



Application for Affiliate Branch / Branch Manager

Gateway Bank, FSB

Legal Name of Current Company _____
 D/B/A _____
 Federal Employee ID Number # _____ Year Founded _____ State _____
 Address of Main Office _____
 City _____ State _____ Zip Code _____
 Primary Contact _____ Phone () _____
 Secondary Contact _____ Phone () _____
 If Subsidiary, Name of Parent _____ Fax () _____
 Web Address _____ E-Mail Address _____

Corporation Partnership Proprietorship Limited Liability

PAST YEAR'S ORIGINATION AND CURRENT YEAR VOLUME

Year	Conventional	ALT-A	Sub-Prime
2003	_____	_____	_____
2004	_____	_____	_____
2005 (YTD)	_____	_____	_____

Principals/Officers

Name	Title	Social Security	% Ownership

Miscellaneous Information

How did you hear about Gateway Bank?

- Publication / Advertizement (if yes, list publication) _____
- Trade Show / Conference (if yes, list show) _____
- Other _____

Are any officers or employees excluded from fidelity insurance or errors and omissions coverage?

Yes No (If yes, supply details on reverse side of page)

Was your company ever suspended from brokering or selling mortgages by an agency or investor?

Yes No (If yes, supply details on reverse side of page)

Is your company owned by or affiliated with a home improvement company?

Yes No (If yes, supply details on reverse side of page)

Is your company owned by or affiliated with an escrow or title company?

Yes No (If yes, supply details on reverse side of page)

Do you use a document preparation Company?

O Yes O No (If yes, who? _____ Contact _____
Phone () _____)

How many employees do you have in your company? _____

How many of these employees are Loan Officers/Representatives? _____

References Please list three investors to whom you have brokered or sold loans.

Investor	Contact
Address	Phone
City State Zip	Fax

Investor	Contact
Address	Phone
City State Zip	Fax

Investor	Contact
Address	Phone
City State Zip	Fax

*Please attach list of any additional investors you are actively delivering to.

Method of delivery loan production: _____% Broker
_____% Flow Sales

Warehouse Lines (if applicable)

Lender	Credit Limit	Expiration	Contact Name	Telephone
	\$			()
	\$			()
	\$			()

*Mandatory: All current lines and pending applications must be disclosed!

Licensing Please circle states in which you originate mortgage loans:

AK CO HI KS ME MT NJ OK SK VT DC
 AL CT IA KY MI NC NM OR TN WA
 AR DE ID LA MN ND NV PA TX MV
 AZ FL IL MA MO NE NY RI UT WI
 CA GA IN MD MS NH OH SC VA WY

List any state for which you have license(s) pending _____

List any states for which you have fictitious name filing pending _____

Method of Acquiring Business

Retail _____%
Wholesale _____%

Do you have branch offices? O Yes O No (Provide list of locations)
Do you underwrite and approve your loans on a delegated basis? O Yes O No
If yes, please include name(s) of underwriter(s) and provide resume(s):

Do you have your own underwriting guidelines and product matrix? O Yes O No

If yes, please provide a current copy.

Agency Approvals (if applicable)

FHA ID Number _____ VA ID Number _____ FNMA ID Number _____
Date Approved _____ Date Approved _____ Date Approved _____
FHLMC ID Number _____ GNMA ID Number _____
Date Approved _____ Date Approved _____

Key Operations Personnel

Title	Name	Telephone	Fax
Production Manager			
Secondary Marketing			
Underwriting/Outsourced			
Quality Control			
Loan Shipping/Delivery			

Mandatory Certifications – To be completed by all Principals

The undersigned declares that to the best of their knowledge, the statements set forth herein are true, accurate and complete. Gateway Bank is hereby authorized to obtain information from any source it chooses to review and evaluate the Originator (applicant and its respective officers and Principals thereof). Immediate notice will be provided to Gateway Bank for any changes to such statements or other information provided that could, in any way, influence the credit decision. It is understood that Gateway Bank is not bound in any manner, nor under any obligation to the Originator, unless and until the Originator is approved in writing as a Client and the Master Mortgage Loan Purchase Agreement is executed by both parties.

By _____
Name

Signature

By _____
Name

Signature

Credit Authorization Release– To be completed by all Principals with 10% or greater ownership and senior management (copy this page as necessary for each individual)

I authorize all corporations, companies, former employees, supervisors, educational institutions, city, state, county, federal courts, motor vehicle bureaus, credit bureaus, criminal justice agencies, regulatory agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed. I authorize Gateway Bank to receive any criminal history information pertaining to me in the files of any federal, state or local criminal justice agency.

Name	Address	City	State
Applicant's Signature	Print Name	Date	
Other Name(s) Used	Social Security Number	Date of Birth	
Current Address	City or Town	State	ZipCode
Previous Address	City or Town	State	ZipCode
Previous Address	City or Town	State	ZipCode

REQUIRED DOCUMENTATION CHECKLIST

Please provide the following documentation. If have any questions or items you would like to discuss, please contact your Gateway Bank Representative.

Section A: Company Documentation
 Copies of licenses in states of operations, if required
 Copy of current business license

Section B: Organization / Operation
 Brief overview of company & business plan (include projection for the upcoming year)
 Resumes (All principals /owners / management / operations / underwriting /secondary /other key personnel)
 Organization charts with departments / branches

Section C: Financial Information
 Past two (2) years Financial Statements: Balance Sheet and P&Ls
 Current Interim Financials

Please return the executed application, executed cover letter & documentation to:

Gateway Bank FSB
 Attn: Affiliate Branch Relations
 2306 Merced Street
 San Leandro, Ca 94577
 (510) 297 4785