations with respect to said account shall not affect the validity of any item signed by the person or persons at the time authorized to act.

Authorized Agent Printed Name

Email Address

Authorized Agent Signature

Date

Authorized Agent Printed Name

Email Address

Authorized Agent Signature

Date

Authorized Agent Printed Name

Email Address

Authorized Agent Signature

Date

IN WITNESS WHEREOF, I have executed this resolution in my capacity as Secretary of this Corporation this _____ day of _____, in the year of _____.

Secretary Printed Name

Signature

Date

Licensed States

Company (BRE/DBO) :

State	BRE/DBO	Issue Date	Expiration Date	License Number
State	BRE/DBO	Issue Date	Expiration Date	License Number
State	BRE/DBO	Issue Date	Expiration Date	License Number
State	BRE/DBO	Issue Date	Expiration Date	License Number

Licensing Information (NMLS) :

State	NMLS	Issue Date	Expiration Date	License Number
State	NMLS	Issue Date	Expiration Date	License Number
State	NMLS	Issue Date	Expiration Date	License Number
State	NMLS	Issue Date	Expiration Date	License Number

List of Key Operation Individuals:

(Attach separate sheet for additional individuals if necessary)

(Please indicate the Admin user)

Name: _____	Email: _____	Position: _____
Name: _____	Email: _____	Position: _____
Name: _____	Email: _____	Position: _____
Name: _____	Email: _____	Position: _____

Non-Del Only

AMC (Appraisal Management Company) Information

Company Name: _____

Company Address: _____

Contact Name: _____

Contact Phone #: _____

Contact E-mail Address: _____

Company Name: _____

Company Address: _____

Contact Name: _____

Contact Phone #: _____

Contact E-mail Address: _____

Company Name: _____

Company Address: _____

Contact Name: _____

Contact Phone #: _____

Contact E-mail Address: _____

Company Name: _____

Company Address: _____

Contact Name: _____

Contact Phone #: _____

Contact E-mail Address: _____



CORRESPONDENT DELEGATED UNDERWRITING QUESTIONNAIRE
AGENCY

Company Name		Date Requested	
Contact Name		Contact Phone	

Please complete and return this questionnaire; attach requested documentation (highlighted yellow), as applicable.

CONFORMING CONVENTIONAL LOANS		
	Yes	No
1. Are you applying for conforming delegated underwriting authority?		
2. Do you have Direct Seller approval with any Government-sponsored Enterprise (GSE)?		
a. Fannie Mae (FNMA)?		
b. Freddie Mac (FHLMC)?		
3. Do you employ full-time underwriters?		
4. Do you utilize contract underwriters?		
a. If yes, approximately what percentage of production is underwritten by contract underwriters?		%
b. If yes, provide copies of your contract underwriter contract(s).		
5. Do you perform post-closing quality control (QC) audits on delegated underwritten production?		
a. If yes, do you comply with FNMA/FHLMC published QC policies and procedures?		
b. If yes, provide a copy of your post-closing QC policy; if using an external QC vendor, provide a copy of your contract and scope of work with the QC vendor.		
c. If yes, provide the last three months of QC Reports and any applicable management responses (not to be aged more than four months)		
6. Do you maintain a separation of duties between underwriting and post-closing QC?		
7. Who is primarily responsible for overseeing post-closing QC?		

Printed Name and Title

Signature



**CORRESPONDENT DELEGATED UNDERWRITING QUESTIONNAIRE
NON-CONFORMING JUMBO LOANS & NON QM LOANS**

Company Name		Date Requested	
Completed By		Contact Phone	

Please complete and return this questionnaire with requested documentation attached.

Non-Conforming (JUMBO & NON QM) loans	Yes	No
1. Does your company currently have jumbo, non-conforming, or non-QM delegated underwriting authority with any investors?		
If yes, list investors:		
2. Does your company have a minimum of two years of experience in delegated underwriting for other investors?		
If yes, list investors:		
3. Does your company manage an AIR-compliant panel of appraisers for non-conforming loans?		
If yes, provide supplementary commentary and/or documented policy for management of this.		
4. Does your company have the ability to order enhanced desk reviews as required per applicable MK Lending program guidelines?		

Please include the following documentation with submission of this questionnaire to be considered for non- conforming delegated underwriting with MK Lending:

- Per item 5.a. above, if your company manages an AIR-compliant panel of appraisers for non-conforming loans please provide your documented policy and/or offer details of how it is managed.

Printed Name and Title

Signature

Correspondent Information Form:

Lender:

Name:

Address:

City:

State:

Zip Code:

Organized in which State:

Organization Type:

Beneficiary:

Name:

Address:

City:

State:

Zip Code:

Organized in which State:

Organization Type:

Loss Payee:

Name:

Address:

City:

State:

Zip Code:

Make Payments To:

Name:

Address:

City:

State:

Zip Code:

When Recorded Mail To:

Name:

Address:

City:

State:

Zip Code:

Licensing/Identification:

MERS Org. ID#:

NMLS#:

Tax Service ID#: