

# LaPorte Savings Bank Repurchase Facility Application

## CORPORATE & CONTACT INFORMATION

COMPANY NAME: \_\_\_\_\_

DBA Names: \_\_\_\_\_

ADDRESS: Street: \_\_\_\_\_

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

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

FACILITY AMOUNT REQUESTED: \_\_\_\_\_

PURPOSE: New: \_\_\_\_\_ Additional: \_\_\_\_\_ Replacement: \_\_\_\_\_

DATE COMPANY ESTABLISHED: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

TYPE OF ENTITY: \_\_\_\_\_ FED.TAX I.D. #: \_\_\_\_\_

(e.g., C Corp., S Corp., Partnership, Limited Partnership, LLC, Sole Proprietorship)

Is your Company a Subsidiary of another organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes", Please provide the following:

Parent Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Principal Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Fed Id. #: \_\_\_\_\_ DATE COMPANY ESTABLISHED \_\_\_\_\_

## OWNERSHIP

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: \_\_\_\_\_

(If you have more than 4 owners please attached the required information to this application)

**MANAGEMENT & STAFFING**

**Chief Executive Officer:**

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

**President:**

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

**CFO/Controller:**

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

**Secondary Marketing:**

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

**Servicing Manager:**

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: \_\_\_\_\_ )

Do you have other office/branch locations other than the corporate office? \_\_\_\_\_

If yes, please attach a listing of locations and names of branch managers.

**AGENCY APPROVAL & STATE LICENSE**

VA# \_\_\_\_\_ Automatic (Y/N): \_\_\_\_\_

FHA/HUD# \_\_\_\_\_ Direct Endorsement (Y/N) \_\_\_\_\_

FNMA# \_\_\_\_\_ FHLMC# \_\_\_\_\_

GNMA# \_\_\_\_\_

MERS ID #: \_\_\_\_\_ MERS membership is a requirement of LaPorte Savings Bank

Please circle the states in which you are licensed to lend and attached the corresponding license:

AK AL AR AZ CA CO CT DE FL GA  
 HI IA ID IL IN KS KY LA MA MD  
 ME MI MN MO MS MT NC ND NE NH  
 NJ NM NV NY OH OK OR PA RI SC  
 SD TN TX UT VA VT WA WV WI WY

**LOAN PRODUCTION**

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	/	/	/	/
FHA/VA	/	/	/	/
Seconds	/	/	/	/
Sub-Prim (below 620)	/	/	/	/
Totals	/	/	/	/

Production Channels: Retail \_\_\_\_\_% Wholesale \_\_\_\_\_% Correspondent \_\_\_\_\_%

Secondary Marketing Commitments: Best Efforts? \_\_\_\_\_% Mandatory ? \_\_\_\_\_%

Hedged? \_\_\_\_\_%

**SERVICING PORTFOLIO**

Agency	Fiscal Year Ending 20_____ Units / \$ Portfolio	Fiscal Year Ending 20_____ Units / \$ Portfolio	Fiscal Year Ending 20_____ Units / \$ Portfolio	Year-to-Date As of:_____ Units / \$ Portfolio
FNMA	/	/	/	/
FHLMC	/	/	/	/
GNMA	/	/	/	/
Private	/	/	/	/
Totals	/	/	/	/

• Is any of the servicing portfolio financed or pledged? \_\_\_\_\_ If so, please indicate the secured party. \_\_\_\_\_

• Have servicing rights been purchased or sold in any of the last three years? \_\_\_\_\_  
 If yes, please provide the details in a separate letter and attach to the application.

• Is the servicing sub-serviced? \_\_\_\_\_ If yes, by whom: \_\_\_\_\_

**REFERENCES**

**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 then 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: \_\_\_\_\_

**Banking Relationships:**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

**E&O AND FIDELITY INSURANCE:**  
(Insurance coverage and carrier subject to review and approval by LaPorte Savings Bank)

**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**

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. Do you have delegated underwriting privileges with any investors or with a private mortgage insurer? \_\_\_\_\_

Please list the company's name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. 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.

4. 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.

5. 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.

6. 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.

7. 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

8. Please list any industry related organizations, memberships or affiliations in which the company is currently active (i.e. State MBA): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. 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.

10. Do you have any pending applications with another Warehouse Lender? \_\_\_\_\_

**REQUIRED DOCUMENTATION CHECKLIST**

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 \_\_\_\_\_
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 Policy \_\_\_\_\_
15. Current Outstanding Loan Report for all Warehouse Lines \_\_\_\_\_
16. Current End Investor Score Cards \_\_\_\_\_

## 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 LaPorte Savings 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 LaPorte Savings 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 LaPorte Savings Bank will rely on the information provided by the undersigned in making a decision on this application.

The undersigned agrees to notify LaPorte Savings Bank promptly upon the occurrence of any material change in the information provided to LaPorte Savings 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:

**LaPorte Savings Bank**  
**Mortgage Warehousing Division**  
**710 Indiana Ave.**  
**LaPorte, IN 46350**



**AUTHORIZATION / RELEASE FOR BUSINESSES AND INDIVIDUALS**

\_\_\_\_\_ (the  
 “Applicant”) acknowledges that it is in the best interest of both Applicant and LaPorte Savings Bank, N.A. (“Warehouse Lender”) for Warehouse Lender to perform due diligence concerning Applicant’s background and experience. Applicant further acknowledges that Applicant benefits from the efficiencies in the due diligence process that are possible when Warehouse Lender and other similarly-situated entities in the mortgage industry exchange information about their experiences in doing business with individuals and companies such as Applicant. Therefore, Applicant hereby consents and gives Warehouse Lender permission to submit the name of Applicant’s company and any and all employees of that company for screening through any and all mortgage industry background databases, including, without limitation, databases operated by Mortgage Asset Research Institute, Inc., such as the Mortgage Industry Data Exchange (“MIDEX”). Applicant understands that Warehouse Lender performs quality control reviews of the loans that Applicant submits to Warehouse Lender for registration, review, underwriting, and/or purchase. Applicant understands and hereby consents to the release of information about any loan application that is believed to contain misrepresentations and/or irregularities. Applicant agrees and gives its consent that it and its employees may be named as the originating entity or loan officers on such loans, whether or not Applicant or its employees are implicated in the misrepresentations and/or irregularities. Applicant hereby releases and agrees to hold harmless Warehouse Lender, Mortgage Asset Research Institute, Inc., all MIDEX subscribers, and any trade associations that endorse the MIDEX system from any and all liability for damages, losses, costs, and expenses that may arise from the reporting or use of any information submitted by Warehouse Lender or any other MIDEX subscriber to Mortgage Asset Research Institute, Inc., recorded in the MIDEX system, and used in any way by Warehouse Lender or any other MIDEX subscriber.

**Signed For Applicant:**

**Signed For Warehouse Lender:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or Type Name)

\_\_\_\_\_  
(Print or Type Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

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

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

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

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

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