



Cambridge Home Capital, LLC

80 Cuttermill Road, Great Neck, NY 11021 • 1-888-OK-MORTGAGE

Please print this form and fill it out.
Send it to us either via fax or postal mail.

Fax: 516-829-5700

Mail: Cambridge Home Capital, LLC
80 Cuttermill Road
Great Neck, NY 11021



Cambridge Home Capital, LLC

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Thank you for your interest in Cambridge Home Capital's Wholesale program. Enclosed are our Broker Application, Broker Agreement and our underwriting matrix. Please complete wherever applicable and return to Cambridge Home Capital, LLC along with:

1. Copies of Broker Licenses.
2. Last two years' Business Financial Statements (If FHA approved last 2 fiscal audits).
3. Updated resumes of Principals/Managers/Key Personnel.
4. Complete set of disclosures currently in use.
5. Copy of Errors and Omissions and Fidelity Insurance Policies.
6. Letter of Good Standing.
7. Copies of Approved Appraisers Licenses and E&O Policies.
8. List of Closing Attorneys and Licenses.
9. Investor/Bank Referrals, Names, Addresses and Phone Numbers.

Please execute two copies of the Broker Agreement so we may return an original executed copy to you.

We will process your package as quickly as possible. If you have any questions or concerns, please contact me directly. We offer our sincere thanks and appreciation for the interest in becoming a Broker with Cambridge Home Capital, LLC.

Sincerely,

Craig J. Hyman
Chief Executive Officer



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Cambridge Home Capital

APPLICATION FOR WHOLESALE BROKER

Legal Company Name: _____

Parent Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____ FAX: _____

Rate FAX: _____ Date Fiscal Year Ends: _____

Federal Tax ID: _____

Date Business Began: _____ Date of Incorporation (If applicable): _____

Are you: Incorporated LLC Partnership Sole Proprietor Other

Primary Principal Officer: _____ Title: _____

Phone: _____ E-mail: _____

Website (URL): _____

States in which business is conducted: _____

(Attach all required licenses)

Branch Locations: _____

(Provide list of addresses, phone and fax numbers, and branch manager's names)

| <u>Annual Production</u> | | <u>Current Year</u> | <u>Previous Year</u> |
|--------------------------|---------|---------------------|----------------------|
| Conventional | _____ % | \$ _____ | \$ _____ |
| Jumbo Conforming | _____ % | \$ _____ | \$ _____ |
| FHA | _____ % | \$ _____ | \$ _____ |
| VA | _____ % | \$ _____ | \$ _____ |
| Alt-A | _____ % | \$ _____ | \$ _____ |
| Niche / Sub-prime | _____ % | \$ _____ | \$ _____ |
| Purchase: | _____ % | \$ _____ | \$ _____ |



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Loan Placement Decision made by: _____

Business obtained from:

Realtors: ___% Builders ___% Referrals: ___% Online: ___% *TPO: ___% Other: ___%

*Third Party Originations: Percentage of total volume? _____%

*From Whom? _____

AU System(s) used: _____

Origination/Processing Software Used: _____ Version: _____

Internet Browser used: _____ Version: _____

Agency Approvals:

Approval Date

ID Number

| | | | |
|-----|---------------|-------------|-------|
| 1) | FDIC/FLIC | ___/___/___ | _____ |
| 2) | FNMA | ___/___/___ | _____ |
| 3) | GNMA | ___/___/___ | _____ |
| 4) | FHLMC | ___/___/___ | _____ |
| 5) | FHA-DE | ___/___/___ | _____ |
| 6) | FHA-SPONSOR | ___/___/___ | _____ |
| 7) | VA | ___/___/___ | _____ |
| 8) | VA-AUTHORIZED | ___/___/___ | _____ |
| 9) | RECD (FmHA) | ___/___/___ | _____ |
| 10) | OTHER | ___/___/___ | _____ |

References: Please list at least four investors with whom you are currently approved and warehouse sources, if available:

- Investor: _____ Contact: _____ (____) _____
- Investor: _____ Contact: _____ (____) _____
- Investor: _____ Contact: _____ (____) _____
- Investor: _____ Contact: _____ (____) _____



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Other Information:

- Are you in the process of a merger or acquisition? (If yes, supply full details) YES NO
- Are you in the process of a merger or acquisition? (If yes, supply full details) YES NO
- If needed would a Parent Guaranty be available? YES NO
- Are you involved in any litigation, or is there any litigation pending between you and any investor or government agency? YES NO
- Has an officer, director, or major stockholder been affiliated with any company/business that was suspended by FHA, VA, FNMA, FHLMC, GNMA and/or subject to voluntary or involuntary bankruptcy proceedings? (If yes, supply full details) YES NO
- Does your company have a quality control spot check and/or internal audit system which review the authenticity of the information contained in your loans? (If yes, provide a description of company procedures) YES NO
- Does your company follow FNMA and/or FHLMC requirements in loan origination, processing, and closing? (If no, please provide a description of company procedures) YES NO
- Are any officers and employees excluded from the fidelity insurance or errors and omissions coverage? YES NO

List Contact Personnel: (Name/Phone)

Primary Contact (Mailings) _____ (____) _____

Underwriting Supervisor _____ (____) _____

Closing _____ (____) _____



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LOAN STACKING ORDER CHECKLIST

SUBMIT ONE (1) ORIGINAL PACKAGE THAT SHOULD BE ACCO FASTENED TO THE RIGHT SIDE OF A LABELED FILE FOLDER. MAKE SURE THAT EACH FOLDER IS LABELED WITH THE BORROWER'S NAME AND PROPERTY ADDRESS, AND PUT YOUR BROKER NAME AND PHONE NUMBER ON THE CORNER OF THE FILE. ON LOANS WITH A CO-BORROWER OTHER THAN SPOUSE, SEPARATE CREDIT DOCUMENTATION IN THE PROPER STACKING ORDER.

- LOAN STACKING ORDER CHECKLIST (THIS FORM)
- REGISTRATION/LOCK-IN FORM

CREDIT DOCUMENTATION

- 1008/(MCAW) – TYPED TRANSMITTAL SUMMARY – CORRECTED IF APPLICABLE
- 1003 – TYPED LOAN APPLICATION - CORRECTED IF APPLICABLE
- TYPED SCHEDULE OF REAL ESTATE OWNED
- 1003 – ORIGINAL HAND WRITTEN APPLICATION
- THREE FILE MERGE OR FULL FACTUAL CREDIT REPORT WHERE APPLICABLE
- CREDIT EXPLANATION LETTERS
- MONTHLY STATEMENTS – CREDITORS
- VERIFICATION OF MORTGAGE (VOM) ON ALL MORTGAGE DEBTS NOT ON CREDIT REPORT
- LEASES – RENTAL AGREEMENTS
- HUD SETTLEMENT STATEMENTS (IF NECESSARY)
- DIVORCE DECREES

VERIFICATION OF EMPLOYMENT AND INCOME

- VERIFICATION OF EMPLOYMENT (VOE) CURRENT
- RETIREMENT INCOME, SOCIAL SECURITY, PENSIONS, ETC.
- COPIES OF PAY-STUBS (MOST CURRENT)
- COPIES OF W2s (COVERING LAST TWO (2) YEARS OF INCOME)
- PREVIOUS EMPLOYMENT VERIFICATIONS
- LETTERS EXPLAINING GAPS IN EMPLOYMENT
- NOTE INCOME – TWO (2) YEARS MINIMUM
- SELF EMPLOYED INCOME ANALYSIS (COMMISSIONED INDIVIDUAL)
- YTD BALANCE SHEET AND INCOME STATEMENT (P & L) SIGNED AND DATED
- PERSONAL TAX RETURNS (TWO (2) YEARS) SIGNED AND DATED
- PARTNERSHIP OR CORPORATE RETURNS (TWO (2) YEARS) SIGNED AND DATED
- SIGNED 4506 FOR ALL SELF EMPLOYED BORROWERS

VERIFICATION OF DEPOSIT AND ASSETS

- VERIFICATIONS OF DEPOSITS (VOD)
- BANK STATEMENTS (MOST RECENT THREE (3) MONTHS)
- STOCK & BONDS, CDs, ETC.
- VERIFICATION OF GIFTS – GIFT LETTERS (FULLY COMPLETED), DONOR'S ABILITY, AND DEPOSIT INTO APPLICANT'S ACCOUNT
- INSURANCE POLICIES (CASH VALUE ONLY)
- CANCELLED DOWN PAYMENT CHECK AND STATEMENT SHOWING WITHDRAWAL

PROPERTY VERIFICATION SECTION

- PURCHASE AGREEMENT (ESCROW INSTRUCTIONS, IF APPLICABLE)
- COST BREAKDOWNS, OTHER CONSTRUCTION DOCUMENTATION
- FINAL INSPECTION
- APPRAISAL
- LOCATION MAPS
- PHOTOS OF SUBJECT PROPERTY (FRONT, BACK, STREET VIEWS)
- PHOTOS OF ALL COMPARABLES
- CERTIFICATIONS AND STATEMENT OF LIMITING CONDITIONS

MISCELLANEOUS

- GOOD FAITH ESTIMATE (COPY)
- INITIAL TRUTH-IN-LENDING DISCLOSURE (COPY)
- AUTHORIZATIONS, DISCLOSURES, AND ECOA SIGNED BY APPLICANTS
- BROKER FEE AGREEMENT SIGNED BY APPLICANTS

NOTE: SHOULD YOU HAVE OTHER DOCUMENTATION THAT APPLIES TO A PARTICULAR LOAN, PLEASE INCLUDE IT AFTER THE LISTED DOCUMENTATION FOR THAT SPECIFIC SECTION.



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Cambridge Home Capital Working Party List

| Name | Phone/Fax |
|--|--|
| Karen Diamond Director of Operations kdiamond@homecap.com | Tel (516) 829-5700 ext. 6637 Fax (516) 498-6717 |
| Sandra Bernal Chief Underwriter sbernal@homecap.com | Tel (516) 829-5700 ext. 6628 Fax (516) 498-6717 |
| Allison Naidich Closing Department anaidich@homecap.com | Tel (516) 829-5700 ext. 6695 Fax (516) 498-6754 |
| Jackie Derrell Rate Lock/Scenario Manager Senior Underwriter jderrell@homecap.com | Tel (516) 829-5700 ext. 6650 Fax (516) 498-6717 |
| Natasha Jones Post-Closing Funding Manager njones@homecap.com | Tel (516) 829-5700 ext. 6609 Fax (516) 498-6717 |
| Liane Laffette Processor llaffette@homecap.com | Tel (516) 829-5700 ext. 6636 Fax (516) 498-6717 |
| Roeshell Cannon Processor rcannon@homecap.com | Tel (516) 829-5700 ext. 6659 Fax (516) 498-6717 |



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Bailee Agreement Request

(Complete one for each Warehouse Lender)

I.

Correspondent Name:

Street Address: _____

City/State/Zip:

Primary Contact:

II.

Warehouse Lender Name: _____

Street Address: _____

City/State/Zip:

Primary Contact/Authorized Signer for Warehouse Lender: _____

Phone #: (_____) _____ Fax #: (_____) _____

ABA #: _____

Account Number at Warehouse Bank:



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AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

_____ has applied to initiate a Correspondent Lending relationship with Cambridge Home Capital, LLC.

We authorize you to provided Cambridge Home Capital, LLC with any and all information and documentation that they request on behalf of our application.

A copy of this authorization form may be accepted as an original.

Your prompt reply to Cambridge Home Capital, LLC is appreciated.

Company

Signature

Title

Date



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LOAN REGISTRATION/LOCK-IN SHEET

PLEASE FAX ALL REQUESTS FOR LOCKS

PRIOR TO 4:30PM

DATE: / /

() NEW REGISTRATION () FLOAT () LOCK

BROKER NAME BROKER CODE CONTACT PERSON PHONE NO. FAX NO.

ACCOUNT EXEC ESTIMATED CLOSING DATE CLOSING ATTORNEY REQUESTED LOAN NO.

BORROWER SS# RACE AGE SEX MARITAL STAT

CO-BORR SS# RACE AGE SEX MARITAL STAT

PROPERTY ADDRESS:

CITY/STATE/ZIP: COUNTY

MORTGAGE AMOUNT SALES PRICE/VALUE LTV TERM PRODUCT CODE PROPOSED RATE

| LOAN TYPE | TRANSACTION | PROPERTY TYPE | OCCUPANCY | DOCUMENTATION |
|------------------|--------------------|-------------------|-------------------------------|----------------------|
| () FIXED | () PURCHASE | () 1 FAMILY | () PRIMARY | () FULL DOC |
| () BALLOON_TERM | () RATE/TERM REFI | () 2-4 # UNITS | () 2 ND /VACATION | () REDUCED DOC |
| () ARM | () CASH OUT REFI | () CONDO () PUD | () INVESTMENT | () NO INC/FUL ASSET |
| | | | | () NO INC/NO ASSET |

LOCK-IN INFORMATION:

LOCK DATE LOCK # OF DAYS

NOTE RATE REBATE POINTS TO CHC

COMMENTS:

CHC USE ONLY

LOAN # NOTE RATE EXPIRATION DATE

CONFIRMED BY PRICE ARM: MARGIN CAPS

FAX COMPLETED FORM TO (516) 829-5777