

COMPANY INFORMATION

Amount Requested: \$			
Corporate Name			
D/B/A (if applicable):			
Federal Tax ID:			
Address:			
City:	State:"a	'Zip:	
Website:	Phone:	Fax:	
Parent Company name (if appli			
Address:	•		
City:	State:	Zip:	
Website:			
Type of Organization:			
State of Incorporation:			
Fiscal Year End:			
	OWNE	RSHIP	
Lagal Nama	Dagitian	CCNI	0/ of Oran analia
Legal Name	Position	SSN	% of Ownership
1			
2			
3			
4			
5			
COM	IPANY CONTA	CT INFODMA	TION
COM	HANI CONTA	CINTONNIA	
Primary Contact:			
Phone:	Email:		
Secondary Marketing:			
Phone:	Email:		
Operations Manager:			
Funding Manager:			
Underwriter:			
Finance/ Accounting/ Payoffs:	Eman		
Dhono:	Emoil		
Phone: Shipping/ Post Closing Manage	Elliali		
Dhana.	7		
Number of Full Time Employe	Eman:		
Number of Full Time Employed	es:		
Please list any branches other th	nan the cornorate offic	e and their branch m	nanagers:
•	_		
1			
2			
3 4.			
Continue on additional sheet as			
Commue on additional sneet as	, певиви		

Member FDIC FOULAL HOUSING



PRODUCTION

ACTUAL	Volume Count		Product Breakdown (%)			Method Generated (%)		
PRODUCTION	(\$)		Conv.	VA	FHA	USDA	Retail v.	Purchase v.
							Wholesale	Refi
Current YTD								
Previous Year							·	

PROJECTED Volume Count		Product Breakdown (%)			Method Generated (%)			
PRODUCTION	(\$)		Conv.	VA	FHA	USDA	Retail v. Wholesale	Purchase v. Refi
Current YTD								
Previous Year								

COMPANY APPROVALS

	ID Number Approval Date				
FHA					
Direct Endorsen	nent				
VA					
VA Automatic					
GNMA					
FNMA					
FHLMC					
MERS					
are closed in your	r own name?:	enerated from Third P			of them
•		which you originate m Maine		П О	□ Minainia
☐ Alabama	☐ Georgia ☐ Hawaii		□ Nevada	☐ Oregon	☐ Virginia
☐ Alaska ☐ Arizona	☐ Hawan	2	□ New Hampshire□ New Jersey		☐ Washington
☐ Arizona ☐ Arkansas	☐ Idano ☐ Illinois		☐ New Mexico		☐ West Virginia☐ Wisconsin
☐ California	☐ Indiana	☐ Michigan☐ Minnesota	☐ New York	☐ South Caronna☐ South Dakota	☐ Wyoming
☐ California ☐ Colorado	☐ Iloua	☐ Mississippi	☐ New Tork ☐ North Carolina		■ wyoning
☐ Connecticut	☐ Kansas	☐ Missouri	☐ North Dakota		
☐ Delaware	☐ Kansas ☐ Kentucky	☐ Montana	☐ North Dakota ☐ Ohio	☐ Utah	
☐ Florida	☐ Louisiana	□ Nebraska	☐ Oklahoma	☐ Vermont	





QUESTIONNAIRE

1.	Has your company ever been suspended from selling loans to any investor? Yes No If yes, please provide details:
2.	Has your company ever received a notice to repurchase or indemnify a loan from any investor? Yes If yes, please provide details including a list of all loans that were required to be repurchased:
3.	Has your company ever been denied by a warehouse lender or had any lines canceled or reduced by a warehouse lender? Yes No If yes, please provide details:
4.	Has your company ever received a default notice from a warehouse lender? Yes No If yes, please provide details:
5.	Has your company or any officer representing your company been sued or is your company a party to any lawsuit against or involving the company that would have a material adverse effect on the company's operations or financial condition? Yes No If yes, please provide a detailed explanation:
5.	Are there any unsatisfied judgements or contingent liabilities against the owner or company? Yes No. If yes, please provide details:





7.	Has your company or any individual of your company ever been suspended or withdrawn by any agency listed under the COMPANY APPROVALS section of this application? Yes No If yes, please provide details:
8.	Do any owners or company have any direct or indirect interest and/ or ownership in any title company, Escrow Company, closing office, QC process or other related activities associated with the closing of loans? Yes No If yes, please provide details:
9.	Are any officers or employees excluded from coverage provided by Fidelity Bond and/ or Errors and Omissions Policy? Yes No If yes, please provide details including name and title of officer or employee:
10.	Are criminal background checks performed on all of your employees? Yes No If no, please provide details:
11.	Have you or any principal of the company been involved in a bankruptcy? Yes No If yes, please provide details:





12.	Does your company retain any servicing?	Yes	No
	If yes, what percentage is retained?		

13. Do you have delegated underwriting with any investors? Yes No If yes, please provide resumes of underwriters and list of associated investors:

- 14. Do you have any other warehouse applications pending? Yes No
- 15. Are you licensed by the Texas Comptroller of Public Accounts to transact business in Texas? Yes No



INVESTORS

Investor:		
Contact:		
Phone:	Email:	
Approval Date:	Annual Volume:	
Investor:		
Contact:		
Phone:	Email:	
Approval Date:	Annual Volume:	
Investor		
Phone:	Fmail:	
ripprovar Bate.	/ milder volume.	
Investor:		
Contact:		
Phone:	Email:	
Investor:		
Contact:		
Phone:	Email:	
	Annual Volume:	
_		
Contact:		
Approval Date:	Annual Volume:	
Investor:		
Phone:	Email:	
Investor:		
Contact:		
Phone:	Email:	
Approval Date:	Annual Volume:	





ACTIVE WAREHOUSE LINES

Warehouse Bank:		
Contact:		
	Email:	
Approval Date:	Annual Volume:	
	Advance Rate %:	
Covenants Required:		
-		
Contact:		
Phone:	Email:	
	Annual Volume:	
Non-Usage Fee:	Advance Rate %:	
_		
Covenants Required:		
Warehouse Bank:		
Contact:		
	Email:	
	Annual Volume:	
	Advance Rate %:	
Parameters:		
Covenants Required:		
Warehouse Bank:		
Contact:		
Phone:	Email:	
	Annual Volume:	
	Advance Rate %:	
Covenants Required:		
Contact:		
Dhono:	Emaile	
	Email: Email: Annual Volume:	
_	Advance Rate %:	
Covenants Possired:		
Covenants Required.		
Contact:		
Phone:	Email:	
	Annual Volume:	
	Advance Rate %:	
Parameters:		
Covenants Required:		





BANK REFERENCES

Bank Name:		
Contact Person:		
Phone:	Email:	
Bank Name:		
Contact Person:		
Phone:	Email:	
Rank Nama		
Contact Person:		
Phone:	Fmail:	
1 none.	Lman.	
Bank Name:		
Contact Person:		
Phone:	Email:	
D1- N		
Dhono:	Email	
rnone.	EIIIaII	
Bank Name:		
Phone:	Email:	
	CERTIF	TICATION
hereby authorize Sou company and princip Mortgage Lending, a	thStar Bank, S.S.B., at its al(s) with any other source	tted in this application are true and correct. I discretion, to verify and obtain information on as including the Texas Department of Savings and se of action or claim I may have against such y provide.
Signature:Printed Name/ Title:		Date Signed:





PERSONAL/CORPORATE BACKGROUND INFORMATION

Mortgage Company Name:	
Officer/ Principal's Full Name:	
Residence Address:	
Date of Birth:	
Place of Birth (City/ State):	
Social Security Number:	
Driver's License Number/ State Issued:	
The undersigned represents that the above informat verification of said information. Mortgage Compainners and its' affiliated Banks or Bank's agent, to ob Principal's credit report and obtain information relations above principal(s) as Bank deems necessary.	ny hereby authorizes Southern Bancshares, tain a copy of the Mortgage Company or
Signature:	
Printed Name/ Title:	



RELEASE FORM

	* * *	or warehouse purchase,	* *
			rts or investigative consumer reports made on me including consumer credit
			tion, workers compensation claims and
			r termination of past employment.
			various Federal, State, local and other
agencies, which contain my p		ing information from	various rederar, State, locar and other
		n one monter on occurat	y contacted by this appleasants framish
		on, any party or agency	contacted by this employer to furnish
the above-mentioned informa		ED D /E'	-1 D
			al Professionals, upon proper
* •	it of any authori	ized fees, for the inform	mation in its files on me at the time of
my request.		, C.1 1	
	igoing procurem	ient of the above-ment	tioned reports at any time during our
relationship, if approved.			
			Resources or any of their licensed
		itification of my file or	r records, the following information, as
well as other information is n	ecessary.		
First:	Middle:		Last Name:
Street Address:			
City:		te· 7in·	
		Zip.	
Social Security Number:			
Driver's License number:		State	
Driver's License number.		State	
FOR IDENTIFICATION F	PURPOSES		
Date of Birth:		Gender:	
Former Names: Professional License: State _		Type	Number
City/State:	Type of Degr		Tvaineor
University/College:			
em versity conege:		campus:	
Signature:			Date:
DI EAGE LIGE EODMED	A DDDEGGEG #		
	ADDRESSES T	THAT YOU HAVE L	IVED OR WORKED WITHIN
THE PAST 5 YEARS:			





DOCUMENTS REQUIRED CHECKLIST

Please submit the following documents along with your application to:

Billy Fleming, EVP c/o SouthStar Warehousing 100 S. Main St., PO Box 37 Calvert, Texas 77837 979-364-2899 billy.fleming@southstarbank.com

	Completed SouthStar Warehousing Application	
	Brief Company History	
	Applicable Corporate Docs:	
	0	Partnerships- Certificate of Formation or Articles of Organization, Assumed Name
		Certificate (if applicable), Partnership Agreement
	0	Limited Liability Company- Certificate of Filing/ Formation, Assumed Name Certificate (if applicable), Operating/ Company Agreement, LLC Resolution
	0	Corporation- Certificate of Filing/ Formation, Articles of Organization, Bylaws, Assumed Name Certificate (if applicable), Corporate Resolution
	Resumes of principal shareholders, officers, and key employees	
	Resumes and Chum's number of Direct Endorser and Underwriters	
	Copies of Driver's License and Social Security Card for all owners/ principals	
	Most current financial statement (to be provided quarterly)	
	Three Years Tax Returns	
	Copy of Quality Control Plan and the most recent QC Audit Results	
	Corres	pondent Investor Approvals listed on application including contact person and phone
	numbe	r
	Organizational Chart	
	Company history including years in business and experience	
	Federal Identification Number: W-9	
	Evidence of Fidelity Bond, Errors & Omissions Coverage	
	Proforma for Current Year	
	Copy of Legal Agreements between company and its parent/affiliates/shareholders	
		s/ Certificates of Good Standing
	Warehouse Agreements and Loan Level Status Reports with warehouse	
	HUD Approval Letters & Agency Approval Letters (FHA, VA, DE)	
	HUD Neighborhood Watch Report (within last 20 days)	
	Business Plan for the next 12 months	
ш	\$1.500	0.00 Application Fee

