

Application



Application Overview

Member Name:	
Application Contact:	
Contact Phone Number:	
Contact i none Number.	
Contact Email Address:	
Contact Email / taarcoo.	
Application Date:	
Application bate.	

Submission Instructions

The following items must be sent to FHLBI for application to the Mortgage Purchase Program (MPP). Include this form as a cover sheet with your application and corresponding files.

	Documentation	Sent
1.	Application	
2.	Servicing Questionniare (applicable only if retaining the servicing of the loans)	
3.	Quality Control Procedures (including Anti-Predatory Lending and/or Responsible lending policy Bank Secrecy Act (BSA), Anti-Money Laundering (AML) and Office of Foreign Assets Control (OFAC) procedures)	
4.	Organization Chart	
5.	Resumes of Key Personnel or Work Experience Questionnaire	
6.	Certificates of Insurance (for both the Fidelity Bond and Errors & Omissions Policy)	

Submit completed application package to:

Mortgage Purchase Program Federal Home Loan Bank of Indianapolis 8250 Woodfield Crossing Blvd. Indianapolis, IN 46240 Contact us: 800-274-4636

Applications can also be emailed: Attention: MPP MPP@FHLBI.com



Application



Applicant Informa	ation				
Institution Name					
Parent Company					
Address					
City			State	Zip Cod	e
Telephone			Fax		
Year Founded		Under	r the laws of (State)		
UMDA Bonort	Voc N	- Logal Entity I	dantifiar Number (I El	·	
HMDA Report	er: Yes N	O Legai ⊏ntity i	dentifier Number (LEI)	
Agency Approval		Ι		-5"	
Agency	ID#	Date Approved	Agency	ID#	Date Approved
FDIC Insured Fannie Mae			FHA VA		_
Freddie Mac			Ginnie Mae		+
		<u> </u>	On the Mad		
Mortgage Operati					
Mortgage origination	on commenced in	(Year) and mo	rtgage servicing com	menced in (Year	
Mortgage Operation	ons are currently c	` '	location(s) in	•	,
We originate sub-p	prime loans:	Yes N	·	vumber)	
We purchase Third	d Party Originatior	ns: Yes N	0		
Automated Underv	writing Systems us	sed:			
DU LPA	DO N/A	(Manual Underwriti	ing)		
Loan Origination S	Systems used:				
Mortgage Origina	ation Statistics (ir	n \$1,000s)			
	nations		YTD		Last Year
1-4 Family Origin	ations				
Fixed Rate Mortg	jages Sold				
We purchased loa		_ Third Party Origin		were affiliat	tes.
We perform pre-c	(Number) ourchase & ongoin		Nur Third Party Originato	^{mber)} ors to determine c	ompliance with all
applicable laws.	Yes	No			



Application



	n		
	Name:	Title:	Date Employed:
	Street Address (if different	t from main address abov	re):
Secondary			
Marketing	City Ctata Zin Cada		
marketing	City, State, Zip Code:		
	Telephone Number:	Fax Number:	Email Address:
	Name:	Title:	Employed Since (Month & Year):
	Street Address (if different	t from main address abov	re):
Production	()		-,
Production	City State 7in Code:		
	City, State, Zip Code:		
	Telephone Number:	Fax Number:	Email Address:
	Name:	Title:	Employed Since (Month & Year):
	Street Address (if different	t from main address abov	re):
	(,
Underwriting	City, State, Zip Code:		
J	City, State, Zip Code.		
	Telephone Number:	Fax Number:	Email Address:
	·		
	Name:	Title:	Employed Since (Month & Year):
	Street Address (if different	t from main address abov	re):
Quality			
Assurance	City, State, Zip Code:		
	only, chare, <u>i.p.</u> code.		
	Telephone Number:	Fax Number:	Email Address:
	relephone Number.	rax Number.	Email Address.
ertification of Info	rmation		
, the undersigned o	officer certify that the abou	ve information is true an	nd correct.
			Date:
Signature			
			Title
Name (print or type	<u> </u>		_ Title:



Servicing Questionnaire



If applying to service loans for FHLBIs Mortgage Purchase Program, complete all portions of this questionnaire to the best of your ability.

Servicing Contact Information

Servicing Contact i	mormation		
	Name:	Title:	Employed Since (Month & Year):
	Street Address (if different	from main address):	
Mortgage			
Administration	City, State, Zip Code:		
	ony, onato, zip oodo.		
	Telephone Number:	Fax Number:	Email Address:
	releptione Number.	rax Number.	Email Address.
	l Ni	7'4	5 1 10: (14 11 0.)(
	Name:	Title:	Employed Since (Month & Year):
	Street Address (if different	from main address):	
Default			
Management	City, State, Zip Code:		
	Telephone Number:	Fax Number:	Email Address:
	Name:	Title:	Employed Since (Month & Year):
	Street Address (if different	from main address):	
REO Servicing	(
REO Servicing	City, State, Zip Code:		
	Oity, State, Zip Code.		
	Talanhana Numban	Fax Number:	Email Address:
	Telephone Number:	rax Number.	Email Address.
	Name:	Title:	Employed Since (Month & Year):
Investment	Street Address (if different	from main address):	
Accounting			
(Remittance	City, State, Zip Code:		
Processing)			
	Telephone Number:	Fax Number:	Email Address:



Servicing

Servicing Questionnaire



As of Last Year End

Mortgage ServicingStatistics (in \$1,000s)

Total Servicing		
Our institution is currently servicing m	nortgages for the following investors:	
General Questions		
	your Servicing staff? (Include all full-ti t staff including, escrow, and vault/not	
What type of internal and external training regulatory, and/or investor requirement	ining is offered to Servicing staff to en nts?	sure staff is familiar with internal,
Describe the Servicing Quality Control	ol System:	
What Servicing Software do you use?	?	

What Remittance Types do you support for your investors? (Check all that apply)

Scheduled/Actual

As of Last Month End

Scheduled/Scheduled

Yes	No
Yes	No
Yes	No
Yes	No
ce with your	
	Yes Yes

Actual/Actual



Servicing Questionnaire



Collections Staff		
How many full-time collectors do you employ?		
What is the average number of years of experience for your collectors?		
What is the average number of delinquent accounts assigned to each collector?		
Do your collectors have delinquency goals?	Yes	No
If Yes, describe these goals:		

Explain the process of how collectors are assigned their workloads (for example: 30, 60, 90+ delinquent; alphabetically; per investor; or other).

When and how often do you send late notices (for example: 30, 60, 90+ delinquent)?		
When is personal contact first initiated?		
When do you order inspections?		
Describe the tracking or monitoring system used for following up on promise dates:		
Are partial payments accepted? If Yes, how are they posted?	Yes	No
For delinquent mortgages, are repayment plans greater than 3 (three) months put in writing?	Yes	No
In what order are customer payments applied (for example: escrow, interest, principal, or other)	?	
Do you have any mortgages with due dates other than the first of the month? If Yes, what are the other due dates?	Yes	No
What alternatives to foreclosure, if any do you make available to customers (for example: modifior other)?	ication, shor	t sale



Servicing Questionnaire



Foreclosures & Bankruptcies				
Do you maintain a separate staff for	or processing foreclosures	?	Yes	No
If Yes, how many full-time er	mployees are on your fored	closure staff?		
Do you maintain a separate staff for	or processing bankruptcies	5?	Yes	No
If Yes, how many full-time er	mployees are on your bank	ruptcy staff?		
Describe your monitoring system f	or tracking foreclosures ar	nd bankruptcies:		
Escrows				
Describe the type of monitoring sy	stem used to identify and p	pay escrow items before they	rare due:	
Do you conduct yearly analyses of	n each account that has ar	n escrow?	Yes	No
Provide a brief description of your	Mortgage Insurance (MI) o	claims procedures:		
Bank Reconciliation				
Provide a brief description of how	you reconcile custodial acc	counts:		
Delinquency Rates				
Provide the current delinquency ra	ntes for your Conventional ormation as of		r of loans and UPB	J.
	Loan Count	Dollar Amount	Percent of To	otal
Current				
30 Days Past Due				
60 Days Past Due				
90+ Days Past Due				
Total Conventional Mortgage Portfolio				



Work Experience



To be completed for all contacts listed on the application if a resume is not provided.
Name of Contact
Institution
Dates of Employment
Position Held
Institution
Dates of Employment
Position Held
Institution
Dates of Employment
Position Held
Institution
Dates of Employment
Position Held
1 definition
Institution
Dates of Employment
Position Held