## **Prospective Seller and/or Servicer Application**

Companies seeking to become approved Fannie Mae sellers or servicers must fully complete this Application and submit it via email to <a href="mailto:sellerservicer-application@fanniemae.com">sellerservicer-application@fanniemae.com</a>. All information must be provided on this Application (or on supplemental pages if more space is needed). However, do not submit any supporting documentation at this time (such as written procedures or financial information).

Upon receipt of the Application, Fannie Mae will review it, contact the Company's senior management to discuss it, and may request additional information as part of or in connection with the Application process. Submit questions to sellerservicer\_application@fanniemae.com.

Section I: Company Information			
Company Name (Legal name as shown or Text box	n articles of incorporation, formation, or organizatio	n, or most current state or federal charte	r:
Corporate Street Address: Text box	City: Text box	State: Drop-down box, state selections	Zip Code: Five-digit number box
Mailing Street Address (if different): Text box	City: Text box	State: Drop-down box, state selections	Zip Code: Five-digit number box
State of Incorporation: Drop-down box, state selections	Date of Incorporation: Two-digit number box / Two-digit number box Four-digit number box	UCDP-only Number: Five-digit number box	DU-only Number (if applicable): Five-digit number box
Minority-Owned Business:	Definition of minority-owned business (as def financial institutions, firms engaged in mortga investment consultants or advisors, underwrit following must be met:  • More than fifty percent (50%) of the own individuals; and  • More than fifty percent (50%) of the new more than fifty percent (50%).	age banking, investment banking, financi ters, accountants, brokers, broker-dealer wnership or control of which is held, direc	al services, and asset management, s, and providers of legal services. The ctly or indirectly, by one or more minority
Are you a minority-owned business?	Black or African American check box Native American or American Indian check b Hispanic or Latino American check box	Asian Pacific	check box t Asian check box
Women-Owned Business:		nking, financial services, and asset mana	gement, investment consultants or advisors, means a business in which:
Are you a women-owned business?	Yes check box	No check b	ох

Disabled-Owned Business:  Are you a disabled-owned business?	mortgage banking, invaccountants, brokers,  • Qualified as a  • More than fift disability; and	rowned business (as defined by MWI Rule) includes, but is not limited vestment banking, financial services, asset management, investment broker-dealers, and providers of legal services. It means a business a Service-Disabled Veteran-Owned Small Business Concern as defined by percent (50%) of the ownership or control of which is held, directly dependent of the net profit or loss accrues to one or more persons with No check box	nt consultants or advisors, underwriters, is qualified as a, or a business in which: ed in 13 CFR 125.8 through 125.13; or or indirectly, by one or more persons with
Veteran-Owned Business:  Are you a veteran-owned business?	Definition of veteran-orinvestment banking, f broker-dealers, and proker-dealers and proker-dealers.	owned business includes, but is not limited to, financial institutions inancial services, asset management, investment consultants or ad roviders of legal services. It means a business is qualified as a, or a key percent (50%) of the ownership or control of which is held, direct ction 101(2) of title 38, U.S. Code; and bey percent (50%) of the net profit or loss of which accrues to one or not check box	visors, underwriters, accountants, brokers, business in which: ly or indirectly, by one or more veterans as
Company Contact Name:	Title:	Email Address:	Telephone Number:
Text box	Text box	Text box	Number box
Alternate Contact Name: Text box	Title: Text box	Email Address: Text box	Telephone Number: Number box
Briefly describe the company's business plan and purpose for applying for Fannie Mae approval:	Text box		
Are you working with an industry consultant?	Yes check box	Name of Consultant/Company: Text box	No check box
	Yes check box	Name of Consultant/Company: Text box	No check box
Are you planning on merging with a Fannie Mae approved Seller/Servicer?	Yes check box	Name of that Company: Text box Seller/Servicer Number of that Company: Five-digit Number b	No check box
Provide the following information for each accompany, subsidiary, or entity with common mortgage lending or servicing, if any. If there affiliates, attach a document for additional a	ownership) engaged in e are more than two activ	Name: Text box	If Fannie Mae approved, provide Seller/Servicer number: Five-digit number box If Fannie Mae approved, provide Seller/Servicer number: Five-digit number box

Chief Information Officer, Chief Administrative Officer, etc.

Name:	Title:	Primary Responsibility	y: Email Addres	ss: Teleph	one Number:
Text box	Text box	Text box	Text box	Numbe	er box
Text box	Text box	Text box	Text box	Numbe	er box
Text box	Text box	Text box	Text box	Numbe	er box
Text box	Text box	Text box	Text box	Numbe	er box
Text box	Text box	Text box	Text box	Numbe	er box
Text box	Text box	Text box	Text box	Numbe	er box
	and whether they are a managing p	or individuals with more than 5 perc partner or general partner. Ownership Interest:	ent ownership interest) and  If Partnership, Type		a partnership, list the
Text box	Text box	Number box %	N/A check box	Managing Partner check box	General Partner check box
Text box	Text box	Number box %	N/A check box	Managing Partner check box	General Partner check box
Text box	Text box	Number box %	N/A check box	Managing Partner check box	General Partner check box
Text box	Text box	Number box %	N/A check box	Managing Partner check box	General Partner check box
Text box	Text box	Number box %	N/A check box	Managing Partner check box	General Partner check box
a) Convicted of a crime of a crim	or names in a pending criminal pro udgement, or decree enjoining the	e engagement in any activities in corsic (or as an associated or affiliated pe	or other minor offenses)?		Yes check box  Yes check box  No check box  Yes check box
c) Suspended, terminate		y HUD, GNMA, FHA/VA, or any mortg ddie Mac), conduit, or corresponder		arehouse lender,	Yes No check box
d) Insolvent, declared ba		insurance coverage or mortgagee's e ed or permitted the appointment of a			Yes No check box box

If yes, describe:	Text box										
-	•		or proceedings against the	company, or any of the	principal	officers, directors, p	partners	s, or owners of a 5 % or	more	interest,	been
threatened, pendin	<u>-</u>		•	- vo aviloto vo otto vo ovo			التنامين	ahta agamaiaa imaludis	I.	Yes	No check
	•		by state or federal banking t of Justice, the Federal Trac	, ,	•				_	check	box
	ulators, or comp			de Commission, the 0.5	, Departin	ent of flousing and	Olban E	revetopinent (1100),		box	BOX
If yes, describe:	Text box								J		ı
b) Any litigation	on alleging fair le	ending v	iolations (Fair Housing Act a	and/or ECOA), predator	y lending, d	or claims under HOI	EPA or s	tate anti-predatory	'	Yes	No check
lending sta	tutes?								(	check	box
16 1 1	1									box	
If yes, describe:	Text box						V				I
			iries, investigations, or othe siness, operations, assets, o			which reasonably r	nay be 6	expected to result in ar	-	Yes check	No check box
illateriat at	averse change ii	i tile bu	siness, operations, assets, t	or condition of the con	ipairy?		7			box	DOX
If yes, describe:	Text box								1		I
d) Any review	, investigation, o	or sanct	ion of the company for com	pliance failures related	d to the an	ti-money launderir	ng requi	rements of the Bank	`	Yes	No check
Secrecy Ac	t?						•		(	check	box
	1									box	
If yes, describe:	Text box										T
			e company experienced a si		ch of its sy	stems and/or a priv	acy-rel	ated breach that requi		Yes	No check
the compa	ny to sena cons	umer no	tifications to affected indiv	iduals?						check box	box
If yes, describe:	Text box								į.	JOX	I
Company Type	Bank/Thrif	ft	Credit Union	Mortgage Ba	anker	Housing Finance	9	Other (specify):			
(Select one):	. (6.1)	EDIC	al and the	CIA		Agency	1.6	State all the	N1 /A	-11	1
Company Regulator				CUA check box		OCC check box		State check box	N/A	check	DOX
Section II: Appr	oval Reques	t Infor	mation								
Approval Request fo	or First Mortgage	es. Selec	et one:								
Seller-only,	Servicing Rele	ased							Yes	check bo	ЭX
Seller and S	Servicer								Yes	check b	ох
Servicer-on	ly								Yes	check b	ох
Via Fannie Mae's Se	rvicing Marketp	lace (SM	IP) program?				Yes (	check box	No	check bo	ЭX
•		•	ny has with a Fannie Mae	Yes check box		Fannie Mae-approv	ed servi	icer(s):	No	check bo	OX
approved servicer(s	s) to purchase th	ne MSRs	?		Text box						

Will your company service the mortgage s rights of the loans sold to Fannie Mae in-h		Yes check b		Specify name of your company Text box	's servicing system:		No check box
Is your company currently servicing loans	?	Yes check b	юх	If yes, for how many years? T	nree-digit number box		No check box
Will your company utilize a subservicer to mortgage servicing rights of the loans solo Mae?		Yes check b	,	Specify the full legal name of the which your company has an experform the servicing duties or	ecuted subservicing agree	ement to	No check box
If utilizing a subservicer, do you intend to house?	perform any se	rvicing functio		No check box			
Is your company currently servicing its ow	n portfolio?	Yes check	box	No check box			
For which investors is your company currently servicing loans?	Freddie Ma box	c check FH	LB check	Other investors check box	If others, specify: Text b	оох	
Serviced in-house by your company:	UPB \$ Who	le number box		Loan Count: Number		verall serious deli nree-digit numbe	
Subserviced for your company:	UPB \$ Who	le number box		Loan Count: Number t		verall serious deli nree-digit numbe	
Provide the total volume of servicing for e Note, <b>Other Servicing</b> refers to fixed-rate multi-family (5+ units), insured by FHA, VA	and adjustable	e-rate single-fai		its); closed-end second liens; fu	ınding HELOCs, reverse m	ortgages; constru	uction-to-permanent;
Your company's MSRs owned, including Other Servicing:	UPB \$ Who	le number box		Loan Count: Number		verall serious deli nree-digit numbe	
Freddie Mac loans:	UPB \$ Who	ole number box		Loan Count: Number		verall serious deli nree-digit numbe	
Federal Home Loan Bank loans:	UPB \$ Who	le number box		Loan Count: Number		verall serious deli nree-digit numbe	'
Ginnie Mae loans:	UPB \$ Who	le number box		Loan Count: Number		verall serious deli nree-digit numbe	
							BOX 70
Private label securities (PLS), including Other Servicing:	UPB \$ Who	ole number box	(	Loan Count: Number		verall serious deli nree-digit numbe	nquency rate:
, ,,		le number box		Loan Count: Number			nquency rate:

	YTD (month-end or quarter-end)	Fiscal Year-End		Fiscal Year	-End	Fisca	l Year-End
Enter all data in thousands (000)	As of:/ Two-digit, two-digit, four-digit number boxes	As of:/ two-digit, four-d boxes	/ Two-digit, igit number		_/Two-digit, four-digit number	As of two-	digit, four-digit number
Total Assets	\$ Whole number box	\$ Whole number	box	\$ Whole no	umber box	\$ Wh	ole number box
GAAP Net Worth	\$ Whole number box	\$ Whole number	box	\$ Whole no	umber box	\$ Wh	ole number box
Less:							
Goodwill and other Intangibles (excluding MSRs)	\$ Whole number box	\$ Whole number	box	\$ Whole n	umber box	\$ Wh	ole number box
Affiliate Receivables	\$ Whole number box	\$ Whole number	box	\$ Whole no	umber bøx	\$ Wh	ole number box
Pledged Assets Net of Associated Liabilities	\$ Whole number box	\$ Whole number	box	\$ Whole no	umber box	\$ Wh	ole number box
Adjusted Net Worth	\$ Whole number box	\$ Whole number	box	\$ Whole no	umber box	\$ Wh	ole number box
Net Income or (Loss)	\$ Whole number box	\$ Whole number	box	\$ Whole no	umber box	\$ Wh	ole number box
Capital Ratios for Commercial Bank	ks and Thrifts:			•			
Total Risk-Based Capital (minimum 10%)	Three-digit number box %	Three-digit num	ber box %	Three-digi	t number box %	Three	e-digit number box %
Tier 1 Risk-Based Capital (minimum 6%)	Three-digit number box %	Three-digit num	ber box %	Three-digi	t number box %	Three	e-digit number box %
Tier 1 Common Risk-Based Capital (minimum 6.5%)	Three-digit number box %	Three-digit num	ber box %	Three-digi	t number box %	Thre	e-digit number box %
Tier 1 Leverage Capital (minimum 5%)	Three-digit number box %	Three-digit num	ber box %	Three-digi	t number box %	Three	e-digit number box %
Capital Ratios for all Others:							
Tangible Net Worth/Total Assets (minimum 7% for credit unions, 6% for all others)	Three-digit number box %	Three-digit num	ber box %	Three-digi	t number box %	Three	e-digit number box %
Has your company been submitting one of these systems? Select <b>one</b> :	g financial reports via FDIC Call box	Report check	NCUA Call Repor	t check	MBFRF check box (Required for <b>all</b> companies that are <b>nc</b> depository institution		N/A check box
Current Warehouse Lines of Credit:	Line Limit: \$ Whole nur	nber box	Warehouse Lend		Text box	'	
Note, the warehouse line section	·		Warehouse Lend		Text box		
<b>not</b> apply if your company is a	Line Limit: \$ Whole nur		Warehouse Lend Warehouse Lend		Text box Text box		
	Line Limit: \$ Whole nur	nber box	Traicilouse Lellu	c. Huille.	TONE BOX		

depository institution, e.g., comr bank, credit union, or thrift.	nercial Line Limit: \$ Whole nu	mber box V	Varehouse Lend	der Name: Text	box		
Provide your company's Fidelity	Coverage Amount:	Deductible Amoun	 t:	Carrier Name:		Expira	ation Date:
Bond insurance coverage:	\$ Whole number box	\$ Whole number bo	ОХ	Text box			ndar icon
Provide your company's Errors	Coverage Amount:	Deductible Amoun	t:	Carrier Name:		Expira	ation Date:
and Omissions insurance	\$ Whole number box	\$ Whole number bo	ОХ	Text box		Caler	ndar icon
coverage:							
Note, Directors & Officers coverag	ge is <b>not</b> acceptable in lieu of errors	and omissions.					
Section IV: Mortgage Loan (	Origination Information						
What annual loan volume do you a	nticipate selling to Fannie Mae in th	ne first 12 months?	\$ Who	le number box			
How long has the company been o	riginating mortgage loans, if applica	able?	Three-dig	it number box ye	ars	Two-digit n	umber box months
How long has the company been a	cquiring closed mortgage loans, if a	pplicable?	Three-dig	it number bøx ye	ars	Two-digit n	umber box months
Does your company close mortgag its own name?	e loans in Yes check box	No check box	If no, spec	cify name: Text	box		
Does your company use the Mortga	age Electronic Registration System (	MERS) to record morts	gage loan docur	nents?	Yes		No
What are your company's origination	on channel(s):	Retail Th	ree-digit numb	er Wholesal		_	espondent Three-digit ber box %
What are your company's current s	econdary market outlet(s)?	reddie Mac check bo	x	Federal Home	Loan Bank (Fl		gators check box
If originating mortgage loans, does underwriting authority?	s your company have delegated	Yes check be		If yes, for how manumber box	ny years? Th	ree-digit	No check box
If originating mortgage loans, wha company use?	t loan origination system does your	Text box	·				
If originating mortgage loans, what your company currently using?	t automated underwriting system is	Desktop Originat	or® check	Desktop Unde	erwriter® <mark>che</mark>	eck Loan	Advisor <sup>®</sup> check box
What is your company's average m		onventional QM: Wh	ole Gover	nment: Whole	Jumbo:	Whole	Other and non-QM:
loan production (loan count) and/o 12 months?	or acquisitions during the last	umber box	numb	er box	number bo	XC	Whole number box
Provide the following data:	Average single-family mort Whole number box	gage loan size\$	Average LTV?	Three-digit num		verage borro ligit number l	wer credit score? Three-
What is your company's single-fam product mix?	ily mortgage Fixed rate: Three-	digit number box %	Adjusted box %	I rate: Three-dig	it number	If other, spe	ecify type: Three-digit x %
What are your company's mortgag	e loan financing options?		Purchase:	Three-digit num	ber box % F	Refinance:	Three-digit number box %
What are your company's mortgag	e loan types?  Agenc	cy Eligible/Qualified Mo	ortgage: Three	e-digit number	Other/Non-Q	M: Three-o	digit number box %

List the states in which you	r company is	originati	ing and/or	acquiring	3	Text box									
mortgage loans: Is your company licensed in	n all the abov	ve states?	1			Yes check b	ООХ	No chec	k box	If no. e	xplain: Tex	t box			
Has your company ever had				voked?		Yes check box If yes, explain: Text box			•				No check box		
Does your company hedge origination pipeline?		s eck box	No chec	ck Via N	IBS for	wards? check	k box	Yes check	box	No check	Via TI box	3A forward	ds? check	Yes check box	No check box
Is your company currently of mortgages loans?					No check box	Via Agency Yes check No check If yes, which Agency? Text box MBS?			box						
Provide the mortgage loan repurchase demands your company received:	Currer	nt \$ Whole	e number b	OX	Currer numb	nt Unit Count: er box	Three	-digit	Las box	st 12 mont	s \$ Whole	number	Last 12 m digit num		Count: Thre
Provide your company's sir	ngle-family fi	rst mortg	gage loan <b>o</b>	riginatio	n and/	or acquisition	volum	, by pro	duct	<b>type</b> , for e	ch of the	last two y	ears.		
Year Ended: Drop-down box	x, four-digit y	year seled	ction				Year E	nded: D	rop-do	own box, fo	ur-digit y	ear selecti	on		
Product Type:	UPB:			Loan Co	ount:		Produ	ct Type:			UPB:			Loan Count	:
Conventional QM Fixed- Rate	\$ Whole n	umber bo	ЭX	Numbe	r box		Conve	ntional	QM Fix	xed-Rate	\$ Whole	number b	ox	Number bo	X
Conventional QM Adjustable-Rate	\$ Whole n	umber bo	XC	Numbe	r box			ntional able-Ra			\$ Whole	number b	OX	Number bo	X
Government	\$ Whole n	umber bo	ОХ	Numbe	r box		Gover	nment			\$ Whole	number b	ох	Number bo	Х
Jumbo	\$ Whole n	umber bo	ЭX	Numbe	r box		Jumb	0			\$ Whole	number b	ох	Number bo	X
Other and non-QM	\$ Whole n	umber bo	ХС	Numbe	r box		Other	and no	n-QM		\$ Whole	number b	ох	Number bo	Х
Provide your company's sir	ngle-family fi	rst mortg	age loan <b>p</b>	roductio	n volur	ne sold, by in	vestor t	<b>ype</b> , for	each	of the last	wo years.		•		
Year Ended: Four-digit num	ber box						Year E	nded: F	our-di	git number	box				
Investor:	UPB:			Loan Co	ount:		Invest	or:			UPB:			Loan Count	:
GSEs (Freddie Mac, FHLB)	\$ Whole n	umber bo	XC	Numbe	r box	7	GSEs	Freddie	Mac, I	FHLB)	\$ Whole	number b	ох	Number bo	Х
Non-Affiliates	\$ Whole n	umber be	ох	Numbe	r box		Non-A	ffiliates			\$ Whole	number b	ох	Number bo	Х
Affiliates	\$ Whole n	umber bo	OX	Numbe	r box		Affilia	tes			\$ Whole	number b	ох	Number bo	X
Held in Portfolio or for Investment	\$ Whole n	umber bo	XC	Numbe	r box		Held i Invest	n Portfo ment	lio or f	for	\$ Whole	number b	ox	Number bo	Х
UPB of mortgage loans held	d for sale:	\$ <b>W</b>	/hole numb	er box			UPB c	f mortg	age loa	ans held fo	r sale:	\$ Wh	ole number	box	
UPB of interest rate lock co with investor(s):	mmitments	\$ W	/hole numb	er box				f interes		lock comm	itments	\$ Wh	iole number	box	

List the state(s) in which	our company	owns or will ow	n the	Text box				
mortgage servicing rights	and/or servic	es or will service	e mortgage					
loans:								
Is your company licensed				Yes check box	No check box	, ,	n: Text box	
Has your company ever h	ad a state lice	nse suspended (	or revoked?	Yes check box	If yes, explain:	Text box		No check box
Provide your company's	ingle-family lo	oan <b>delinquenc</b>	<b>y volume</b> , as o	f the <b>calendar yea</b>	<b>r end</b> , for each o	f the last two ye	ars.	
Year Ended: Four-digit	number box				Year Ende	d: Four-digit n	umber box	
Delinquency:	UPB	:	Loar	Count:	Delinquen	cy:	UPB:	Loan Count:
30 Days:	\$ Wh	ole number bo	( Num	iber box	30 Days:		\$ Whole number box	Number box
60 Days:	\$ Wh	ole number bo	( Num	iber box	60 Days:		\$ Whole number box	Number box
90+ Days:			ıber box	90+ Days:		\$ Whole number box	Number box	
In Foreclosure:	\$ Wh	nole number box	( Num	iber box	In Foreclo	sure:	\$ Whole number box	Number box
In Bankruptcy:	\$ Wh	nole number box	( Num	iber box	In Bankruj	otcy:	\$ Whole number box	Number box
REO:	\$ Wh	nole number box	( Num	iber box	REO:		\$ Whole number box	Number box
Section VI: Operation	ns Informa	tion			V		•	
Functional Area	Response	Number of Employees	Department I Name	Year	d's Lead's s of erience	Title	Lead's Email	Lead's Telephone
Does your company have	experienced r	personnel in eac	<b>ch</b> of the follow				1	,
Bank Secrecy Act / Anti- Money Laundering Oversight	Yes check box No check box	Three-digit number box	Text box	Thre num box	ee-digit Text bo	)X	Text box	Number box
Internal Audit	Yes check box	Three-digit number box	Text box	num	ee-digit Text bo	X	Text box	Number box
	No check box			box				

Underwriting	Yes check box No check box	Three-digit number box	Text box	Three-digit number box	Text box	Text box	Number box
Appraisal Management	Yes check box No check box	Three-digit number box	Text box	Three-digit number box	Text box	Text box	Number box
Prefunding Quality Control <i>or</i> Pre-Purchase Quality Control	Yes check box No check box	Three-digit number box	Text box	Three-digit number box	Text box	Text box	Number box
Post-Closing Quality Control <i>or</i> Post- Purchase Quality Control	Yes check box No check box	Three-digit number box	Text box	Three-digit number box	Text box	Text box	Number box
Third-Party Quality Control Vendor Monitoring & Oversight	Yes check box No check box	Three-digit number box	Text box	Three-digit number box	Text box	Text box	Number box
Secondary Marketing	Yes check box No check box	Three-digit number box	Text box	Three-digit number box	Text box	Text box	Number box
If applying for <b>Servicer ap</b>	<b>proval</b> , does	your company al	so have <b>experienced personn</b>	<b>el</b> in <b>each</b> of th	ne following key areas?		
Investor Reporting, Reconciliation	Yes check box No check box	Three-digit number box	Text box	Three-digit number box	Text box	Text box	Number box
Custodial Account Reconciliation	Yes check box No check box	Three-digit number box	Text box	Three-digit number box	Text box	Text box	Number box
Cash Management	Yes check box No check box	Three-digit number box	Text box	Three-digit number box	Text box	Text box	Number box

Escrow, Loan	Yes check	Three-digit		ree-digit Text box	Text box	Numb	er box
Administration,	box	number box		mber			
Customer Service	No check		box	X			
- " · · ·	box						
Collections, Loss	Yes check	Three-digit		ree-digit Text box	Text box	Numb	er box
Mitigation	box	number box		mber			
	No check		box	X			
Danlamentos	box Yes check	Three-digit	Text box Thi	ree-digit Text box	Text box	Numb	
Bankruptcy,		number box		•	TEXT DOX	Nullio	er box
Foreclosure, Post-	box No chock	number box		mber			
Foreclosure	No check		box	X			
2 Learning Manitoring	box Yes check	There digit	Text box Thi	ree-digit Text box	Text box	Numb	- 1- 2
Subservicer Monitoring		Three-digit number box			TEXT DOX	Numb	er box
& Oversight	box	number box		mber			
	No check box		box	×			
Name of Internal Audit ver	2011						
Name of Prefunding Quali	-						
Name of Prefunding Quali Name of Subservicing Ove	ity Control ven	ndor, if outsourc	ed: Text box r, if outsourced: Text box				
Name of Prefunding Quali Name of Subservicing Ove	ity Control ven	ndor, if outsourc	ed: Text box	from prospective and c	urrent borrowers?		Yes check box
Name of Prefunding Quali Name of Subservicing Ove Does your company have	ity Control ven	ndor, if outsourd Control vendor sponding to, ma	r, if outsourced: Text box anaging, and tracking complaints				No check box
Name of Prefunding Quali Name of Subservicing Ove Does your company have	ity Control ven	ndor, if outsourd Control vendor sponding to, ma	ed: Text box r, if outsourced: Text box			ae-related loans?	No check box Yes check box
Name of Prefunding Quali Name of Subservicing Ove Does your company have	ity Control venersight Quality a policy for resuct backgroun	ndor, if outsourd Control vendor sponding to, ma	ed: Text box  r, if outsourced: Text box  anaging, and tracking complaints aployees who are or will be involved.	ved in the origination an		ae-related loans?	No check box
Name of Prefunding Quali  Name of Subservicing Ove  Does your company have  Does your company condu  Does your company have	ity Control venersight Quality a policy for resuct backgroun	ndor, if outsource control vendor sponding to, ma nd checks on em	r, if outsourced: Text box anaging, and tracking complaints aployees who are or will be involves for each of the following key a	ved in the origination an	nd/or servicing of Fannie M		No check box Yes check box No check box
Name of Prefunding Quali  Name of Subservicing Ove  Does your company have a  Does your company conductory  Does your company have a  Bank Secrecy Act / Anti-Mo	ity Control venersight Quality a policy for resuct backgroun written policie	rdor, if outsource r Control vendor sponding to, ma and checks on em	ed: Text box  r, if outsourced: Text box  anaging, and tracking complaints aployees who are or will be involved.	ved in the origination an areas?  Yes check	nd/or servicing of Fannie M box Vendor Manag		No check box Yes check box No check box Yes check box
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If applying for <b>Servicing approval</b> , doe	s your company also	have written policies and procedures fo	r <b>each</b> of the following	keyareas	
Investor Reporting, Reconciliation	Yes check box	Custodial Account Reconciliation	Yes check box	Cash Management	Yes check box
	No check box		No check box		No check box
Escrow, Loan Administration,	Yes check box	Collections, Loss Mitigation	Yes check box	Bankruptcy, Foreclosure, Post-	Yes check box
Customer Service	No check box		No check box	Foreclosure	No check box
Subservicer Monitoring & Oversight	Yes check box				
	No check box				

## **Section VII: Conflicts of Interest**

To the best of your knowledge, do any current or former Fannie Mae employees, or family members of current or former Fannie Mae employees, serve as	Yes check box
officers in your company?	No check box
To the best of your knowledge, do any current or former Fannie Mae board members, or family members of current or former Fannie Mae board members,	Yes check box
serve as officers in your company?	No check box
To the best of your knowledge, do any current or former Fannie Mae employees, or family members of current or former Fannie Mae employees, own a	Yes check box
financial interest in your company that is equal to or greater than 5%?	No check box
To the best of your knowledge, do any current or former Fannie Mae board members, or family members of current or former Fannie Mae board members,	Yes check box
own a financial interest in your company that is equal to or greater than 5%?	No check box
To the best of your knowledge, do any current or former Fannie Mae employees, or family members of current or former Fannie Mae employees, serve on	Yes check box
your company's Board of Directors?	No check box
To the best of your knowledge, do any current or former Fannie Mae board members, or family members of current or former Fannie Mae board members,	Yes check box
serve on your company's Board of Directors?	No check box
Does your company provide any goods and services to Fannie Mae for a fee in addition to the goods and services you provide as a seller/servicer, e.g., does	Yes check box
your company provide vendor services to Fannie Mae?	No check box

## **Section VIII: Certification and Signature**

The undersigned Company ("Applicant") hereby represents and warrants and agrees that: (1) all information provided in this Application or submitted as part of or in connection with the Application process (the "Application Package") is or will be complete and accurate at all times (from initial submission until the final approval decision by Fannie Mae), and (2) Applicant will promptly notify Fannie Mae of any material change in the Application Package after initial submission until the final approval decision by Fannie Mae. The Applicant understands that Fannie Mae will rely upon the information provided in the Application Package and that any misrepresentation or omission may constitute a civil or criminal violation and may be cause for suspension or termination as a Fannie Mae seller and/or servicer if the Applicant is approved.

The Applicant understands and agrees that Fannie Mae is under no obligation to grant approval of Fannie Mae seller and/or servicer status.

**Limitation on Application Withdrawal Request**. The Applicant understands and agrees that after Fannie Mae has notified Applicant that the Application Package is complete and has received the nonrefundable Application Review Fee (if any), then Fannie Mae will not accept an Application Withdrawal Request and will issue a final decision.

he undersigned individual signing this Application represents and certifies that the individual is duly authorized to sign this statement on behalf of the Applicant and, if using an lectronic signature, that the Applicant consents to the use of electronic records and signatures in its transactions with Fannie Mae, including the Application Package, and intends be bound by such electronic signature just as if it were an ink signature on paper.
ompany Name (Applicant): Text box
rinted Name: Text box Title: Text box
ignature: Allow hand-written or electronic signature  Date: Date box
hank you for your interest in becoming a Fannie Mae approved seller and/or servicer. Please submit the fully completed Application via email to
ellerservicer_application@fanniemae.com.
ote: Fannie Mae reserves the right to update its approval criteria and conditions, regardless of the information requested in this Application.