

**MORTGAGE BROKER, LENDER AND SERVICER
REGISTRATION APPLICATION PROCEDURES**

1. Please respond completely to all applicable questions on the form.
2. Questions pertaining to the completion of this application may be directed to the Compliance Division of the Department of Financial Institutions at (615) 741-3186.
3. If the registrant is an approved seller or servicer by the Federal National Mortgage Association or Federal Home Loan Mortgage Corporation, please attach a copy of the notification of such approval.
4. If the registrant is an approved issuer or servicer by the United States Veterans Administration, Federal Home Loan Mortgage Corporation or the United States Department of Housing and Urban Development, please attach a copy of the notification letter or certificate of such approval.
5. Please provide current audited financial statement in the name of the applicant, whether the applicant is an individual or company. The financial statement must show, at a minimum, a tangible net worth of \$25,000.
6. If applicant is a corporation or an LLC, please complete the Affidavit of Official Signing of Registration and Certificate of Resolution.
7. If the applicant is a corporation or an LLC a certificate of authority must be obtained from the Secretary of State. Conversely, if the applicant is a Limited Partnership, a Certificate of Registration must be obtained from the Secretary of State.
8. A complete application, supporting documents and the \$200.00 annual license and investigation fees made payable to the "Department of Financial Institutions" should be mailed to:

DEPARTMENT OF FINANCIAL INSTITUTIONS
SUITE 400, NASHVILLE CITY CENTER
511 UNION STREET
NASHVILLE, TN 37219

REGISTRATION APPLICATION:

License fee: \$100.00
 Investigation fee: \$100.00
 Total: \$200.00

(check appropriate box(es)) <input type="checkbox"/> Broker <input type="checkbox"/> Lender <input type="checkbox"/> Servicer	OFFICE USE ONLY: Date: Check #: _____ File #: _____
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Please refer to accompanying instructions before completing this registration application.

I. BUSINESS ENTITY INFORMATION:

A. General

 Name of Business

 Street Address City State

 County Zip Code Telephone No.

 Federal Taxpayer I. D. Number State where organized

 Date of Organization Date admitted into Tennessee
 (N/A if sole proprietor or general partnership)

Anticipated Opening Date of Business (if applicable): _____

 Name of Tennessee Resident Agent Address of Agent

B. Type of Entity: (check appropriate box) Tenn. Secretary of State filing not required: <input type="checkbox"/> An individual doing business under own name SSN _____ <input type="checkbox"/> An individual doing business under assumed or trade name <input type="checkbox"/> A general partnership	Requires Tenn. Secretary of State filing: <input type="checkbox"/> A corporation - please list Tenn. control ID # _____ <input type="checkbox"/> An Association <input type="checkbox"/> A limited partnership <input type="checkbox"/> A trust <input type="checkbox"/> A Limited Liability Company -please list Tenn. Control ID# _____ <input type="checkbox"/> Other _____ (Describe)
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C. Regulatory History

i. Has the Applicant ever been subject to any administrative action by a State or Federal Regulatory Agency? Yes _____ No _____

ii. Has the Applicant ever surrendered or been refused a license by any State or Federal Regulatory Agency? Yes _____ No _____

If the answer to questions i or ii is yes, please see page 11.

iii. Name of State(s) where the applicant or its affiliates currently broker, originate or service first mortgage loans. _____

D. Category of Registrant (Check appropriate box)

A mortgage broker, lender or servicer approved as a seller or servicer by the Federal National Mortgage Association or the Federal Home Loan Mortgage Corporation #

A mortgage broker, lender or servicer approved as an issuer or servicer by the United States Veterans Administration, or the Federal Home Loan Mortgage Corporation, or the United States Department of Housing and Urban Development #

List the name and address of any real estate brokerage firm for whom you act as a mortgage broker, lender and/or servicer and from whom you receive additional compensation beyond the customary commission on real estate sales.

Firm: _____

Address: _____

(attach additional pages if necessary)

A mortgage broker, lender or servicer which is a subsidiary or affiliate of a depository financial institution or a subsidiary or affiliate of a holding company of a depository financial institution (optional)

11. PERSONNEL

List below the names and business addresses for all officers, directors, members, shareholders or partners for this business entity. "Officers" means chief executive and/or operating officer, president, executive or senior vice president, secretary or treasurer. "Shareholders" means if total number of shareholders equals 20 or less, or only of those shareholders holding (or controlling) 10% of the outstanding voting stock of the corporation if there are more than 20 shareholders. If more space is required, please use an additional sheet. (If the applicant is an individual indicate N/A for the above. _____)

Name and Title	Business Address (Street, City, State, and Zip code)
Are all officers and directors listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A. Designated correspondent responsible for questions regarding this application:

Name Telephone No.

Street Address

City State Zip Code

III. OPERATION AND RECORD RETENTION

Pursuant to Tennessee Code Annotated § 45-13-109(a), every licensee and registrant shall keep and maintain at all times in its principal place of business correct and complete records of all mortgage loan transactions arranged by such licensee or registrant.

A. Location of the principal U. S. office of the registrant:

Name Telephone No.

Street Address

City State Zip Code

B. Please identify all additional Tennessee office locations at which the business of the applicant is conducted. Attach additional pages if necessary.

Name Telephone No.

Street Address

City State Zip
Code

V. CERTIFICATE OF RESOLUTION

This is to certify that at a _____ meeting of the _____ or
board of directors (if corporation)

_____ of _____, a _____
manager or members (if LLC) applicant's name type of entity

organized under the laws of the State of _____ held at the office of said entity at
_____ of _____, County of _____.
street address city

State of _____, on the _____ day of _____, 20____, the following resolution was
duly and legally presented and adopted by the majority vote, to-wit:

It being the desire and purpose of the Board of Directors, managers or members of _____
applicant's name
that this entity should take steps to be registered as a Mortgage _____
broker, lender and/or servicer

under the provisions of the Tennessee Residential Lending Brokerage and Servicing Act of 1988 (TCA. §
45-13-101 et seq.)

BE IT RESOLVED, that _____ as _____
officer's name title

of this entity, and in his/her official capacity be, and is hereby authorized and directed to prepare,
execute, verify, and present to the proper state authorities of the State of Tennessee, and for and on behalf
of said _____, written application for license under the provisions of
applicant's name

Tennessee Residential Lending Brokerage and Servicing Act (TCA. § 45-1 3-101 et seq.), authorizing the
conducting of said business as a mortgage _____ by this entity and to do all acts
broker, lender and/or servicer

and perform all necessary legal requirements on behalf of said entity to procure the same.

Signature and Title Date

VI. PERSONAL DISCLOSURE STATEMENT

(Page 1 of 3)

A. Please complete the following for the applicant. If the applicant is other than an individual, complete the following for all partners, officers, directors, members, shareholders and affiliates identified on Page 2 of this application.

Name	Principal Occupation, Employer	
Business Address	City, State	Zip Code
Business Telephone No.		
()		

Business affiliations - List all firms, companies, corporations or other business organizations of which you are at present a director, officer, employee, partner, owner or affiliate.

<u>Name and location of business</u>	<u>Type of business</u>	<u>Position held</u>
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PERSONAL DISCLOSURE STATEMENT

(Page 2 of 3)

B. Business Experience/Employment Record during the past 10 years.

Date	Name and Location of	Type of Business	Position Held
To:	From:	Business	

PERSONAL DISCLOSURE STATEMENT

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C. Other Information (If the answer to any of the following questions is yes, please see page 1 I):

Have you ever been adjudged as bankrupt, filed a Chapter 7, 11 or 13 voluntary bankruptcy petition or had to work out a compromise with your creditors during the past ten years?

Yes _____ No _____

Have you ever been convicted of, or pleaded guilty to, or pleaded nolo contendere to, any civil or criminal offense involving dishonesty, fraud, or breach of trust?

Yes _____ No _____

Have you ever pleaded guilty to, been convicted of or pleaded nolo contendere to, any felony or misdemeanor (other than a minor traffic violation)?

Yes _____ No _____

Have you been subject to any adverse administrative action with respect to any professional license you hold or have held, including those involving any business or enterprise with which you have been associated as a partner, officer, director, shareholder (owning 5% or more of the outstanding voting stock), or affiliate been convicted of any criminal matter involving dishonesty, fraud or breach of trust?

Yes _____ No _____

Have you completed the confidential background information consent form?

Yes _____ No _____

CERTIFICATION

I hereby certify that the foregoing Personal Disclosure Statement is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the application.

Signature and Title

Date

VII. SUPPLEMENTAL QUESTIONNAIRE:

If you answered "yes" to any Regulatory History Questions (page 3) or Personal Disclosure Statement questions (page 10) please provide the following details, attach additional sheets if needed.

- a. The type of any judicial or administrative proceeding in which you were involved.
- b. Describe any charges brought against you.
- c. The factual background.
- d. Your name as listed in the court pleadings.
- e. The name and address of any co-defendant.
- f. The name of the court having jurisdiction & the court address.
- g. The case or docket numbers.
- h. Whether any judgment or conviction was entered on each charge, the date of the judgment or conviction, the name of the judge, administrative law judge, referee or other magistrate that entered the judgment or conviction. (Please also attach a copy of any judgment or conviction entered).
- i. Detail any sentence received, including but not limited to, pretrial diversion, court supervision, probation, incarceration; the date of sentencing and the name of the sentencing judge, referee or other magistrate. (Please also attach a copy of any sentencing order).
- j. The name, address and telephone number of any attorney who represented you.

VIII. CONFIDENTIAL BACKGROUND INFORMATION CONSENT FORM

D. By Signing this Consent, I understand and agree to the following:

The following information about me is necessary to assist the Department of Financial Institutions in evaluating the application of _____ (applicant). The information will be used to evaluate, among other things, my experience, character, business reputation, and general fitness as legally required by Tennessee Residential Lending Brokerage and Servicing Act of 1988 (TCA. § 45-13-101 *et seq.*)

I understand that omissions or inaccuracies in completing the application may result in denial of the application.

The Department may also conduct an independent investigation of me, which may include, but not be limited to, contacting federal and state law enforcement agencies, other governmental agencies and credit reporting agencies. If any information the Department receives indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation.

If information about me would warrant denial of the application, the Department will give the applicant, through the person designated for contact, notice of the fact, including a statement of the statutory and factual basis which would warrant denial and the applicant's rights in respect thereto.

Name (Please print)		Date of Birth
Home Address	City, State	Zip Code
Driver's License No.	Social Security No.	
Other names by which I am now known or have used in the past		
Home Telephone No.		
Signature		Date

IX. CERTIFICATION

I hereby certify that the foregoing APPLICATION is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in the denial of the APPLICATION.

Signature

Date

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____ before me, a Notary Public in and for said County personally appeared _____ known to me to be said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

(Notary Seal)

Notary Public

My commission expires _____