



224 Strawbridge Drive, Suite 200  
Moorestown, NJ 08057

## NEW COMMERCIAL BROKER APPLICATION

### COMPANY INFORMATION

Company Name:	Federal Tax ID:
DBA(s), if applicable:	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:	* Last 4 of Social Security #:
Title:	* DOB (mm/dd/yy):
% Owned:	* Home Address:
Principal/Owner:	* Last 4 of Social Security #:
Title:	* DOB (mm/dd/yy):
% Owned:	* Home Address:
Principal/Owner:	* Last 4 of Social Security #:
Title:	* DOB (mm/dd/yy):
% Owned:	* Home Address:
Parent Company:	* Federal Tax ID:
% Owned:	Corporate Address:

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

❖ Above information required for any individual and/or Company with > 10% ownership interest. ❖

NOTE: SSN is NOT used to pull credit.

❖ For any additional Ownership, please attach a separate list containing the above information.



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## 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: \_\_\_\_\_

## ORINATION/LENDER INFO

DSCR Originations	Total Dollars	# of Loans
YTD 2023	\$	
2022	\$	
2021	\$	

Investor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Monthly Volume (\$\$): \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Relationship Since: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Investor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Monthly Volume (\$\$): \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Relationship Since: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Investor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Monthly Volume (\$\$): \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Relationship Since: \_\_\_\_\_ Contact Email: \_\_\_\_\_

## 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. Identify your current Pricing Engine(s): \_\_\_\_\_

## 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:



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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 space with affiliate?          Yes      No
- Does any employee of Applicant have signing?      Yes      No
- Authority at the affiliated company? (Include Name(s), Title): \_\_\_\_\_

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

- \*\*\* Title Insurer: \_\_\_\_\_
- Main Contact Name: \_\_\_\_\_
- Main Contact Phone: \_\_\_\_\_
- Main Contact Email: \_\_\_\_\_

- 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?     Yes     No
- Authority at the affiliated company? (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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## 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:

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/CRIMINAL PROCEEDING EXPLANATION, 2) PLAINTIFF NAME, 3) DATES THE CASE WAS OPENED AND RESOLVED, 4) POTENTIAL COMPANY 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:



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- 7) **Has your company ever had material adverse findings included in any audit examination that was conducted by a loan Investor 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 laws regarding lending statutes?** Yes      No
  
- 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) **Do you check all employees who are involved in the origination of mortgage loans against the FHFA Suspended Counterparty Program List, U.S. General Services Administration Excluded Parties List, and HUD LDP List?** Yes      No  
IF NO, PLEASE PROVIDE AN EXPLANATION:
  
- 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

## REQUIRED DOCUMENTATION

- Please provide a copy of a Corporate Resolution.
- Please provide an executed copy of the Commercial Loan Brokerage Agreement. Please provide a completed IRS W9 Form (current version).
- Please provide a completed broker compensation selection form.
- Good Standing Certificate/Documentation issued within past 60 days
- Financial Statements dated within the last 6 months
- Please provide a copy of your real estate license (MI, NJ, PA only)



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## REQUIRED DOCUMENTATION CONT.

### 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 Form.

*Additional information or documentation may be requested by Arc Home LLC for the approval to deliver certain products.*

## 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: .....

**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): 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): 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