

Managers' Questionnaire and Document Request List

Licensee Name:	License No: NMLS ID:
Period Examined:	

The Managers' Questionnaire and Document Request List contains questions and information requests regarding your operations. The information provided should reflect your operations the **date the questionnaire is completed**.

The licensee must complete the following schedules and/or provide documentation requested within the schedule:

Schedule	Description	Mortgage Lender	Mortgage Broker¹
MQ-A	Managers' Questionnaire	✓	✓
MQ-B	Document Request List	✓	✓

¹Mortgage brokers include mortgage lenders engaged in brokering or correspondent lending.

All licensees must complete the Manager's Questionnaire attached. All questions must be answered. If not applicable, insert N/A. If there is inadequate space or attachments are required, attach additional sheets or material to this questionnaire and reference the section to which it refers.

Provide supporting documents in **Excel format or other electronic format** to OCOB, as directed in the exam notification letter.

Examiners will review material provided by licensee and may request additional information to ascertain compliance with Federal and North Carolina Mortgage Lending Laws.

Managers' Questionnaire

1. Provide name of Loan Origination Software (LOS) system used:

Provide name of Closing Document Preparation Software (DPS) system used:

Provide name of Post-Closing Software (PCS) system used:

Provide name of Compliance Software System (CSS) used:

Do the above software system platforms include the appropriate level of compliance checks to ensure all applicable Federal Laws and North Carolina State Statutes are tested?

	YES	NO	N/A
LOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no/not applicable, please provide a brief response explaining how Federal Laws and State Statutes are tested (for example North Carolina rate spread or Federal higher priced mortgage).

2. Does the licensee or any officer, principal, partner, owner, director or employee own more than 1% of the following settlement service providers, or do any of these settlement service providers own 1% or more of the licensee?

<u>Type of Company</u>	<u>YES</u>	<u>NO</u>
Title Company	<input type="checkbox"/>	<input type="checkbox"/>
Appraisal Company	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Company	<input type="checkbox"/>	<input type="checkbox"/>
Credit Reporting Company	<input type="checkbox"/>	<input type="checkbox"/>
Credit Counseling Company	<input type="checkbox"/>	<input type="checkbox"/>
Credit Service Company	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>
Securities Company	<input type="checkbox"/>	<input type="checkbox"/>
Builder	<input type="checkbox"/>	<input type="checkbox"/>
Home Improvement Contractor	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Developer	<input type="checkbox"/>	<input type="checkbox"/>
Escrow Company	<input type="checkbox"/>	<input type="checkbox"/>
Any other settlement service provider	<input type="checkbox"/>	<input type="checkbox"/>

If YES to any of the companies, complete attached **Schedule B**.

3. Has licensee been approved with any of the following?

Managers' Questionnaire

- | | | | |
|--------------------------|-------|--------------------------|-----|
| <input type="checkbox"/> | FNMA | <input type="checkbox"/> | FHA |
| <input type="checkbox"/> | GNMA | <input type="checkbox"/> | VA |
| <input type="checkbox"/> | FHLMC | | |

If any boxes were checked, state the date of approval, and the date the approval was surrendered, restricted, or removed (if applicable).

4. Does licensee utilize kiosks at any branch or other location?
 YES NO

If yes, describe the kiosk and describe and/or provide any agreement relating to the kiosk.

ORIGINATION

5. What was/is licensee's main source of business?

- | | |
|--|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Trade Publications |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Telephone Solicitation |
| <input type="checkbox"/> Print Advertisement | <input type="checkbox"/> Third party loan brokers |
| <input type="checkbox"/> Television/Radio Advertisements | <input type="checkbox"/> Other (specify): |

6. Has any independent entity brokered residential mortgage loans to licensee?
 YES NO

If YES, provide the name(s) and address(es) of the independent entity.

7. Has licensee received monies, prior to loan closings, from consumers?
 YES NO

If YES, state the types of fees and how the fees are handled: include types of accounts funds are held in and where appropriate, include the details of the process used.

8. Is there a private label agreement between your company and another company for employees to originate mortgage loans?
 YES NO

(continued below)

If YES, provide an explanation and a copy of the agreement(s).

Managers' Questionnaire

If YES, are the private label loans reported on the NMLS Call Report and/or with the OCOB loan data upload?

9. Does licensee have a third-party agreement with any other individual or company? For example, marketing services agreement, servicing, other.
 YES NO

If YES, provide an explanation and a copy of the agreement(s).

SALES OF LOANS AND LOAN FUNDING

10. Has licensee been requested or required to repurchase any mortgage loan, pay a settlement in lieu of repurchasing the mortgage loan, or return compensation to a lender/investor?
 YES NO

If YES, provide details.

11. Has licensee made or brokered any loans, which defaulted within the first three months?
 YES NO

If YES, provide details.

FINANCIAL INFORMATION

12. Is an internal auditor employed by the licensee?
 YES NO

If YES, describe the reporting procedure and the audit program used.

13. Is the licensee currently delinquent (more than 60 days past due) on any account owed to any creditor or vendor?
 YES NO

If YES, provide a list of the creditors and vendors, the amount of the delinquency, and the reason for the delinquency.

14. How does the licensee manage or hedge interest rate risk?

Managers' Questionnaire

Managers' Questionnaire

SCHEDULE B

Complete this schedule if any officer, principal, partner, owner, director, or employee owns more than 1% of a title company, appraisal company, real estate company, credit reporting company, credit counseling company, credit service company, insurance company, securities company, builder, home improvement contractor, real estate developer, escrow company, or any other settlement service provider.

Name of Affiliated Entity	Type of Business	Address	Relationship	Amount of ownership

Document Request List

Provided	N/A	
		LOAN PERSONNEL NOT ISSUED W-2 FORMS
<input type="checkbox"/>	<input type="checkbox"/>	A. If any person or entity acts as a loan counselor, loan consultant, loan originator or loan processor on behalf of the licensee and is not issued a W-2 statement by the licensee, provide name(s), services provided (including a copy of the executed servicing agreement), and contact information here or attach a separate page.
		FINANCIAL
<input type="checkbox"/>	<input type="checkbox"/>	B. Provide a list of all bank accounts utilized by the licensee during the past six months. Include: <ul style="list-style-type: none"> + Name and address of the depository institution; + Account number; + Type of account; and + Purpose of each account. <p>Lenders: Provide the most recent bank account statement and reconciliation for each account.</p> <p>Brokers: Provide copies of the last six months bank statements and reconciliation for each account.</p>
<input type="checkbox"/>	<input type="checkbox"/>	C. Provide check register(s) or cash disbursement journal(s) to coincide with number of bank statements provided.
<input type="checkbox"/>	<input type="checkbox"/>	D. Provide company credit card statements for the past six (6) months.
		FUNDING
<input type="checkbox"/>	<input type="checkbox"/>	E. Provide a listing of all warehousing and borrowing lines of credit available to the licensee at the end of the last quarter. In an excel spreadsheet, include: <ul style="list-style-type: none"> + Name and address of the creditor; + Total dollar amount of the line; and + Amount currently in use; + Report of all loans in production pipeline as of last quarter.
<input type="checkbox"/>	<input type="checkbox"/>	F. Provide a list of all loans outstanding under warehouse lines of credit at the end of the last quarter. In an excel spreadsheet, include: <ul style="list-style-type: none"> + Borrower name; (Last, First) + Property address; + Dollar amount of loan; + Total number of days outstanding.
<input type="checkbox"/>	<input type="checkbox"/>	G. Provide a list of all secondary market sources and commitments, as of the end of the last quarter. In an excel spreadsheet, include: <ul style="list-style-type: none"> + Name of the investor; (Last, First) + Amount of the commitment; + Expiration date; + Amount currently available under the commitment.

Document Request List

<input type="checkbox"/>	<input type="checkbox"/>	<p>H. Provide a list of all loans rescinded during the scope period. In an excel spreadsheet, include:</p> <ul style="list-style-type: none"> + Name (Last, First); + Loan #; + Date of Origination; + Date Loan Rescinded; + Total Closing Cost Paid by borrower.
EMPLOYEES		
<input type="checkbox"/>	<input type="checkbox"/>	<p>I. Provide a list of ALL current and former NC MLOs since their licensure date. In an excel spreadsheet, include:</p> <ul style="list-style-type: none"> + Name (Last, First, Middle); + Title; + Last four digits of SSN; + NC License #; + NMLS Unique Identifier #; + Hire date; + Termination date.
<input type="checkbox"/>	<input type="checkbox"/>	<p>J. Provide a list of ALL current and former support personnel servicing the NC market. In an excel spreadsheet, include:</p> <ul style="list-style-type: none"> + Name (Last, First, Middle); + Title; + Last four digits of SSN; + NC License #; + NMLS Unique Identifier #; + Hire date; + Termination date; + Location.
<input type="checkbox"/>	<input type="checkbox"/>	K. Provide the physical location of payroll records and personnel files.
<input type="checkbox"/>	<input type="checkbox"/>	L. Provide Federal and NC payroll tax filings (W-2 Statements, 1099s, ESC filing, Forms 940, 940-EZ, 941, NC-5 or NC-5M). Include year-to-date and previous year filing.
MISCELLANEOUS		
<input type="checkbox"/>	<input type="checkbox"/>	M. Provide minutes from Board of Director meeting (from the most recent four meetings).
<input type="checkbox"/>	<input type="checkbox"/>	N. Provide copies of all residential mortgage loan advertising utilized by licensee for the previous 12 months.
<input type="checkbox"/>	<input type="checkbox"/>	O. Provide a list of all websites including websites of qualifying individuals and mortgage loan originators.
<input type="checkbox"/>	<input type="checkbox"/>	P. If the licensee was compensated by a lender or a broker for brokering or co-brokering an application, provide the name of the lender or broker, their NMLS unique identifier and the number and dollar amount of loans for which the licensee was compensated during the Period. Attach an explanation for any entities which do not have a unique identifier.
<input type="checkbox"/>	<input type="checkbox"/>	Q. Provide a list of all lenders with whom you regularly do business that make mortgage loans to your customers (Brokers and Correspondent Lenders only).
<input type="checkbox"/>	<input type="checkbox"/>	R. Provide a copy of all executed contracts with Mortgage Origination Support Registrants (MOSRs - aka contract processors and/or underwriters).

Document Request List

<input type="checkbox"/>	<input type="checkbox"/>	<p>S. Provide copies of ALL policies and procedures in place during the examination review period. Such policies and procedures include, <u>but are not limited to</u>:</p> <ul style="list-style-type: none"> + Compliance Management Policy; + Operational, lending / underwriting, + Fraud, + Customer complaints, + Personnel administration/employee conduct, + Employee employment agreements, + Employee compensation agreements, + Due diligence policies and procedures and contracts for third-party processes (vendor management and oversight).
<input type="checkbox"/>	<input type="checkbox"/>	<p>T. Provide licensee's BSA/AML compliance program. Include:</p> <ul style="list-style-type: none"> + Written policies, procedures and processes; + Most recent employee training records; + Most recent independent audit report; + Compliance officer and independent reviewer qualifications.
<input type="checkbox"/>	<input type="checkbox"/>	U. Provide licensee's Written Information Security Plan.
<input type="checkbox"/>	<input type="checkbox"/>	V. Provide licensee's Business Continuity and Disaster Recovery Plan.
<input type="checkbox"/>	<input type="checkbox"/>	W. Provide licensee's Identity Theft Protection Program.
<input type="checkbox"/>	<input type="checkbox"/>	X. Brokers: Provide a list of all lenders currently utilized to fund loans. Include a description of each lender's policy and options available relating to the preparation and delivery of the initial Loan Estimate, and all other early loan disclosures.
<input type="checkbox"/>	<input type="checkbox"/>	Y. Lenders: Provide a detail of options available to brokers for the preparation and delivery of the initial Loan Estimate, and all other early loan disclosures.
<input type="checkbox"/>	<input type="checkbox"/>	Z. Provide the most recent audit and quality control reports from the internal and/or external auditor.
<input type="checkbox"/>	<input type="checkbox"/>	AA. Provide a copy/description of the company's current business plan.
<input type="checkbox"/>	<input type="checkbox"/>	BB. Provide a copy of the current organizational chart.
<input type="checkbox"/>	<input type="checkbox"/>	CC. Provide a copy of all MLO Compensation Plan(s).
<input type="checkbox"/>	<input type="checkbox"/>	DD. Provide a description of the company's complaint management process.
<input type="checkbox"/>	<input type="checkbox"/>	EE. Provide a list of examinations in process or conducted in the previous three years. Include the name of the agency that conducted the exam and the date the exam started (example, CFPB, state of South Carolina, etc.).

Document Request List

CERTIFICATION

{Enter Name of Authorized Representative}, certifies that he/she is

{Enter Title of Authorized Representative}, of {Enter Name of Licensee} and that the foregoing answers, all information contained in attached supplemental schedules, and all other documentation submitted in response to this questionnaire is true and correct in all respects to the best of his/her knowledge and belief.

Certified this day of , 20

(Signature of Authorized Representative)