



224 Strawbridge Drive, Suite 200
Moorestown, NJ 08057

NEW BROKER APPLICATION

COMPANY INFORMATION

Company Name:	Federal Tax ID:
DBA(s), <i>if applicable</i> :	MERS Membership #:
Street Address:	Business Entity Type:
City, State, ZIP:	Incorporation/Formation Date:
Company Phone:	Incorporation State:
Company Fax:	Company Primary Contact:
Company Website:	Contact Phone:
NMLS ID #:	Contact Email:

OWNERSHIP INFORMATION

Principal/Owner:	* DOB (mm/dd/yy):
Title:	* Home Address:
% Owned:	
<hr/>	
Principal/Owner:	* DOB (mm/dd/yy):
Title:	* Home Address:
% Owned:	
<hr/>	
Principal/Owner:	* DOB (mm/dd/yy):
Title:	* Home Address:
% Owned:	
<hr/>	
Parent Company:	* Federal Tax ID:
% Owned:	Corporate Address:

(NOTE: *DATE OF BIRTH, AND/OR FEDERAL TAX ID REQUIRED FOR APPROVAL*)

- ❖ Above information required for any individual and/or Company with > 10% ownership interest.
- ❖ For any additional Ownership, please attach a separate list containing the above information.

INSURANCE / BONDS

PLEASE PROVIDE THE CARRIER NAME, AMOUNT (\$), EXPIRATION DATE AND CONTACT PHONE NUMBER FOR ANY OF THE FOLLOWING INSURANCE/BONDS THAT THE COMPANY HAS IN PLACE, IF APPLICABLE:

Fidelity Bond: _____

Surety Bond: _____

Error and Omissions: _____



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LENDER REFERENCES

PLEASE PROVIDE CONTACT INFORMATION FOR YOUR PRIMARY THREE LENDERS.

- 1) Lender Name: _____
 Primary Contact Name: _____
 Primary Contact Phone Number: _____
 Primary Contact Email: _____
- 2) Lender Name: _____
 Primary Contact Name: _____
 Primary Contact Phone Number: _____
 Primary Contact Email: _____
- 3) Lender Name: _____
 Primary Contact Name: _____
 Primary Contact Phone Number: _____
 Primary Contact Email: _____

PRODUCTION HISTORY

PLEASE PROVIDE A BREAKDOWN OF YOUR PRODUCTION FOR THE MOST RECENT 12-MONTH PERIOD.

Conventional Conforming \$:
 FHA \$:
 VA \$:
 USDA \$:

Jumbo \$:
 Non-QM \$:
 Other \$:

STATE LICENSING

PLEASE INDICATE THE STATES YOU WISH TO ORIGINATE IN

- | | | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DC | <input type="checkbox"/> DE | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> ID | <input type="checkbox"/> IL | <input type="checkbox"/> HI |
| <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO | <input type="checkbox"/> MT | <input type="checkbox"/> NE |
| <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA | <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD |
| <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | | | | | |

Is your organization a Federally Chartered or State Chartered bank?
 Is your organization a subsidiary of a bank or credit union?
 If "Yes" please identify the bank you are a subsidiary of:

- Federal State N/A
 Yes No N/A



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ADDITIONAL INFORMATION

Are you currently using any third-party services (i.e. Third Party Processing companies)? Yes No

IF YES, PLEASE LIST. REFER TO PAGE 6 OF THIS APPLICATION FOR ALL REQUIRED THIRD PARTY PROCESSING DOCUMENTATION.

Current Pricing Marketplace (e.g. LoanSifter, EPPS, etc.): _____

If your company plans on utilizing USDA loan products with Arc please provide the following:

USDA e-Auth ID: _____ User phone number: _____

AFFILIATED COMPANIES

** Affiliated Companies include any separate business entity that is fully or partially owned by either the Applicant or the Applicant's Principal(s), Director(s), or Officer(s).

1) Have any affiliate relationships been terminated within the past 12 months? Yes No

IF YES, PLEASE PROVIDE AN EXPLANATION:

2) For any existing affiliates**, please provide the following information (list if additional):

a. Affiliated Company Name: _____

Affiliated Company Address: _____

Length (tenure) of Affiliation: _____

Brief description of business activities: _____

Ownership Breakdown (include Name and % ownership): _____

% Applicant's Production that runs through affiliate: _____

% Affiliate's business driven by Applicant: _____

Does Applicant share employees with affiliate? Yes No

Does Applicant share office space with affiliate? Yes No

Does any employee of Applicant have signing authority at the affiliated company? Yes No

(Include Name(s), Title): _____

*** IF AFFILIATE IS A TITLE COMPANY, COMPLETE THE FOLLOWING ***

Title Insurer: _____

Main Contact Name: _____

Main Contact Phone: _____

Main Contact Email: _____



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b. Affiliated Company Name: _____
 Affiliated Company Address: _____
 Length (tenure) of Affiliation: _____
 Brief description of business activities: _____
 Ownership Breakdown (include Name and % ownership): _____
 % Applicant's Production that runs through affiliate: _____
 % Affiliate's business driven by Applicant: _____

Does Applicant share employees with affiliate? Yes No
 Does Applicant share office space with affiliate? Yes No
 Does any employee of Applicant have signing authority at the affiliated company? Yes No
 (Include Name(s), Title): _____

***** IF AFFILIATE IS A TITLE COMPANY, COMPLETE THE FOLLOWING *****

Title Insurer: _____
 Main Contact Name: _____
 Main Contact Phone: _____
 Main Contact Email: _____

DISCLOSURES

- 1) Has your Company, and/or principals or corporate officers, had a real estate or other professional license suspended or revoked, or received any other disciplinary action from a regulatory agency? Yes No
 IF YES, PLEASE PROVIDE AN EXPLANATION:
- 2) Has your Company been suspended from selling or servicing mortgages by an Investor? Yes No
 IF YES, PLEASE PROVIDE AN EXPLANATION:
- 3) Are you aware of any company officers or employees that are or have been on any agency, state, or federal exclusionary list? Yes No
 IF YES, PLEASE PROVIDE AN EXPLANATION:



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- 4) **Has your Company, and/or principals or corporate officers, been named as a defendant in a lawsuit for alleged fraud or misrepresentation in connection with any real estate-related activity, or been involved in any criminal proceedings or litigation in the past seven years?** Yes No

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS SURROUNDING ANY SETTLED, OPEN OR PENDING LITIGATION: 1) LITIGATION EXPLANATION, 2) PLAINTIFF NAME, 3) DATES THE CASE WAS OPENED AND RESOLVED, 4) POTENTIAL CORRESPONDENT EXPOSURE AMOUNT, AND 5) THE COMPANY ACTION PLAN TO RESOLVE.

- 5) **Have any principals or corporate officers ever been convicted of a crime?** Yes No

IF YES, PLEASE PROVIDE AN EXPLANATION:

- 6) **Has your company, and/or owners or corporate officers, filed for bankruptcy within the past seven years?** Yes No

IF YES, PLEASE PROVIDE AN EXPLANATION:

- 7) **Has your company ever had material adverse findings included in any audit examination that was conducted by HUD, VA, Fannie Mae, Freddie Mac, or any regulatory agency?** Yes No

IF YES, PLEASE PROVIDE AN EXPLANATION:

- 8) **Do you have processes in place to ensure compliance with any applicable federal, state, and local high cost and anti-predatory lending statuses?** Yes No



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9) Please provide details surrounding any settled, open, or pending Repurchases and/or Indemnifications within the past 12 MONTHS. Include: 1) investor name, 2) note date, 3) repurchase amount, and 4) repurchase explanation (please include with respect to each loan). If no repurchases/indemnifications, enter "N/A".

10) Please provide your latest employee onboarding policy that speaks to any exclusionary lists new hires are checked against the Office of Foreign Asset Control's Specially Designated Nationals and Blocked Persons list ("SDN List") U.S. General Services Administration (GSA) Excluded Parties List, the HUD Limited Denial of Participation List (LDP) List and the Federal Housing Finance Agency (FHFA) Suspended Counterparty Program (SCP) list, etc.).

If no policy exists, please confirm in writing that all employees are checked against the SDN List, the GSA Excluded Parties List, the LDP list, the FHFA SCP List during the onboarding process and periodically thereafter.

11) Has your Company developed a compliance program in accordance with FinCEN's Anti-Money Laundering rules issued pursuant to the Bank Secrecy Act? If yes, please either provide a copy of that policy or explain how compliance with FINCEN's requirements are managed.

Yes No

12) Is your Company in compliance with CFPB's loan originator compensation rules?

Yes No

13) Is your Company in compliance with SAFE Act regulations?

Yes No



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REQUIRED DOCUMENTATION

Please provide your most recent company prepared Balance Sheet and P&L/Income Statement, no more than 6 months aged.

Please provide a copy of a Corporate Resolution.

- Please provide resumes or bios for all owners.
 - Please provide a copy of your Quality Control Plan, if applicable. If no written plan exists, please summarize any quality control measures that you have in place.
 - Please provide an executed copy of the Broker Agreement.
- Please provide a completed IRS W9 Form (current version).
Please provide a completed broker compensation selection form.
Please provide a copy of your AML policy
Please provide a copy of your AIR Compliance Plan (Appraiser Independence Requirements), if applicable

THIRD PARTY PROCESSING DOCUMENTATION (if applicable)

Disclaimer: Please note, all Third Party Processors/Companies must be approved by Arc’s Compliance Team in order to charge the Processing Fee. Brokers are required to complete the following Third Party Processing Documentation and provide to their Account Executive for Compliance review. The review takes 3 business days to complete. Failure to obtain the necessary approval could result in third party processing fees being omitted from the loan estimate/closing disclosure.

- Please provide a completed Arc Home Third Party Processing Approval Form.
- Please provide a copy of your OFR 494-13, for Florida individual processors

CERTIFICATION & AUTHORIZATION

The undersigned certifies that the statement set forth herein and in any accompanying documents are true and factual to the undersigned’s best knowledge. The undersigned hereby authorizes Arc Home LLC, or its affiliates or agents to obtain verification of the information it may deem necessary about the applicant and its principals from any source including any investor, governmental agency or authority, MI company, or any other person or entity including warehouse guarantors.

Additionally, the undersigned and company (“We”) represent and warrant that the information provided is complete and accurate in all respects. We understand that this application is made for the purpose of inducing Arc Home LLC to approve our request for a broker relationship with Arc Home LLC. We authorize Arc Home LLC to make such investigation of our financial condition and the representations contained in the application. We understand that this application shall remain the confidential property of Arc Home LLC for all purposes. We agree to notify you immediately of any adverse change affecting the company.

The Federal Equal Credit Opportunity Act requires that all creditors, including Banks, Savings and Loans, small companies, retail stores and others, make credit equally available to all credit worthy customers without regard to sex, marital status, race, color, religion, national origin, age, the fact that all or part of the applicant income is derived from a public assistance program, or the fact that this application has in good faith exercised any right under the Consumer Credit Protection Act or applicable state law.

AUTHORIZED OFFICER SIGNATURE:

OFFICER NAME/TITLE:

DATE:

AUTHORIZED OFFICER SIGNATURE:

OFFICER NAME/TITLE:

DATE:



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NEW BROKER SET UP FORM

Account Executive: _____

Product Elections:

Channel	Conventional	Jumbo	FHA	VA	USDA	Non-QM		Arc Elite QM
						Non-DSCR Programs	DSCR Program	
Wholesale								

SPARC Credentials:

Please identify one admin and one additional user within this organization for SPARC credentials, and specify their SPARC User Role(s) - check all roles that apply.

SPARC User Type	SPARC User Information						
SPARC Admin <i>(required)</i>	SPARC User Role(s): <input type="checkbox"/> Admin <input type="checkbox"/> Loan Officer <input type="checkbox"/> Processor <input type="checkbox"/>						
	Name			Email Address			NMLS <i>(if applicable)</i>
	Office Phone Number			Cell Phone Number*			
Additional User	SPARC User Role(s): <input type="checkbox"/> Admin <input type="checkbox"/> Loan Officer <input type="checkbox"/> Processor <input type="checkbox"/>						
	Name			Email Address			NMLS <i>(if applicable)</i>
	Office Phone Number			Cell Phone Number*			

**** Important Note:** All SPARC users must provide a cell phone number; it is used for multi-factor authentication only.

Please select an AMC territory that corresponds with your licensing coverage :

Select