

Company Name:	Date:	
Broker Contact:	Account Executive:	

ANNUAL RECERTIFICATION CHECKLIST

Required Documentation

Mortgage Broker Annual Recertification Form
Copy of Mortgage Officer License, Broker License and Branch License(s)
Signed and Dated Most Recent P & L Statement and Balance Sheet (Min. of \$25,000 required)
If there's been a change in Broker of Record, Senior Officers, Ownership, manager(s), and Branch
Manager(s)
Updated Resumes of Broker of Record and all Principal(s)/Senior Officers, Manager(s) and Branch
Manager(s)
Updated Credit Consent form signed by principals, owners, partners, and broker of record
Updated FCRA Background Check Authorization

Thank you for your continued support partnering with Cake Mortgage Corp. ("CMC"). Please return the completed renewal package to your Account Executive for recertification.



Company Information				
Legal Name of Entity:				
Doing Business As:				
Street Address (No P.O. Box):				
City:	State: ZIP Code:			
Phone: Fax:	Company E-mail:			
Contact Person:	Contact E-mail:			
Type of Business: Sole Proprietor Corp. S. Co	orp. Partnership Federal Tax ID:			
	(SSN# if Sole Prop)			
Date Incorporated:	County: State:			
Principal(s) / Senior Officer(s)				
Name	Title SS # % Owned			
	%			
	%			
	%			
	%			
CMC may order a credit report on one or more principa	Is listed above. If a report is needed, we will contact			
the above in advance prior to ordering any credit repor	t.			
Are you owned, controlled, or a subsidiary of any other entity? Yes No (If Yes, Name of Entity)				
Is the company or any person affiliated* with any other i	eal estate related business, such as builder, property			
management, insurance, escrow, realty, contractor, loan	modification company, appraisal, or credit repair company?			
(If Yes, please provide the following information on each				
*Affiliated is defined as having an ownership in, partnership, have interest in, or family/close personal relationship				
NAME	ADDRESS			
Are you closing loans under your license or an affiliated Closing Agent/Escrow or Title Company? Yes □ No □				
NAME	ADDRESS			
Broker of Record				
Broker of Record:	License #:			
Broker NMLS #:	Date Issued:			
Company NMLS #:	Expiration Date:			
Home Address:	Email:			



References: List Three (3		-	P . G . G	T	DI "	
Company	Contact Person		Email		Phone #	
If licensed approved by any	of the following entities, ti	he following	informa	ation is required.		
FHA/HUD No.:			Date Approved:			
Veterans Affairs No:			Date Approved:			
Fannie Mae No:			Date Approved:			
Freddie Mac No:			Date Approved:			
Branch Offices:						
Address			Branch Manager Name, NMLS #			
Productions						
	Year to Date Volume			Previous Year's Volume		
Product Type	Dollar Amount	% of To	otal	Dollar Amount	% of Total	
FNMA / FHLMC "A" Paper	\$		%	\$	Ç	
Jumbo "A" Paper	\$		%	\$	C	
FHA	\$	%		\$		
VA	\$	%		\$	(
Other	\$	%		\$		
Total	\$	%		\$	(



	Disc	losures		
1.) Is there any pending litigation in	olving any principals/	owners?	Yes □	No □
Has applicant ever been suspend lender?	, 11			No □
3.) Have you ever been a Defendant a loan transaction?	3.) Have you ever been a Defendant in a Lawsuit Initiated by a Lender, Investor, or any party involved in			No □
Have you ever been disciplined or agency?	4.) Have you ever been disciplined or have unfavorable findings by a local, state or federal regulatory			No □
5.) Have you been required to repur				No □
If yes to 1-5, please attach a cor	nplete detailed explan	ation and supporting documentation.		
6.) Does your company have an inte contained in your loan? If yes, ple	•	erify authenticity of the information ation.	Yes □	No □
Authorization and Certification				
undersigned further certify that said Mor	tgage Broker is not a	d standing with any all applicable regulatory a defendant in any litigation alleging fraud, misr nis Mortgage Broker application are true and c	epresenta	tion or
Signature	Date	Signature	D	ate
Signature Broker (Company) of Record (Print)	Date Title	Signature Principal / Senior Officer (Print)		ate
			Ti	
Broker (Company) of Record (Print)	Title	Principal / Senior Officer (Print)	Ti	itle
Broker (Company) of Record (Print) Signature	Title Date	Principal / Senior Officer (Print) Signature	Ti	itle

AUTHORIZATION TO CONDUCT BACKGROUND CHECK FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Notice of Intent to Procure Consumer Report

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.* ("FCRA"), this notice is to inform you that as part of our evaluation for consideration of your application to be a correspondent seller with Advantage Capital Lending, Inc and, if applicable, ongoing monitoring of your status as a correspondent seller, we may, from time to time, obtain and review consumer report(s) and/or investigative consumer report(s) concerning you and

A consumer report is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit standing, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment. For example, a consumer report may contain, among other things, information about your credit history, civilian and/or military criminal record, driving record, civil judgments and liens, your educational background and/or your work history.

These report(s) will be obtained through the following companies:

Credit Plus

31550 Winterplace Pkwy Salisbury, MD 21804 (800) 258-3488

LexisNexis

555 West Fifth Street, Suite 4500 Los Angeles, CA 90013 (800) 253-4182

If we obtain a consumer report about you, and if we make a decision that directly and adversely affects you, based in whole or in part on the information in the consumer report, you will be provided with a copy of the consumer report and a summary of your rights under FCRA. You are free to contact the Consumer Financial Protection Bureau about your rights under FCRA, as a consumer, with regard to consumer reports and consumer reporting agencies.

You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. You are also entitled toreceive a copy of the Consumer Financial Protection Bureau's publication, "A Summary of Your Rights Under the Fair Credit Reporting Act" a copy of which is attached to this disclosure and authorization form. You may have additional rights under state law.

Authorization to Conduct Background Check:

By signing below, I hereby voluntarily authorize Cake Mortgage Corp., Credit Plus, LexisNexis and/or such other consumer reporting agency or background check company as Advantage Capital Lending, Inc may direct, to conduct a credit and background check on me and

and to provide the results to Cake Mortgage Corp. I hereby voluntarily authorize Cake Mortgage Corp. to consider the consumer reports and background check reports when making decisions regarding my application to be a correspondent seller or, if applicable, my continued status as a correspondent seller. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters.

By signing below, I authorize any present or past employer, supervisor or agent of the employer; high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, state workers' compensation agency, credit bureau, personal or professional reference, companies engaged in the financing or purchasing of mortgage loans, liquidity providers, government agencies and any other company or commercial enterprise in the discretion of Cake Mortgage Corp. to release records or information to Cake Mortgage Corp., Credit Plus or such other consumer reporting company as Cake Mortgage Corp. may direct concerning myname, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and any relevant information relating to

and release those businesses from any and all liability for any damage that may result from my authorization to furnish this information. I understand that I have rights under the Fair Credit Reporting Act, and may have additional rights under state laws, including the rights discussed above. This authorization shall be valid in original, faxed or photocopied form.

Printed Name	First	Last	Middle
Title			
Social Security#			
Date of Birth			
Home Address	Street		
	City	State	Zip Code
Signature:		Date:	