



# REPURCHASE FACILITY APPLICATION

## Company Information

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Company Name: \_\_\_\_\_  
 DBA Names: \_\_\_\_\_  
 Address: Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Web Address: \_\_\_\_\_  
 Date Company Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_  
 Type of Entity: \_\_\_\_\_ Fed.Tax I.D. #: \_\_\_\_\_  
 (C Corp., S Corp., Partnership, Limited Partnership, LLC, Sole Proprietorship)

## DBA Names

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DBA Name: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_

## Ownership

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Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Ownership %: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Ownership %: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Ownership %: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Ownership %: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Key Personnel List**

**Chief Executive Officer:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**President:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**CFO/Controller:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Marketing:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Quality Control:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Underwriting Manager:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Sales/Production Manager:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Personnel:**

Number of Full Time Employees: \_\_\_\_\_ (Staff: \_\_\_\_\_ Loan Officers: \_\_\_\_\_)

**State License & Agency Approval**

VA#: \_\_\_\_\_ NMLS#: \_\_\_\_\_  
 FHA/HUD#: \_\_\_\_\_ Direct Endorsement (Y/N): \_\_\_\_\_  
 FNMA#: \_\_\_\_\_ FHLMC#: \_\_\_\_\_  
 GNMA#: \_\_\_\_\_  
 MERS ID #: \_\_\_\_\_ MERS membership is a requirement of Centier Bank

**Loan Productions**

Product Type	Fiscal Year Ending 20_____. Units / \$ Volume	Fiscal Year Ending 20_____. Units / \$ Volume	Fiscal Year Ending 20_____. Units / \$ Volume	Year-to-Date As of:_____. Units / \$ Volume
Conventional	_____/_____	_____/_____	_____/_____	_____/_____
Jumbo	_____/_____	_____/_____	_____/_____	_____/_____
Government	_____/_____	_____/_____	_____/_____	_____/_____
Other	_____/_____	_____/_____	_____/_____	_____/_____
Totals	_____/_____	_____/_____	_____/_____	_____/_____

Production Channels: Retail \_\_\_\_\_% Wholesale \_\_\_\_\_% Correspondent \_\_\_\_\_%  
 Retail Channel: \_\_\_\_\_% Purchase \_\_\_\_\_% Refinance \_\_\_\_\_%  
 What percentage of loans are closed in your name? \_\_\_\_\_  
 Secondary Marketing Commitments: Best Efforts \_\_\_\_\_ Mandatory \_\_\_\_\_ Hedged \_\_\_\_\_

## References

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### End Investors (List the four investor that receive the majority of your business)

Investor Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

% of Business: \_\_\_\_\_ Monthly Volume: \_\_\_\_\_ Loan Type: \_\_\_\_\_

Investor Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

% of Business: \_\_\_\_\_ Monthly Volume: \_\_\_\_\_ Loan Type: \_\_\_\_\_

Investor Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

% of Business: \_\_\_\_\_ Monthly Volume: \_\_\_\_\_ Loan Type: \_\_\_\_\_

Investor Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

% of Business: \_\_\_\_\_ Monthly Volume: \_\_\_\_\_ Loan Type: \_\_\_\_\_

### Warehouse Lines (List all current and past warehouse, attach list if more than 3)

Warehouse Lender: \_\_\_\_\_ Active: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Line Amount: \_\_\_\_\_ Average Outstanding: \_\_\_\_\_

Warehouse Lender: \_\_\_\_\_ Active: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Line Amount: \_\_\_\_\_ Average Outstanding: \_\_\_\_\_

Warehouse Lender: \_\_\_\_\_ Active: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Line Amount: \_\_\_\_\_ Average Outstanding: \_\_\_\_\_

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

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**Fidelity Bonding**

Carrier Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Coverage Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Errors and Omission Coverage**

Carrier Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Coverage Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Representations**

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1. Has the company had to repurchase or indemnify an investor on a loan in the past three years? \_\_\_\_\_  
If so, please explain in a separate letter and attach to the application.
2. Does the company have any pending repurchase or indemnify request? \_\_\_\_\_  
If so, please explain in a separate letter and attach to the application.
3. Do you have delegated underwriting privileges with any investors or with a private mortgage insurer? \_\_\_\_\_  
Please list the company's name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has the company ever been denied approval, suspended or terminated by HUD/VA/GNMA/FHLMC/FNMA, any investor or private mortgage insurer? \_\_\_\_\_  
If so, please explain in a separate letter and attach to the application.
5. Has the company had any substantial adverse findings with respect to mortgage originations, operations and/or servicing from an audit or examination by a regulatory agency, within the last three (3) years? \_\_\_\_\_  
If so, please explain in a separate letter and attach to the application.
6. Has the company or any of its officers ever been involved in bankruptcy, insolvency, made assignment for benefit of creditors, or been convicted of a felony offense? \_\_\_\_\_  
If so, please explain in a separate letter and attach to the application.
7. Is the company or any of its officers a defendant in any current pending litigation? \_\_\_\_\_  
If so, please explain in a separate letter and attach to the application.

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.
  
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**

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1. 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 agreement, 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**

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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 undersigned 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).

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type/Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ 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. Johnson Rd., Suite A, La Porte, IN 46350 • (219) 325-3914

**Fax and Email Consent Form**

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The Company named below (“Company”) hereby provides its express written consent and permission (“Consent”) for the receipt of facsimile transmissions and/or email of any materials advertising the commercial availability, terms or quality of any products, goods or services or any other communications from Centier Bank.

This Consent applies to any facsimile equipment used by or for benefit of the Company, whether the equipment is owned or leased, or whether the telephone number(s) for such equipment change in the future and to any email address used by or for the benefit of the Company. This Consent shall be effective for an unlimited number of facsimile and email transmissions and shall apply for an unlimited period of time.

By signing in the space provided below, I am certifying to Centier Bank that I am an officer of the Company and I am duly authorized to and hereby consent on behalf of the Company to receive facsimile and email transmissions sent by or on behalf of Centier Bank.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_



# Personal Financial Statement

Revised December 2011

Statement of Financial Condition as of: \_\_\_\_\_

- 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

SECTION 1 - INDIVIDUAL INFORMATION (type or print)		SECTION 2 - JOINT APPLICANT OR 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.			
SECURITIES: Marketable (Sch. 2)				SECURED NOTES: At Centier			
Non-Marketable (Sch. 3)				At Other Financial Inst.			
Restricted/Control/Margin Accts.				OTHER NOTES & LEASES PAYABLE: (Sch. 8)			
LIFE INSURANCE CASH VALUE: (Sch. 5)				CREDIT CARD BALANCES: (Sch. 10)			
BUSINESS INVESTMENTS:				HOME EQUITY LOANS: (Sch. 10)			
Closely Held Companies							
Partnership Interests							
Privately Owned Business (Sch. 7)							
REAL ESTATE: Primary Residence				MORTGAGE LOANS: Primary Residence			
Other Residences				Other Residences			
Investment				Investment			
Partial Interest (Sch. 4)				Partial Interest (Sch. 9)			
RETIREMENT ACCOUNTS: (Sch. 6)				TAXES: Income Taxes			
VEHICLES:				Other Taxes			
OTHER PERSONAL ASSETS: (Itemize below/attach additional pages)				OTHER LIABILITIES: (Itemize below/attach additional pages)			
<b>TOTAL ASSETS</b>				<b>TOTAL LIABILITIES</b>			
				<b>NET WORTH</b> (Total Assets Minus Total Liabilities)			

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

- I/We are applying for new credit:
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate how you are applying:	<input type="checkbox"/> Individually <input type="checkbox"/> Jointly
- Income tax return filed through (date):
 

Are any returns currently being Audited or contested? If yes, what year(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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- Have you or any firm in which you were a major owner ever declared bankruptcy?
 

If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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- Do you have a will?
 

If yes, please furnish the name of the executor(s) and year will was drawn:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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- Do you anticipate any material changes to this statement, within one year of its date?
 

If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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- Do you hold any assets in trust?
 

If yes, please provide the Name of Trust:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SCHEDULE 1 - CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC. (Use additional sheet if necessary)				
Name of Financial Institution	Type of Account	Owner(s)	If Pledged, to Whom?	Balance

SCHEDULE 2 - U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)					
Number of Shares	Description	In Name of	Are These Registered, Pledged, or Held by Others?	Value	Method of Valuation

SCHEDULE 3 - NON-MARKETABLE SECURITIES (Use additional sheet if necessary)					
Number of Shares	Description	In Name of	Are These Registered, Pledged, or Held by Others?	Value	Method of Valuation

SCHEDULE 4 - RESIDENCES AND OTHER REAL ESTATE, PARTIALLY OR WHOLLY OWNED (Use additional sheet if necessary)								
Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity

SCHEDULE 5 - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE (Use additional sheet if necessary)					
Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE 6 - VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS/RETIREMENT ACCOUNTS (Use additional sheet if necessary)						
% Vested	Description	In Name Of	Distribution Date	Beneficiary	Value	

SCHEDULE 7 - BUSINESS VENTURES (Use additional sheet if necessary)								
Name & Address of Any Business Venture in Which You Are a Principal or Partner	Your Position/ Title in the Business	Line of Business	Years in Business	Total Assets Listed in Section 3	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment	



SCHEDULE 8 - LOANS OWED TO BANKS, BROKERS, FINANCE AND LEASING COMPANIES, AND OTHERS (Use additional sheet if necessary)							
Owed to	Borrower	Date of/Original Borrowing Amount	Balance	Next Payment Due	Monthly Payment	Date of Final Payment	Secured by

SCHEDULE 9 - REAL ESTATE MORTGAGES PAYABLE (Use additional sheet if necessary)						
Owed to	Borrower	Maturity	Balance	Monthly Payment	Rate	Secured by

SCHEDULE 10 - CREDIT ACCOUNTS & LINES: CREDIT CARDS, CREDIT LINES & HOME EQUITY LINES (Use additional sheet if necessary)						
Issuer	Account Owner/Borrower	Credit Limit	Balance	Monthly Payment	Rate	Secured by

SCHEDULE 11 - CONTINGENT LIABILITIES				
	Yes	No	Amount	If Yes, Please Explain
Are you responsible for payment of alimony or child support?				
Are you a guarantor, endorser, or co-maker on any note?				
Are you a defendant in any legal action or suit?				
Do you have any letters of credit or surety bonds outstanding?				
Do you have any legal claims or judgements outstanding against you?				
Do you have any income tax obligations?				
Do you have any other tax obligations?				
Do you have any other contingent liabilities?				

**CONTACT INFORMATION**

NAME & ADDRESS OF YOUR ACCOUNTANT	PHONE	NAME & ADDRESS OF YOUR INVESTMENT ADVISOR	PHONE
NAME & ADDRESS OF YOUR ATTORNEY	PHONE	NAME & ADDRESS OF YOUR INSURANCE AGENT	PHONE

**REPRESENTATIONS AND WARRANTIES**

The information contained in this statement and accompanying schedules is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial information that the undersigned give you shall be your property.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (if joint statement)

\_\_\_\_\_  
DATE