

**Application for Approval FHA Lender  
and/or Ginnie Mae Mortgage-Backed  
Securities Issuer**

**U.S. Department of Housing and Urban Development**  
Federal Housing Administration and  
Government National Mortgage Association

OMB Approval No. 2503-0033  
(exp. 11/30/2008)

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All Applicants are required to complete Sections A and B. Use this form as a cover sheet for your submission.

**Section A. General Information**

1a. Corporate Name		2a. Phone (include area code and extension) Ext.	
1b. DBA (if applicable)		2b. FAX (include area code)	
3. Geographic Address of Home Office (must be physical address) <b>Attention</b> (Use a title, not an individual's name)		2c. E-mail	
Street Address		5a. Contact Person for this application	
City	State	Zip Code	5b. Contact Phone Number and extension for this application Ext.
County		6a. Contact FAX Number and area code for this application	
4. Mailing Address Check if same as <input type="checkbox"/> Geographic <b>Attention</b> (Use a title, not an individual's name)		6b. Contact E-Mail Address for this application	
Street Address/ P.O. Box		7. Date of Charter	
City	State	Zip Code	8. Under Laws of the State of (if applicable)

9. Program Approval(s) Requested

10. Minority/Women-Owned Business (Optional)

FHA Title I (Property Improvement Loans/Manufactured Housing Loans)		FHA Title I Conversion	Minority-Owned
FHA Title II (Mortgage Loans)	FHA Multifamily	FHA Title II Conversion	Women-Owned
Ginnie Mae Single-Family	Ginnie Mae Multifamily		Minority-Owned/Women-Owned

11. Institution Type <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings Bank <input type="checkbox"/> Mortgage Co./Finance Co.	<input type="checkbox"/> Bank <input type="checkbox"/> Savings and Loan	12. Applicant Taxpayer Identifying Number (9 digits)	13. Fiscal Year End (month)
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14. All Applicants **must** provide the information below for all officers, along with owners having a 25% or greater ownership interest in the applicant. If additional space is needed, use a separate sheet. Please indicate which officer is in charge of the day-to-day operations of the applicant by checking the box provided.

Officer/Owner Name	Title (if applicable)	Social Security Number	% Ownership
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Previous editions are obsolete.

Replaces HUD-92001, 92001-D and LD (01/2006)

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**Section B. History and Business Status**  
 Please check the appropriate answer  each question below. If any of the questions require a "Yes" answer  provide an explanation on a separate sheet.

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|--|---|
| <p>Yes No</p> <p>1. <input type="checkbox"/> <input type="checkbox"/> Is the applicant the subject of any assessments or contingent liabilities not disclosed in its financial statements?</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> Has the applicant or any of its principals, officers, individuals serving on the Board of Directors, or individuals acting as authorized signatories, ever been, or are any presently suspended, terminated, debarred, sanctioned, fined, convicted, denied approval, or refused a license by any Federal, State, or local government agency, or a government-related entity, where the action is related to the responsibilities that are commensurate with those of the financial services industry?</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> Is the applicant or any of its principals, officers, individuals serving on its Board of Directors, individuals acting as authorized signatories, or employees currently involved in a proceeding or subject to an investigation that could result, or has resulted, in suspension, fine, or disbarment by a Federal, State, or local government agency, conviction in a criminal matter, bankruptcy or denial of fidelity insurance or mortgagee's errors and omissions insurance coverage?</p> | <p>Yes No</p> <p>4. <input type="checkbox"/> <input type="checkbox"/> Have any mortgage insurance companies, secondary marketing agencies or warehouse lenders, or broker/dealers denied the applicant approval in the three previous fiscal years being reported? Provide the date and reasons for each denial.</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> Has the applicant been subject to any past or present action by HUD, VA, Fannie Mae, Freddie Mac, or other government-related entity to indemnify the entity against loss?</p> <p>6. <input type="checkbox"/> <input type="checkbox"/> Is the applicant currently subject to regulatory or supervisory action by any regulatory agency? Regulatory actions include, but are not limited to, supervisory agreements, cease and desist orders, notices of determination, memoranda of understanding, unresolved audits, and investigations. Supervisory actions include, but are not limited to, the appointment of a trustee, conservator, or managing agent.</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> Has the applicant or any owner, principal, or managing executive been involved, through ownership or otherwise, with a previously defaulted Ginnie Mae issuer(s)?</p> |
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**Section C: FHA Title I and Title II only**

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**1. Premium Address** Check if same as:  Geographic  Mailing  
Attention (Use a title, not an individual's name)

Street Address/ P.O. Box

City State Zip Code

**2. Payee Address** Must be completed for all FHA applications

Attention (Use a title, not an individual's name)

Street Address/ P.O. Box

City State Zip Code

**3. CHUMS Address** Check if same as:  Geographic  Mailing  Premium  Payee

Attention (Use a title, not an individual's name)

Street Address/ P.O. Box

City State Zip Code

**4. Endorsement Address** Check if same as:  Geographic  Mailing  Premium  Payee  CHUMS

Attention (Use a title, not an individual's name)

Street Address/ P.O. Box

City State Zip Code

Sponsor Home Office Lender/Mortgagee ID (10 digits)

10. Origination/Service (HUD use)

9. Applicant Taxpayer Identifying Number (9 digits)

- Title I Property Improvement Manufactured Housing
- Title II 1-4 Family Mortgages Multifamily Mortgages

Zip Code  
Originate Service

5. Lender/Mortgagee Type 6. Institution Type

Government

Federal

State

Local

Supervised \* (not Loan Correspondent)

Credit Union Bank

Savings Bank Savings & Loan

Non-supervised (not Loan Correspondent)

Insurance Company Mortgage Co./ Finance Co.

Loan Correspondent (Supervised/Non-supervised)

Mortgage Co./ Finance Co. Supervised Loan Correspondent \*

Investing Mortgagee

For-Profit Not-for-Profit

Reserved

Service Provider

Service Provider Servicing Agent

5. Lender/Mortgagee Type Code (HUD use)

6. Institution Type (HUD use)

- \* 7. Examined and Supervised
- Federal Reserve System
- Federal Deposit Insurance Corp.
- Office of Thrift Supervision
- National Credit Union Admin.
- Other (specify)

7. Examined and Supervised Code (HUD use)

11. Fiscal Year End (month)

12. Financial Statement Date (HUD use)

1. Title I Home Office Lender ID, if prior approval (10 digits)

13. Title II Home Office Mortgagee ID, if prior approval (10 digits)

Supervised Only

Title I and Title II

Title I and Title II

Title II only

Title II only

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**FHA Certification**

The undersigned agrees to comply with the provisions of the HUD regulations and the requirements of the Secretary of HUD.  
**I certify that I am authorized to execute this application on behalf of the applicant.**

**Section D. Ginnie Mae I and/or II Applicants (Fannie Mae and/or Freddie Mac Approved)**

1. FHA Mortgagee Number (if applicable)

2. Fannie Mae Seller/Servicer Number(s)

3. FHLMC Seller/Servicer Number(s)

4. Total Dollar Amount of Mortgage Servicing Portfolio

(Servicing) \$	(Sub-servicing) \$
20	20

5. On a separate sheet, please provide a description of any restrictions on the applicant's activities that have been imposed by Fannie Mae and/or Freddie Mac. Please also provide a copy of the applicant's annual eligibility certification report and the most recent compliance report from Fannie Mae and/or Freddie Mac. (21)
6. For those applicants applying for approval in Ginnie Mae's multifamily program, provide eligibility certification of multifamily approval by Fannie Mae and/or Freddie Mac. (22)
7. For those applicants who are not approved for Fannie Mae's and/or Freddie Mac's multifamily program, provide two resumes showing the relevant experience in multifamily origination and servicing for the past ten years. (23)

**Section E. Ginnie Mae I and/or II Applicants (No Fannie Mae or Freddie Mac Approval)**

1. FHA Mortgagee Number: (If applicable)

2. On a separate sheet, please provide a brief description of the applicant's history. Please include operating and business plans. (25)

3. On a separate sheet, please provide the following: Mortgage loan operations and volume of originations segregated by loan type (i.e., conventional, FHA/VA, RHS) during the last three years for single-family residential and multifamily loans. (26)

4. On a separate sheet, please list investors, number of loans and dollar amount for whom the applicant services mortgages (sub-servicing is to be identified and broken out separately using the same format). (27)

5. On a separate sheet, please list investors to whom the applicant sells mortgages. (28)
6. On a separate sheet, please list at least four resumes (minimum of three full-time officers and one full-time employee) for the key officers and employees of the applicant. The resume must show the employee's name, Social Security Number, date of birth, and the relevant experience pertaining to the mortgage banking industry. Please include each employee's employment history for the past ten years by name of the employer, date, title, supervisor, and a brief description of the duties, responsibilities, and accomplishments. Each resume must also include an original signature and date. (29)

**Section F. Ginnie Mae Certifications (All Ginnie Mae Applicants)**

- (30) 1. The financial statements submitted to Ginnie Mae are complete and accurate statements of the applicant's financial condition.
2. To the best of its knowledge and belief, the information and data contained herein are true and correct. Further, it is the opinion of the undersigned that it has powers and authority sufficient to act as an issuer of Ginnie Mae mortgage-backed securities.
3. **Each applicant warrants that while the application is pending action by Ginnie Mae, the applicant will notify Ginnie Mae in writing of a change in any material factor that could affect the application decision.**

4. **Agreements:** The undersigned applicant by submitting this application agrees to issue and administer Ginnie Mae mortgage-backed securities and service pooled mortgages in accordance with Section 306(g) of the National Housing Act, its applicable regulations; and the applicable "Government National Mortgage Association Mortgage-Backed Securities Guide" (Ginnie Mae I: Ginnie Mae II: Handbook 5500.3).

**All Applicants are required to sign and date the application.**

Applicant (31)		Date (32)
Signature (must be original) (33)	Name (printed or typed) (33)	
	Title (must be President, Vice President, Partner, or Managing Member) (34)	
<b>Approved (HUD Use Only)</b> U.S. Department of Housing and Urban Development, Director, Office of Lender Activities and Program Compliance By: (Signature of Director, Lender Approval and Recertification Division)	Title I ID Number	
	Title II ID Number	
	Date	