

LIBERTY SAVINGS BANK, FSB**LENDER PROFILE- BROKER/ TP ORIGINATOR**

Application to become an accepted Third Party Originator

I. COMPANY INFORMATION**ACCOUNT EXECUTIVE:** _____ **LIBERTY SAVINGS BANK, F.S.B. BROKER ID** _____

Firm Name _____

Address _____

City, State, Zip _____ County: _____

Phone _____ Fax _____

Company Email Address: _____

State of Incorporation: _____ Tax / EIN # : _____

Mortgage Broker License # _____ Mortgage Broker NMLS # _____

Institution Type: ☐ Commercial Bank ☐ Credit Union ☐ Federal Savings ☐ Insurance Company ☐ Mortgage Banker
☐ Mortgage Broker ☐ Mutual Savings ☐ Savings & Loan ☐ Savings Bank ☐ Other

Entity Type: ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietor
II. PROGRAMS

We are applying for approval to deliver the following loan products to Liberty Savings Bank. (Please Check Choices)

TYPE Please provide an estimated volume to be delivered to Liberty Savings Bank F.S.B. Monthly☐ Conventional \$ _____☐ Jumbo \$ _____☐ Government \$ _____☐ Other \$ _____**III. HISTORICAL INFORMATION****Previous Year**

Date Ending: _____ \$ _____ Conventional \$ _____ Government

Current YTD: _____ \$ _____ Conventional \$ _____ Government

IV. LENDING AREAS*Please check the states you wish to do business in and submit proof of licensing for each state:*
☐ Alabama ☐ DC ☐ Indiana ☐ Louisiana ☐ Minnesota ☐ North Carolina ☐ South Carolina ☐ Virginia
☐ Arizona ☐ Florida ☐ Iowa ☐ Maryland ☐ Missouri ☐ Ohio ☐ Tennessee ☐ Vermont
☐ Colorado ☐ Georgia ☐ Kansas ☐ Massachusetts ☐ New Hampshire ☐ Pennsylvania ☐ Texas ☐ Wisconsin
☐ Connecticut ☐ Illinois ☐ Kentucky ☐ Michigan ☐ New Mexico ☐ Rhode Island ☐ Utah ☐ Wyoming
V. AUTHORIZED OFFICERS**Authorized Officer :** _____ **Title:** _____

Home Address _____

SSN: _____ Signature: _____

Authorized Officer: _____ **Title:** _____

Home Address: _____

SSN: _____ Signature : _____

VI. AUTHORIZATION FOR INVESTIGATION AND RELEASE OF INFORMATION

The undersigned hereby authorizes Liberty Savings Bank to investigate the applicant, including but not limited to obtaining a credit report on the applicant, and authorizes the Federal National Mortgage Association, Federal Home Loan Mortgage Corporation, Government National Mortgage Association, and/or other organizations having a business relationship with the applicant organization to release business-related information to Liberty Savings Bank in connection with this application for membership.

Signature _____ Date _____

Name (typed) _____ Title _____

VII. MISCELLANEOUS	
1.	Do you have any affiliated entities or individuals who provide services to you in regards to loans sold or assigned by you to investors or correspondents? Yes ____ No ____ (If so, please provide documentation showing the nature of the relationship and the services provided.)
2.	Have any of your officers, their previous companies, or the applicant firm ever been denied FHA/VA/FNMA/GNMA/FHLMC approval or has your approval ever been suspended or terminated? Yes ____ No ____ (If yes, explain in a separate letter.)
3.	Have any of your officers, their previous companies, or the applicant firm ever been involved in bankruptcy, insolvency, made assignment for benefit or creditors, or been indicated for or charged publicly with fraud or misrepresentation? Yes ____ No ____
4a.	What method of funding do you currently use? Table Funding _____% or Warehouse Line Funding _____%
4b.	If you currently use a warehouse line, do you wish to be approved by Liberty to fund with your warehouse line? Yes ____ No ____
4c.	Who is your warehouse lender? _____

******FOR LIBERTY SAVINGS BANK INTERNAL USE ONLY******

THIRD PARTY ORIGINATOR / BROKER APPROVAL	
WHOLESALE:	
<input type="checkbox"/> Table Funding	<input type="checkbox"/> Conventional <input type="checkbox"/> VA
<input type="checkbox"/> Warehouse-Line Funding	<input type="checkbox"/> FHA <input type="checkbox"/> USDA
Approved: <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> USDA	Denied: <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> USDA
<i>Please check the states the Broker is approved to do business in and complete expiration date:</i>	
<input type="checkbox"/> Alabama	<input type="checkbox"/> Georgia <input type="checkbox"/> Louisiana <input type="checkbox"/> New Hampshire <input type="checkbox"/> South Carolina <input type="checkbox"/> Wisconsin
<input type="checkbox"/> Arizona	<input type="checkbox"/> Illinois <input type="checkbox"/> Maryland <input type="checkbox"/> New Mexico <input type="checkbox"/> Tennessee <input type="checkbox"/> Wyoming
<input type="checkbox"/> Colorado	<input type="checkbox"/> Indiana <input type="checkbox"/> Massachusetts <input type="checkbox"/> North Carolina <input type="checkbox"/> Texas
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Iowa <input type="checkbox"/> Michigan <input type="checkbox"/> Ohio <input type="checkbox"/> Utah
<input type="checkbox"/> DC	<input type="checkbox"/> Kansas <input type="checkbox"/> Minnesota <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Kentucky <input type="checkbox"/> Missouri <input type="checkbox"/> Rhode Island <input type="checkbox"/> Vermont
Comments: _____	
By: _____	
Name: _____	
Title: _____	
Date: _____	

***** Lending Administration Use Only*****

Received Date: _____
Date Setup in LOS: _____
Setup By: _____



AUTHORIZATION/RELEASE FOR BUSINESSES AND PROFESSIONALS

Date _____

_____ (the "Applicant") acknowledges that it is in the best interest of both Applicant and Liberty Savings Bank, F.S.B. ("Mortgage Lender") for Mortgage 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 Mortgage Lender and other similarly-situated entities in the mortgage industry exchange information about their experiences in doing business with professionals/entities such as Applicant. Therefore, Applicant hereby consents and gives Mortgage Lender permission to obtain information about Applicant's company and any and all employees/contractors of that company including, but not limited to, professional history information, criminal record information, credit information and other public record information. Applicant understands that Mortgage Lender performs quality control reviews of the loans that Applicant submits to Mortgage 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 is implicated in the alleged misrepresentations and/or irregularities. Applicant hereby releases and agrees to hold harmless Mortgage Lender, LexisNexis Risk Solutions GA Inc., d/b/a Mortgage Asset Research Institute, and LexisNexis Risk Solutions Bureau LLC (collectively, "MARI"), all MARI subscribers, and any trade associations that endorse MARI's mortgage fraud alert products from any and all liability for damages, losses, costs, and expenses that may arise from the reporting or use of any information submitted by Mortgage Lender or any other MARI subscriber to Mortgage Asset Research Institute, Inc., recorded in MARI's MIDEX® database, and used in any way by Mortgage Lender or any other MARI subscriber.

(Signature)

(Applicant Business Name)

(Print or Type Name)

(Business Address)

(Title)

(City, State, Zip)

(Date of Birth)

(Driver's License # and Issuing State)