APPLICATION TO BECOME A LOAN POOL ORIGINATOR
FOR FIRST MORTGAGE LOAN POOL (FMLP) PROGRAM

Name of Firm: _____ Date of Application: _____
Address: _____
               _____

Please provide the following information:

1. A certification that the applicant meets all requirements for Pool Originator for the FMLP program (13CFR 120.1703).
2. Name and address of the regulatory entity regulating your firm. (The Financial Industry Regulatory Authority (FINRA) Membership is required for broker/dealers).
3. A certified copy of the resolution of applicant's Board of Directors or a certified copy of the appropriate provisions of the firm's by-laws which authorizes the official signing this application to take any and all steps necessary to file for and become a pool originator for FMLP program.
4. Name and Title and a completed SBA Form 912, Statement of Personal History, for each individual authorized to sign the application for a pool. Two signatures will be required for each pool.
5. Copies of the applicant's most recent annual report to shareholders and Form 10-K annual report (where applicable).

Broker dealers, in submitting this application, authorize the FINRA to provide to the SBA, upon request by SBA, information relative to complaints wherein decisions have been issued or offers have been accepted by an FINRA District Business Conduct Committee or the Market Surveillance Committee, but which are still pending before its National Business Conduct Committee and are therefore not as yet final. Further, broker-dealers hereby authorize the FINRA to disclose information to the SBA upon request as to whether the applicant firm is subject to FINRA Tier One or Tier Two Special Surveillance, or any other regulatory information deemed relevant by SBA.

Name: _____   Title: _____

Name: _____   Title: _____

Name: _____   Title: _____

Name: _____   Title: _____

Submitted by: _____   _____
              Name   Signature

              _____
              Title

Send this form and the other required documents to Associate Administrator, Office of Financial Assistance, U. S. Small Business Administration, 409 Third Street, S. W. Suite 8300, Washington, DC 20416. They will be processed and reply sent to the above address in care of the person submitting this form.

Please Note: The estimated burden for completing this form is 10 hours per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U. S. Small Business Administration, Chief, Administrative Information Branch, Washington, D. C. 20416 and/or Office of Management and budget, Clearance Officer, Paperwork Reduction Project (3245-0213), Washington, D. C. PLEASE DO NOT SEND FORMS TO OMB.

SBA Form 2404
Required to obtain benefit