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| **Application for Approval**  **Ginnie Mae**  **Mortgage-Backed Securities Issuer** | **U.S. Dept of Housing and Urban Development**  Government National Mortgage Association | OMB Approval Numbers 2503-0033  (exp.00/00/0000) |
| Public Reporting Burden for this collection of information is estimated to average 3 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  The information requested on this form is required by Sec. 306(g) of the National Housing Act or by Ginnie Mae Handbook 5500.3. The information collected assists Ginnie Mae in determining which lenders should be approved to participate in the Ginnie Mae Mortgage Backed Securities Program. It is used to help Ginnie Mae minimize its risk. Applicants are not required to respond to this collection of information unless a currently valid approved OMB control number is displayed on the form.  **Privacy Act Statement**. Names and dates of birth are requested in order for Ginnie Mae to obtain positive identification of the applicant’s officers, directors, stockholders and employees who have authority to obligate the applicant. The information requested will be used solely to determine the eligibility of the individuals to participate in the Ginnie Mae Mortgage-Backed Securities Program. The Department is authorized to request this information by Executive Order 9397 and it will not be disclosed outside the Department except as required or permitted by law. The dates of birth are provided to Ginnie Mae on a voluntary basis. Failure to provide this information could cause delay in processing of the applications. | | |
| **Instructions for Completing Form HUD-11701:** Applicants seeking approval as an approved issuer with the Government National Mortgage Association (“Ginnie Mae”) must complete this form and submit the required documentation listed in these instructions with a nonrefundable application fee of $2,500, made payable to Ginnie Mae at the time of application. The application fee is to be paid directly to Ginnie Mae’s Office of the Chief Financial Officer via pay.gov. The application package itself must be sent to the appropriate address shown below via overnight delivery. | | |

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| **Required Documentation for Ginnie Mae I and/or Ginnie Mae II Approval.** | | | | | | | | | | | | | | | | | |
| The following are the required documentation to be submitted with form HUD-11701 for verifying that an applicant meets Ginnie Mae requirements for issuer approval. For additional information on the Ginnie Mae I and II programs see Handbook 5500.3. All applicants will be approved to issue Ginnie Mae I and II single-family securities; however, in order to securitize Ginnie Mae II pools or loan packages, applicants must also execute form HUD-11709, Master Agreement for Servicer’s Principal and Interest Custodial Account, and form HUD-11709-A, ACH Debit Authorization.  Required documentation for each type of approval is check marked. | | | | | | | | | | | | | | | | Ginnie Mae I | Ginnie Mae II |
| 1. | | Evidence of payment via pay.gov to Ginnie Mae for nonrefundable application fee ($2,500) | | | | | | | | | | | | | | √ | √ |
| 2. | | HUD Form 11702 | | | | | | | | | | | | | | √ | √ |
| 3. | | Certificate of Insurance - Fidelity Bond reflecting adequate coverage and proper Ginnie Mae loss payee endorsement | | | | | | | | | | | | | | √ | √ |
| 4. | | Certificate of Insurance - Errors and Omissions reflecting adequate coverage and proper Ginnie Mae loss payee endorsement | | | | | | | | | | | | | | √ | √ |
| 5. | | Evidence of Quality Control Plan for underwriting, origination, and servicing of mortgage loans and secondary marketing. Provide a copy of quality control findings for the past six months and management's response to those findings | | | | | | | | | | | | | | √ | √ |
| 6. | | Audited financial statements for latest three years (2 copies) | | | | | | | | | | | | | | √ | √ |
| 7. | | Most recent interim financial statement (balance sheet and income statement) signed by an officer as true and correct | | | | | | | | | | | | | | √ | √ |
| 8. | | Dollar value of loans to officers/directors/affiliates as of most recent financial audit | | | | | | | | | | | | | | √ | √ |
| 9. | | Dollar value of pledged assets as of the most recent financial audit | | | | | | | | | | | | | | √ | √ |
| 10. | | List of affiliated issuer(s) participating in the Ginnie Mae program, along with their four-digit Ginnie Mae issuer identification number(s) | | | | | | | | | | | | | | √ | √ |
| 11. | | List of name(s), address(es), telephone number(s), and contact person(s) for mortgage insurance companies, warehouse lenders, and investors for whom the applicant is currently doing business | | | | | | | | | | | | | | √ | √ |
| 12. | | HUD Form 11709 | | | | | | | | | | | | | |  | √ |
| 13. | | HUD Form 11709-A | | | | | | | | | | | | | |  | √ |
| |  | | --- | | Application package must be sent Overnight Delivery to the address below:  Ginnie Mae  Attn: Office of Enterprise Risk  550 12th Street, SW, Third Floor  Washington, DC 20024 | | | | | | | | | | | | | | | | | | |
| Previous editions obsolete | | | | | Page i of i | | | | | | form **HUD-11701** (08/01/2013)  ref Handbook 5500.3 | | | | | | |
| **Application for Approval**  **Ginnie Mae**  **Mortgage-Backed Securities Issuer** | | | | | | **U.S. Department of Housing and Urban Development**  Government National Mortgage Association | | | | | | | | | OMB Approval Numbers 2503-0033  (exp. 05/31/2016) | | | | | |
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| **Section A. General Information** | | | | | | | | | | | | | | | | | | | | |
| 1a. Applicant’s Business Name | | | | | | | | | | | | 2a. Phone (include area code and extension) | | | | | | | | |
| 1b. Doing Business As (if applicable) | | | | | | | | | | | | 2b. FAX (include area code) | | | | | | | | |
| 3. Geographic Address of Home Office (must be a physical address)  **Attention** (Use a title, not an individual’s name) | | | | | | | | | | | | 2c. E-mail address of applicant | | | | | | | | |
| Street Address | | | | | | | | | | | | 5a. Contact person for this application | | | | | | | | |
| City | | | | | | State | | | Zip Code | | | 5b. Contact person’s phone number and extension | | | | | | | | |
| County | | | | | | | | | | | | 6a. Contact person’s FAX number | | | | | | | | |
| 4. Mailing Address Check if same as  Geographic  **Attention** (Use a title, not an individual’s name) | | | | | | | | | | | | 6b. Contact person’s E-mail address | | | | | | | | |
| Street Address/P.O. Box | | | | | | | | | | | | 7. Date Incorporated, Established or Chartered | | | | | | | | |
| City | | | | | | State | | | Zip Code | | | 8. Under Laws of the State of (if applicable) | | | | | | | | |
| 9. Program Approval(s) Requested  Ginnie Mae Single Family  Ginnie Mae Multifamily  Ginnie Mae HECM Securities  Ginnie Mae Manufactured Housing | | | | | | | | | | | | 10. Minority / Woman Owned Business (Optional)  Minority-Owned  Woman-Owned  Minority-Owned / Woman-Owned | | | | | | | | |
| 11. Institution Type  Credit Union  Bank  Savings Bank  Housing Authority  Mortgage Co./Finance Co.  Other | | | | | | | | | | | | 12. Applicant Tax ID (9 digits) | | | | 13. Fiscal Year End (month) | | | | |
| 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 one officer will be in charge of the day-to-day operations of the applicant’s Ginnie Mae business by checking the box in front of one name. | | | | | | | | | | | | | | | | | | | | |
| Officer/Owner Name | | | | | | | | Title (if applicable) | | | | | | Date of Birth | | | % Ownership | | | |
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| Previous editions obsolete | | | | | | | Page 1 of 3 | | | | | | | form **HUD-11701** (08/01/2013)  ref Handbook 5500.3 | | | | | | |
| **Section B. History and Business Status**  Please check the appropriate answer for each question below. If any of the questions require a "Yes" answer, provide an explanation on a separate sheet. | | | | | | | | | | | | | | | | | | | | |
| Yes No  1.   Is the applicant the subject of any assessments, or contingent liabilities not disclosed in its financial statements?  2.   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?  3.   Is the applicant or any of it principals, officers, individuals serving on it's 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? | | | | | | | | | Yes No  4.   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.  5.   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?  6.   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, memorandum of understanding, unresolved audits, and investigations. Supervisory actions include, but are not limited to, the appointment of a trustee, conservator, or managing agent.  7.   Has the applicant or any owner, principal, or managing executive been involved, through ownership or otherwise, with a previously defaulted Ginnie Mae Issuer(s)? | | | | | | | | | | | |
| **Section C. Supplemental Information** | | | | | | | | | | | | | | | | | | | | | |
| 1. FHA Mortgagee Number | | | | | | | | | |
|  | | | | | | | | | |
| 2. Fannie Mae Seller/Servicer Number(s) | | | | | | | | | |
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| 3. FHLMC Seller/Servicer Number(s) | | | | | | | | | |
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| 4. Total Dollar Amount of Mortgage Servicing Portfolio | | | | | | | | | |
| (Servicing)  $ | | | | (Sub-servicing)  $ | | | | | |

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| 1. On a separate sheet, please provide a brief description of the applicant’s history. Please include operating and business plans. 2. 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. 3. On a separate sheet, please list Investors, number of loans and dollar amount for whom the applicant services mortgages (subservicing is to be identified and broken out separately using the same format). 4. 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. 5. 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. 6. 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. 7. On a separate sheet, please list Investors to whom the applicant sells mortgages. 8. On a separate sheet, please provide 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, date of birth, home address, 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. | | | | | | | |
| Previous editions obsolete | | Page 2 of 3 | | | form **HUD-11701** (08/01/2013)  ref Handbook 5500.3 | |
| **Section D. Ginnie Mae Certifications** | | | | |
| 1. The financial statements submitted to Ginnie Mae are complete and accurate statements of the applicant's financial condition.  2. I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.  I understand that if I knowingly have made any false, fictitious, or fraudulent statement, representation, or certification on this form or on any accompanying documents, I may be subject to civil and criminal penalties, including fines and/or imprisonment, under applicable federal law, including but not limited to 18 U.S.C. §§1001, 1010, and 1012, and 31 U.S.C. §§3729 and 3802. | | | 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 Handbook 5500.3). | |
| **All Applicants are required to sign and date the application.** | | | | |
| Applicant Signature | | Date: | | |
| Name: | | |
| Title: (must be President, Vice President, Partner, or Managing Member) | | |

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| Previous editions obsolete | Page 3 of 3 | form **HUD-11701** (08/01/2013)  ref Handbooks 5500.3 |