



NHSA-NWO Broker Application

Company Name: _____ Tax I.D.# _____

Address: _____ City: _____, State: _____, Zip: _____

Primary Phone #: () _____ Primary Fax #:() _____ Web Site: _____

Date Incorporated: _____ State of Charter: _____

Lending States: _____

Number of full time employees: _____ Number of offices: _____

List name, Title and Social Security No. of all Company Officers

Name	Title	SS#
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Name	Title	SS#
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Name	Title	SS#
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Please Provide the Following Names and Phone Numbers

Production & Marketing Contact Name: _____ e-mail address: _____
 Telephone # _____ Fax # _____

Guideline & Product Update Contact Name: _____ e-mail address: _____
 Telephone # _____ Fax # _____

Pricing Change Contact Name: _____ e-mail address: _____
 Telephone # _____ Fax # _____

Legal Correspondence Contact Name: _____ e-mail address: _____
 Telephone # _____ Fax # _____

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION

- Two (2) original completed Broker Agreements
 - A Corporate Resolution approved by NHSA
 - Resumes of all officers and personnel who oversee loans
 - Original completed Loan Fraud Zero Tolerance form
- Most recent financial statement (no more than 12 months old)
 - Signed W-9 form
 - Copy of current lending license or exemption

PRODUCTION FOR PREVIOUS TWELVE MONTHS

Product Type	Loan Volume	Dollar Volume
FNMA/Freddie Mac	# _____	\$ _____
Jumbo	# _____	\$ _____
NHSA loans	# _____	\$ _____
FHA	# _____	\$ _____
Other	# _____	\$ _____

PLEASE RESPOND TO THE FOLLOWING

Has your company been suspended or terminated by any investor, lender or state regulatory or licensing agency?

Has your company ever been denied, suspended or disqualified by HUD or VA?

Has your company ever been denied, suspended or disqualified by any private mortgage insurance companies?

Is the company or any of the officers of the company currently involved in any lawsuit or litigation that could affect the company's capacity to perform under this agreement?

Is the company or any of the officers, agents, employees or licensees of the company currently the subject of any disciplinary action or proceeding by any licensing board or authority or has the company or any of its officers, agents, employees or licensees been the subject of such a disciplinary action or proceeding by any such licensing board or authority during the previous five (5) year period.

If yes, give details and provide estimate of potential liability through an adverse ruling (attach to Application).

AUTHORIZATION

By executing this application, Applicant and each of the above named officers hereby authorize NHSA to obtain positive identification of information the Applicant provided in this application and to obtain business reference reports and other information that is of concern to NHSA. Applicant acknowledges that such reports and information will be obtained and

used only in connection with NHSA's approval of Applicant and evaluation of Applicant's eligibility to do business with NHSA and not for any consumer credit or other purpose.

Applicant certifies to its best belief and knowledge that the information provided herein is true and correct.

NHSA and its affiliates agree that any financial information provided by the Applicant will be treated as confidential and will not be released to any third party. Unless otherwise instructed by Applicant, Applicant agrees by signing below to allow NHSA to use the address, phone numbers, fax numbers and the e-mail address as provided herein to communicate information to the Applicant related to NHSA's products and services. This will include but not be limited to marketing materials and rate sheets.

Signed

Title

Date