

REPURCHASE FACILITY APPLICATION

Company Information

Company Name:				
DBA Names:				
Address: Street:				
City:				
Contact Person:				
Telephone Number:				
Fax Number:				
E-mail Address:				
Web Address:				
Date Company Established:				
Type of Entity:		Fed.Tax I.D.	#:	
(C Corp., S Corp., Partnership, Limited Pa	artnership, LLC, Sole Proprietorsł	hip)		
DBA Names				
DDA Marra				
DBA Name:				
DBA Name:				
DBA Name:				
Ownership				
Name:	Title	e:		
Home Address:				
Ownership %:	SS #:	C	Date of Birth:	
Phone Number:	Cell Phone Nu	ımber:		
Name:	Title	e:		
Home Address:				
Ownership %:				
Phone Number:				
Name:				
Home Address:			Oato of Diuth	
Ownership %:				
Phone Number:	Cell Phone Nu	ımber:		

Name:		T	itle:						
		SS #:		Birth:					
		Cell Phone							
Key Personnel List									
Chief Executive Office									
		E	mail:						
President:		-							
CFO/Controller:		E	maii:						
•		E	mail·						
Secondary Marketing:		-	man.						
, ,		E	mail:						
Quality Control:									
Name:		E	mail:						
Underwriting Manage									
		E	mail:						
Sales/Production Man	_	F!!							
Other Personnel:		Email:							
	nplovees:	(Staff: Lo	oan Officers:)					
State License & Age	ncy Approval								
VA#:		NMLS#	:						
FHA/HUD#:		Direct E	Direct Endorsement (Y/N):						
FNMA#:		FHLMCi	FHLMC#:						
GNMA#:									
MERS ID #:		MERS m	embership is a requiren	nent of Centier Bank					
Loan Productions									
	Fiscal Year Ending	Fiscal Year Ending	Fiscal Year Ending	Year-to-Date					
Product Type	20	20	20	As of:					
Community 1	Units / \$ Volume	Units / \$ Volume	Units / \$ Volume	Units / \$ Volume					
Conventional	/	/	/						
Jumbo	/	/							
Government	/	/							
Other	/	/							
Totals	/]/	-	/					
		% Wholesale							
		% Purchase							
		name?							
Secondary Marketing (Commitments: Best Effo	orts Mandatory	Hedged						

References

End Investors (List the four inves	stor that receive the majo	rity of your business)		
Investor Name:		Date App	roved:	
Address:	City: _		State:	Zip:
Phone #:		Fax #:		
Contact Person:	[Email Address:		
% of Business:	Mont	hly Volume:		Loan Type:
Investor Name:		Date App	roved:	
Address:				
Phone #:				
Contact Person:				
% of Business:				
Investor Name:		Date App	roved:	
Address:				
Phone #:				
Contact Person:				
% of Business:				
Investor Name:		Date App	roved:	
Address:				
Phone #:				
Contact Person:		Email Address:		
% of Business:	Mont	hly Volume:		Loan Type:
M b 12 (12.4 . 11				
Warehouse Lines (List all current	-			N
Warehouse Lender:				
Address:				•
Phone #:				
Contact Person:				
Date Approved:	Line Amount: _	Avera	age Outstand	ing:
Warehouse Lender:		Active: Yes:		No:
Address:	City: _		State:	Zip:
Phone #:				
Contact Person:	I	Email Address:		
Date Approved:				
Warehouse Lender:		Active: Yes:		_No:
Address:				
Phone #:				-
Contact Person:				
Date Approved:				

E&O AND Fidelity Insurance: (Insurance coverage and carrier subject to review and approval by Centier Bank)

Fic	delity Bonding			
Ca	arrier Name:			
Ac	ddress:	City:	State:	Zip:
Ph	hone #:		Fax #:	
Сс	ontact Person:		Email Address:	
Сс	overage Amount:		Expiration Date:	
Er	rrors and Omission Coverage			
Ca	arrier Name:			
	ddress:			Zip:
Ph	hone #:		Fax #:	
Сс	ontact Person:		Email Address:	
Сс	overage Amount:		Expiration Date:	
Re	epresentations			
1.		•	•	5?
	If so, please explain in a separate l	etter and attach to the applica	tion.	
2.	Does the company have any pendi	ng repurchase or indemnify re	quest?	
	If so, please explain in a separate l	etter and attach to the applica	tion.	
3.	Do you have delegated underwritir	ng privileges with any investor	s or with a private mortgage	insurer?
	Please list the company's name(s):	· 		
4.	Has the company ever been denied	d approval, suspended or term	inated by HUD/VA/GNMA/F	HLMC/FNMA, any
	investor or private mortgage insure	er?		
	If so, please explain in a separate l	etter and attach to the applica	tion.	
5.	Has the company had any substan	tial adverse findings with resp	ect to mortgage originations	, operations and/or
	servicing from an audit or examina	tion by a regulatory agency, w	ithin the last three (3) years?	·
	If so, please explain in a separate l	etter and attach to the applica	tion.	
6.	Has the company or any of its offic	ers ever been involved in bank	cruptcy, insolvency, made ass	signment for benefit
	of creditors, or been convicted of a	felony offense?		
	If so, please explain in a separate l	etter and attach to the applica	tion.	
7.	Is the company or any of its officer	s a defendant in any current no	ending litigation?	
-	If so nlease explain in a separate l			

8.	Is the company or any of its principals or officers involved in other industry related business?
	(i.e. Real Estate, Appraisal, Title Insurance, Closing, etc.) If so, please explain in a separate letter and attach to the application.
9.	Please list any industry related organizations, memberships or affiliations in which the company is currently active (i.e. State MBA):
10.	Has the company had their warehouse line ever suspended or revoked? If so, please explain in detail in a separate letter and attach to the application.
4.4	
11.	Do you currently have any aged loans over 60 days on your warehouse Line(s)? If so, please explain the circumstances in a separate letter and attach to the application.
12.	Do you have any pending applications with another Warehouse Lender? Please list the company's name(s):

Required Documentation Checklist

- Completed Warehouse Line Application
- 2. Company history
- 3. Resumes of the principal officers and key management personnel
- 4. Current financial statements and prior two (2) years tax returns of the principal officers
- 5. Current roster of company loan officers
- 6. Prior two (2) years Audited Financial Statements for the company
- 7. Prior two (2) years tax returns for the company
- 8. YTD financial statements for the company (Signed by Officer)
- 9. Copies of FNMA, FHLMC, HUD or VA approval letters (if applicable)
- 10. Copies of Articles of Incorporation and all corporate documents: Bylaws, management agreetment, etc.
- 11. Copy of company's Quality Control Program
- 12. Copy of state licenses
- 13. Details of servicing portfolio (if any)
- 14. Errors and Omissions & Fidelity Bond Binder
- 15. Current Outstanding Loan Report for all Warehouse Lines
- 16. Current End Investor Score Cards
- 17. Production Volumes

Certification/Authorization to Release Information

The undersigned certifies that all information in or in connection with this application or attached hereto is true, correct and complete in all material respects. The undersigned entity and its officers, directors, shareholders and/or partners (collectively, "Principals") hereby authorize and instruct Centier Bank to, at its discretion:

- 1. Check references of the undersigned and its Principals for all purposes:
- 2. Obtain credit reports pertaining to the undersigned or any Principals of the undersigned:
- 3. Verify all information provided to Centier Bank in connection with this application with

- a) any person or entity named in this application or in any related document; and
- b) any regulatory authority or governmental or quasi-government agency; and, the undersigned further authorizes the release of any person, entity, authority or agency pertaining to the under signed and its Principals. Notwithstanding any such verification, the undersigned acknowledges that Centier Bank will rely on the information provided by the undersigned in making a decision on this application.

The undersigned agrees to notify Centier Bank promptly upon the occurrence of any material change in the information provided to Centier Bank in or in connection with this application (including, but not limited to, any merger, consolidation, liquidation or any other form of re-organization).

provided to centrer bank in or in connection with this applic	ation (including, but not limited to, any merger, consolida-
tion, liquidation or any other form of re-organization). Company Name:	Date:
	Title:
Type/Printed Name:	
	Title:
Type/Printed Name:	
Signature:	Title:
Type/Printed Name:	
Signature:	Title:
Type/Printed Name:	
Upon completion, please mail the application, attachments	and supporting documentation to:
Centier Bank Mortgage Warehouse Division 307 W. Johnso	n Rd., Suite A, La Porte, IN 46350 • (219) 325-3914
Fax and Email Consent Form	
The Company named below ("Company") hereby provides the receipt of facsimile transmissions and/or email of any rquality of any products, goods or services or any other com	-
This Consent applies to any facsimile equipment used by o owned or leased, or whether the telephone number(s) for s dress used by or for the benefit of the Company. This Conse and email transmissions and shall apply for an unlimited p	such equipment change in the future and to any email adent shall be effective for an unlimited number of facsimile
By signing in the space provided below, I am certifying to C	entier Bank that I am an officer of the Company and I am

Print Name/Title:

or on behalf of Centier Bank.



- If you are applying for individual credit in your own name and are relying on your own income or assets of another person as the basis for repayment of the credit requested complete only Sections 1 and 3.
- If you are applying for joint credit with another person, complete all Sections and provide information in Sections 2 and 3 about the joint applicant. If appropriate, the joint applicant may complete a separate personal financial statement, and the applications may be submitted together.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1 and 3.

PERSONAL	INFORMATION -	SECTIONS 1 & 2
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I EKSONAL IIII OKINAI	ON SECTIONS I & Z		
SECTION 1 - INDIVIDUAL INFOR	MATION (type or print)	SECTION 2 - JOINT APPLICANT C	R OTHER PARTY INFORMATION (type or print)
Name:		Name:	
Address:		Address:	
City, State & Zip:		City, State & Zip:	
Social Security Number:		Social Security Number:	
Date of Birth (mm/dd/yyyy):		Date of Birth (mm/dd/yyyy):	
Marital Status:			
Dependents:			
Position or occupation:		Position or occupation:	
Business name:		Business name:	
Business address:		Business address:	
City, State & Zip:		City, State & Zip:	
Length of employment:		Length of employment:	
Home Phone:	Personal Email:	Home Phone:	Personal Email:
Cell Phone:	Business Phone:	Cell Phone:	Business Phone:
Fax:	Business Email:	Fax:	Business Email:

SECTION 3

	ASSETS		INDIV.	JOINT	IF JOINT, WITH WHOM	LIABILITIES	INDIV.	JOINT	IF JOINT, WITH WHOM
CASH:	At Centier					UNSECURED NOTES: At Centier			
	At Other Financial Inst.	(Sch. 1)				At Other Financial Inst.		ĺ	
SECURITIES:	Marketable	(Sch. 2)				SECURED NOTES: At Centier		Ì	
	Non-Marketable	(Sch. 3)		ĺ	İ	At Other Financial Inst.		ĺ	
	Restricted/Control/Margin	Accts.			İ	OTHER NOTES & LEASES PAYABLE: (Sch. 8)			
LIFE INSURA	NCE CASH VALUE:	(Sch. 5)				CREDIT CARD BALANCES: (Sch. 10			
BUSINESS IN	Closely Held Companies Partnership Interests					HOME EQUITY LOANS: (Sch. 10			
	Privately Owned Business	(Sch. 7)				MORTGAGE LOANS: Primary Residence			
REAL ESTATE	: Primary Residence					Other Residences		Ì	
	Other Residences					Investment		ĺ	
	Investment					Partial Interest (Sch. 9)		İ	
	Partial Interest	(Sch. 4)				TAXES: Income Taxes			
RETIREMENT A	ACCOUNTS:	(Sch. 6)				Other Taxes			
VEHICLES:						OTHER LIABILITIES: (Itemize below/attach additional pages)			
OTHER PERSON (Itemize below	NAL ASSETS: w/attach additional pages)								
					<u> </u>				
						TOTAL LIABILITIES			
TOTAL ASSET	S					NET WORTH (Total Assets Minus Total Liabilities)			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. I/We are applying for new credit: If yes, please indicate how you are applying:	⊔ Yes □ Individually	⊔ No □ Jointly
Income tax return filed through (date):Are any returns currently being Audited or contested? If yes, what year(s)?	□ Yes	□ No
 Have you or any firm in which you were a major owner ever declared bankruptcy? If yes, please provide details: 	□ Yes	□ No
4. Do you have a will? If yes, please furnish the name of the executor(s) and year will was drawn:	□ Yes	□ No
5. Do you anticipate any material changes to this statement, within one year of its date? If yes, please explain:	□ Yes	□ No
6. Do you hold any assets in trust? If yes, please provide the Name of Trust:	□ Yes	□ No

Name of F						Account	ES OF DE		er(s)	ARKET		ГС. (Use additior f Pledged, t	o Whom?	sary) Balance
mber of				TABLE SE	CURITIE	ES (Use ad	Ar	e These	Regi	stere	ed,			
Shares	De	scripti	on	I	n Name	e of	Pledg	ed, or	Held	by Ot	hers?	Value	Method o	of Valuation
							1							
HEDULE 3 - I	NON-MAR	KETABLE S	SECURITI	ES (Use a	dditiona	al sheet if								
mber of Shares	De	scripti	on	I	n Name	of	Ar Pledg	e These ed, or	Regi Held	stere by Ot	ed, hers?	Value	Method (of Valuation
HEDULE 4 - I	DECIDENC	ES AND O	TUED DE	NI ESTATE	DADTI	ALIV OD W	HOLIV O	WNED (IIc	o addit	ional ch	hoot if nos	occany)		
Address				e in Nar		% of Owners		Date Quired		st	Marke Valu	et Monthly	y Mortgage t Amount	Mortgage Maturity
								-,						
						+								_
			•				•							•
HEDULE 5 - I		RANCE CA	RRIED, IN	ICLUDING		al 1		dditional	sheet	if neces	sary)			
Name o surance C		Owner	r of Po	licy	R	eneficiar Relation	ship	Fa	ce Am	ount	Pol	licy Loans	Cash Sur	render Value
					<u> </u>									
HEDULE 6 - V	VESTED IN	ITEREST II	N DEFERF	RED COMP	PENSATI	ON/PROFI	T-SHARII	IG PLANS	/RETIR	EMENT	ACCOUNT	S (Use additiona	al sheet if necess	ary)
% sted		Descri					In Name			Distri	ibution ate		eficiary	Value
				1.100										
HEDULE 7 - I me & Addr Venture i	ess of	Anv Bus	siness	Your P	ositio	on/	,	Vas	ra :-		l Asset		Not Most	Present Ne
		n You Ai Partnei			in thin the iness		ine of usiness		rs in iness		sted in ction 3	Your % of Ownership	Net Worth of Business	Value of Yo Investment
								- - 		<u> </u>		1		

SCHEDULE 9 - REAL ESTATE MORTGAGES PAYABLE (Use additional sheet if necessary) Oved to Borrower Maturity Balance Payment R SCHEDULE 10 - CREDIT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT ACCOUNTS & LINES (Use additional sheet I SRIJECT & LINES (Use additional sheet I SRIJECT & LINES (Use additional sheet I SRIJECT & LINES (Use additional sheet I SRIJECT & LINES (Use additional sheet I SRIJECT & LINES (U			Date of/Ori	ginal	EASING COMP		Next	Monthly	Date of			
CHEDULE 10 - CREDIT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet Credit Lines) Credit Lines Cre)wed to	Borrower	Borrowing Amou		nt Balance		Payment Due		Final Paym	ent Se	cured by	
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