



State of New York Mortgage Agency

Seller/Lender Application Form

<b>I. Applicant's General Information</b>	
<b>1. Seller (Lender) Name</b>	
<b>2. Date Organized and Jurisdiction</b> Organized on ____/____/____ under the laws of _____ (state or United States)	<b>3. Date Audited Fiscal Year Ends</b>
<b>4. Principal Office Address</b>	<b>5. Principal Office Mailing Address (if different)</b>
<b>6. Principal Office Phone Number</b>	<b>7. Lender's Website Address</b>
<b>8. Lender Institution Type (check one)</b> <input type="checkbox"/> Commercial Bank <input type="checkbox"/> Thrift <input type="checkbox"/> New York State Licensed Mortgage Banker <input type="checkbox"/> Credit Union <input type="checkbox"/> Other _____	<b>9. Lender's Primary Regulatory Authority (check one)</b> <input type="checkbox"/> Office of Thrift Supervision <input type="checkbox"/> Office of the Comptroller of the Currency <input type="checkbox"/> New York State Banking Department <input type="checkbox"/> National Credit Union Association <input type="checkbox"/> Other _____
<b>10. If a <u>Mortgage Banking Company</u>, is the company (check one):</b> <input type="checkbox"/> Subsidiary of a depository institution or part of a bank or thrift holding company <input type="checkbox"/> Independent privately or publicly held company <input type="checkbox"/> Other _____	
<b>11. Are you a minority-owned lender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>12. Are you a woman-owned lender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13. Are you approved as a seller/servicer by (check all applicable boxes):</b> <input type="checkbox"/> Fannie Mae Seller/Servicer <input type="checkbox"/> Freddie Mac Seller/Servicer <input type="checkbox"/> Fannie Mae Seller Only <input type="checkbox"/> Freddie Mac Seller Only <input type="checkbox"/> Fannie Mae Servicer only <input type="checkbox"/> Freddie Mac Servicer only	
<b>14. List the Names of the top five (5) investors to which you sold home mortgages to during the past fiscal year. (Based on \$ amount sold):</b>	
1. _____	4. _____
2. _____	5. _____
3. _____	

<b>15a. Is your company an active MERS member?</b> <input type="checkbox"/> Yes    Org ID# _____ <input type="checkbox"/> No	<b>15b. MERS Contact</b> <table style="width:100%; border: none;"> <tr> <td style="width:50%;"><b>Name</b></td> <td style="width:25%;"><b>Phone</b></td> <td style="width:25%;"><b>Email</b></td> </tr> </table>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
<b>Name</b>	<b>Phone</b>	<b>Email</b>		

**16. List the Private Mortgage Insurance companies with which you are a master policyholder (check all applicable boxes):**

Radian Guaranty                       UGIC                       Other \_\_\_\_\_  
 Genworth Mortgage                   PMI  
 MGIC     RMIC

**17. Does your company plan to originate cooperative share loan applications for sale to SONYMA?**

Yes                       No

**18. Does your company originate Renovation lending products including FHA 203K or Fannie Mae HomeStyle®?**

Yes                       No

**19. Does your company meet all of SONYMA’s Fidelity Insurance and Errors and Omissions insurance coverage requirements as set forth by Fannie Mae for approved Sellers?**

Yes                       No                      *If No, please contact SONYMA.*

**Please complete the below information on your company’s Fidelity Bond and Errors & Omissions coverage.**

Insurance Type	Provider	Coverage Amount	Deductible	Expiration Date
Fidelity Bond				
Errors & Omissions				

<b>II. Contact Information</b>				
<b>1. Chief Executive Officer</b>				
Name:			Title:	
Address:				
Phone:		Fax:		Email:
<b>2. Chief Financial Officer</b>				
Name:			Title:	
Address:				
Phone:		Fax:		Email:
<b>3. Mortgage Originations Officer</b>				
Name:			Title:	
Address:				
Phone:		Fax:		Email:
<b>4. Mortgage Servicing Officer (if applicable)</b>				
Name:			Title:	
Address:				
Phone:		Fax:		Email:

<b>5. Quality Control Officer (if applicable)</b>		
Name:	Title:	
Address:		
Phone:	Fax:	Email:
<b>A. Selling Contact Information</b>		
<b>1. Primary Selling Contact for SONYMA</b>		
Name:	Title:	
Address:		
Phone:	Fax:	Email:
<b>2. Mortgage Branch Contacts for SONYMA</b>		
SONYMA Branch Code:	Branch Location:	
Name:	Title:	
Address:		
Phone:	Fax:	Email:
SONYMA Branch Code:	Branch Location:	
Name:	Title:	
Address:		
Phone:	Fax:	Email:
<b>To list additional branches please insert page(s). (Note: Lender is required to list each New York mortgage branch that will accept SONYMA mortgage applications.)</b>		
<b>3. Closed Loan Shipping Contact</b>		
Name:	Title:	
Address:		
Phone:	Fax:	Email:
<b>4. Final Document Contact</b>		
Name:	Title:	
Address:		
Phone:	Fax:	Email:

<b>III. Servicing Information</b>		
<b>1. Does your company intend to service the loans sold to SONYMA?</b>		
<input type="checkbox"/> Yes. Applicant must be Eligible Servicer (see Servicer's Guide). <input type="checkbox"/> No. Applicant instructs SONYMA to assign servicing to its master Servicer.		

If No, please proceed to **Part IV**.

**2. Do you currently service mortgage loans for other investors?**  
 Yes       No

**3. List the Names of the top five (5) investors for which your company currently services home mortgages. (Based on \$ amount serviced):**

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_

**4. If your company plans to service loans for SONYMA, does it annually issue a certification that it has complied with the minimum servicing standards set forth in the Mortgage Bankers Association of America’s *Uniform Single Attestation Program for Mortgage Bankers (“USAP”)* or in Item 1122, *Compliance with Applicable Servicing Criteria*, of SEC Regulation AB?**  
 Yes       No

**If Yes, please attach executed certification. If no, please attach an explanation on a separate page.**

**1. Primary Servicing Contact for SONYMA**

Name:		Title:	
Address:			
Phone:	Fax:	Email:	

**2. Escrow/Insurance Contact**

Name:		Title:	
Address:			
Phone:	Fax:	Email:	

**3. Payoff Contact**

Name:		Title:	
Address:			
Phone:	Fax:	Email:	

**4. Investor Accounting Contact**

Name:		Title:	
Address:			
Phone:	Fax:	Email:	

**5. Delinquency/Collections Contact**

Name:		Title:	
Address:			
Phone:	Fax:	Email:	

<b>IV. Loan Funding Information</b>	
<b>1. Indicate the method your company will use to fund SONYMA loans (check all applicable):</b>	
<input type="checkbox"/> Use own funds	<input type="checkbox"/> Use warehouse line
<input type="checkbox"/> Use unsecured line of credit	<input type="checkbox"/> Other
<b>2. If your company will use a <u>Warehouse Line</u>, please complete the following:</b>	
Warehouse Bank Name:	Warehouse Bank Address:
Amount of Line:	
Expiration Date of Agreement:	
<b>Please attach a copy of Seller's wire instructions.</b>	
<b>V. Third Party Originations</b>	
<b>Does your company intend to utilize third parties to originate SONYMA loans? (check one)</b>	
<input type="checkbox"/> Yes. Applicant must review Seller's Guide for requirements. <input type="checkbox"/> No.	
If Yes, please attach a list of the names and addresses of all third-party originators. Please note that prior SONYMA approval is required to utilize such third-parties.	
<b>VI. Third-Party Servicing</b>	
<b>Does your company intend to utilize third-parties or sub-servicer to service all or a portion of SONYMA loans? (check one)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No.	
If Yes, please attach a list of the names and addresses of all third-party servicers. Please note that prior SONYMA approval is required to utilize such third-parties.	

**VII. Mortgage Loan Origination and Servicing Statistical Data**

The following information must be supplied only on 1-4 family mortgages originated and serviced by the Applicant during the last twelve months.

**Table 1: Mortgage Loan Origination Activity for the Most Recent Four Quarters**

Mortgage Loans Originated (\$)	Quarter Ending _____	Quarter Ending _____	Quarter Ending _____	Quarter Ending _____	Total
FHA/VA	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ARM					
Conventional PMI					
Conventional Uninsured					
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Table 2: Mortgage Loan Servicing Activity for the Most Recent Four Quarters**

Mortgage Loans Serviced	Quarter Ending _____	Quarter Ending _____	Quarter Ending _____	Quarter Ending _____
For own portfolio	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____
For other investors (excluding	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____
TOTAL	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____

**Table 3: Delinquency and Foreclosure Experience as of \_\_**

	(1) Two	(2) Three Payments or	(3) Loans in	(4) Total Loans Delinquent	(5) Total Loans	(6) Delinquency Rate	(7) Foreclosure Rate
FHA/VA	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	_____% _____%	_____% _____%
ARM	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	_____% _____%	_____% _____%
Fixed Rate PMI	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	_____% _____%	_____% _____%
Fixed Rate Uninsured	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	_____% _____%	_____% _____%
TOTAL	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	_____% _____%	_____% _____%

Note: Amounts for (5) "Total Loans Serviced" in Table 3 must reconcile with last quarter figures of "Loan

**VIII. Lender/Applicant**

Please identify the counties in which Lender normally originates and services mortgage loans, by county or portion of county if applicable. Refer to Exhibit A attached hereto for Region/County breakdown.

REGION I:

REGION VI:

REGION II:

REGION VII:

REGION III:

REGION VIII:

REGION IV:

REGION IX:

REGION V:

REGION X:

**IX. Certification**

The undersigned, as authorized officer of Seller/Servicer, hereby certifies that during the one year period immediately preceding the “as of” date of our fiscal year and henceforth that:

- i. the information contained in this application (including any required attachments hereto) is complete and accurate;
- ii. Seller has reviewed SONYMA’s Seller’s Guide, will distribute copies and all amendments to all relevant personnel, and will comply with, and will continue to comply with, all of its requirements and provisions including the Post-Purchase Quality Control Requirements as set forth in Section 2.713;
- iii. Seller has a copy of the Mortgage Purchase Agreement and will comply with, and will continue to comply with, all of its requirements and provisions;
- iv. Servicer, if applicable, has reviewed SONYMA’s Servicer’s Guide, will distribute copies and all amendments to all relevant personnel, and will comply with, and will continue to comply with, all of its requirements and provisions;
- v. Servicer, if applicable, has a copy of the Mortgage Servicing Agreement and will comply with, and will continue to comply with, all of its requirements and provisions;
- vi. If any changes in Seller/Servicer’s legal status (i.e. mergers, acquisitions, regulatory actions, etc.), ownership, or management team occurs, SONYMA will be notified of such changes;
- vii. Seller/Servicer is in compliance with all applicable Federal, State, and local laws and regulations including relevant consumer and privacy laws. Seller/Servicer shall regularly maintain any procedures required by applicable Federal or State law reasonably designed to determine the identity of mortgagors, as part of the Seller’s/Servicer’s Know Your Customer programs; and
- viii. All appraisal reports submitted by Seller will conform to the standards set under the Home Valuation Code of Conduct.

I understand that any misrepresentations made on this application may result in our suspension or withdrawal as a SONYMA Seller and/or Servicer and may be cause for SONYMA to exercise additional actions or remedies available.

\_\_\_\_\_  
Signature of Officer of Seller/Servicer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

**Attachments, as applicable**

- Additional Branch Contacts (see Part II – Item A.2.)
- Certificate of Compliance with USAP standards or Item 1122 of Regulation AB or, if “no” was the response, a written explanation (see Part III – Item 4)
- Warehouse documentation, if applicable
- Wire instructions (see Part IV – Item 2)
- List of third-party originators (see Part V)
- List of third-party servicers (see Part VI)
- Two original executed Mortgage Purchase Agreements
- Two original executed Mortgage Servicing Agreements, if applicable
- Two original executed Participation Applications
- Two previous year’s audited tax returns. If a bank, two years Federal Call Reports for the same years as financial statements.
- Participation Application Fee
- System Administrations Form Set up Form
- Other \_\_\_\_\_



**EXHIBIT A**

	<u>Region</u>	<u>% of Families to State as a Whole*</u>	<u>Counties</u>
1.	Buffalo	7.75	Cattaraugus Chautauqua Erie Niagara
2.	Rochester	6.54	Genesee Livingston Monroe Ontario Orleans Seneca Wayne Wyoming Yates
3.	Syracuse	4.24	Cayuga Cortland Madison Onondaga Oswego
4.	Binghamton	4.14	Allegany Broome Chemung Chenango Delaware Otsego Schuyler Steuben Tioga Tompkins
5.	Mid-Hudson	5.81	Columbia Dutchess Greene Orange Putnam Sullivan Ulster

**Lender Application Form 1-2018(Cont.)**

		% of Families	
7.	Mohawk Valley	4.93	Clinton Essex Franklin Fulton Hamilton Herkimer Jefferson Lewis Oneida St. Lawrence Warren Washington
8.	Downstate	6.60	Rockland Westchester
9.	Long Island	15.25	Nassau Suffolk
10.	New York City	39.95	Bronx Kings New York Queens Richmond
7.	Mohawk Valley	4.93	Clinton Essex Franklin Fulton Hamilton Herkimer Jefferson Lewis Oneida St. Lawrence Warren Washington
8.	Downstate	6.60	Rockland Westchester
9.	Long Island	15.25	Nassau Suffolk
10.	New York City	39.95	Bronx Kings New York Queens Richmond

\*Based on 2000 Census Population Statistics.

