Application for Approval Ginnie Mae Mortgage-Backed Securities Issuer

U.S. Dept of Housing and Urban Development Government National Mortgage Association OMB Approval Numbers 2503-0033 (Exp.04/30/2026)

Public Reporting Burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The information requested on this form is required by Sec. 306(g) of the National Housing Act or by Ginnie Mae Handbook 5500.3. The information collected assists Ginnie Mae in determining which lenders should be approved to participate in the Ginnie Mae Mortgage Backed Securities Postam. It is used to help Ginnie Mae minimize its risk. Applicants are not required to respond to this collection of information unless a currently valid approved OMB control number is displayed on the form.

Privacy Act Statement. Names and dates of birth are requested in order for Ginnie Mae to obtain positive identification of the **applicant**'s officers, directors, stockholders and employees who have authority to obligate the applicant. The information requested will be used soler to determine the eligibility of the individuals to participate in the Ginnie Mae Mortgage-Backed Securities Program. The Department is apthorage to request this information by Executive Order 9397 and it will not be disclosed outside the Department except as required or permitted by taw. The dates of birth are provided to Ginnie Mae on a voluntary basis. Failure to provide this information could cause delay in processing or the applications.

Instructions for Completing Form HUD-11701: Applicants seeking approval as an approved issuer with the Government National Mortgage Association ("Ginnie Mae") must complete this form and submit the required documentation listed in these instructions with a nonrefundable application fee of \$2,500, made payable to Ginnie Mae at the time of application. The application fee is to be paid directly to Ginnie Mae's Office of the Chief Financial Officer via pay.gov. The application package itself must be sent to the appropriate address shown below via overnight delivery.

Required Documentation for Ginnie Mae I and/or Ginnie Mae II Approval.

The following are the required documentation to be submitted with form HUD-11701 for verying that an applicant meets Ginnie Mae requirements for issuer approval. For additional information on the Ginnie Mae I and II programs see Handbook 5500.3. All applicants will be approved to issue Ginnie Mae I and II single-family securities; however, in order to securitize Ginnie Mae II pools or Ioan packages, applicants must also execute form HUD-11709, Master Agreement for Servicer's Principal and Interest Custodial Account, and form HUD-11709-A, ACH Debit Authorization. Required documentation for each type of approval is check marked.			Ginnie Mae II
1.	Evidence of payment via pay.gov to Ginnie Mae for nonrefundable application fee (\$2,500)		\checkmark
2.	HUD Form 11702		\checkmark
3.	Certificate of Insurance - Fidelity Bond reflecting edequate coverage and proper Ginnie Mae loss payee endorsement		\checkmark
4.	Certificate of Insurance - Errors and Omissions reflecting adequate coverage and proper Ginnie Mae loss payee endorsement		\checkmark
5.	Evidence of Quality Control Plan for underwriting origination, and servicing of mortgage loans and secondary marketing. Provide a copy of quality control findings for the past six months and management's response to those findings		
6.	Audited financial statements for lates three years (2 copies)		
7.	Most recent interim financial statement (balance sheet and income statement) signed by an officer as true and correct		
8.	Dollar value of loans to officers/directors/affiliates as of most recent financial audit		\checkmark
9.	Dollar value of pleaged assets as of the most recent financial audit		
10.	List of affiliated issuents) participating in the Ginnie Mae program, along with their four-digit Ginnie Mae issuer identification number(s)		
11.	List of name(s), address(es), telephone number(s), and contact person(s) for mortgage insurance companies, warehouse lenders, and investors for whom the applicant is currently doing business		
12.	HUD Form 11709		
13.	HCD Sorm 11709-A		\checkmark
	*		

lication package must be sent Overnight Delivery to the address below:

Ginnie Mae Attn: Office of Enterprise Risk 550 12th Street, SW, Third Floor Washington, DC 20024 U.S. Department of Housing and Urban Development Government National Mortgage Association

Mortgage-Backed Securities Issuer

1a. Applicant's Business Name 2a. Phone (Include area code and extension) 1b. Doing Business As (if applicable) 2b. FAX (include area code) 3. Geographic Address of Home Office (must be a physical address) 2c. E-mail address of applicant Attention (Use a title, not an individual's name) 2c. E-mail address of applicant Street Address 5a. Contact person for this applicant City State Zip Code 5b. Contact person's prione number and extension 6a. Contact person's prione number 4. Mailing Address Check if same as Geographic Attention (Use a title, not an individual's name) 6b. Contact person's E-mail address Street Address/P.O. Box Date [acorporated, Established or Chartered] City State Zip Code 9. Program Approval(s) Requested Ginnie Mae Multifamily 10. Minority / Woman Owned Business (Optional) 9. Program Approval(s) Requested Ginnie Mae Manufactured Housing 10. Minority-Owned 11. Institution Type Ginnie Mae Manufactured Housing 11. Applicant Tax ID (9 digits) 13. Fiscal Year Enc (month) 11. Institution Type Housing Authentity 12. Applicant Tax ID (9 digits) 13. Fiscal Year Enc (month)	Section A. General Information						
3. Geographic Address of Home Office (must be a physical address) 2c. E-mail address of applicant Attention (Use a title, not an individual's name) 2c. E-mail address of applicant Street Address 5a. Contact person for this applicant City State Zip Code County 6a. Contact person's pfrom number and extension 6b. Contact person's E-mail address Attention (Use a title, not an individual's name) 6b. Contact person's E-mail address Street Address/P.O. Box Date person's E-mail address City State Zip Code 9. Program Approval(s) Requested 10. Minority / Woman Owned Business (Optional) Ginnie Mae Single Family Ginnie Mae Multifamily Minority-Owned 9. Program Approval(s) Requested Ginnie Mae Manufactured Housing Woman-Owned 11. Institution Type Ginnie Mae Multifamily Minority-Owned / Woman-Owned 11. Institution Type Bank Housing Authority 12. Applicant Tax ID (9 digits) 13. Fiscal Year End (month)	1a. Applicant's Business Name			2a. Phone (include area code and extension)			
Attention (Use a title, not an individual's name) 22. E-mail address of applicant Street Address 5a. Contact person for this applicant City State Zip Code 5b. Contact person's prone number and extension County 6a. Contact person's prone number and extension 6b. Contact person's PAX number 4. Mailing Address Check if same as Geographic 6b. Contact person's E-mail address Attention (Use a title, not an individual's name) 6b. Contact person's E-mail address Street Address/P.O. Box Date Jacorporated, Established or Chartered City State Zip Code 9. Program Approval(s) Requested 10. Minority / Woman Owned Business (Optional) Ginnie Mae Single Family Ginnie Mae Multifamily Minority-Owned Ginnie Mae HECM Securities Ginnie Mae Manufactured Housing Woman-Owned 11. Institution Type Eank 12. Applicant Tax ID (9 digits) 13. Fiscal Year End (month)	1b. Doing Business As (if applicable)				2b. FAX (include area code)		
City State Zip Code 5b. Contact person's ptione number and extension County 6a. Contact person's PAX number 4. Mailing Address Check if same as Geographic Attention (Use a title, not an individual's name) 6b. Contact person's E-mail address Street Address/P.O. Box 0ahe lacorporated, Established or Chartered City State Zip Code 9. Program Approval(s) Requested 10. Minority / Woman Owned Business (Optional) Ginnie Mae Single Family Ginnie Mae Multifamily Ginnie Mae HECM Securities Ginnie Mae Manufactured Housing 11. Institution Type I1. Institution Type Credit Union Bank Housing Autherity 12. Applicant Tax ID (9 digits) 13. Fiscal Year Enc (month)					2c. E-mail address of applicant		
County 6a. Contact person SPX number 4. Mailing Address Check if same as Geographic Attention (Use a title, not an individual's name) 6b. Contact person's E-mail address Street Address/P.O. Box 0are Incorporated, Established or Chartered City State Zip Code 9. Program Approval(s) Requested 10. Minority / Woman Owned Business (Optional) Ginnie Mae Single Family Ginnie Mae Multifamily Ginnie Mae HECM Securities Ginnie Mae Manufactured Housing 11. Institution Type Gredit Union Credit Union Bank Savings Bank Housing Authority	Street Address			5a. Contact person for this application			
4. Mailing Address Check if same as Geographic Attention (Use a title, not an individual's name) 6b. Contact person's E-mail address Street Address/P.O. Box 7 Date Incorporated, Established or Chartered City State Zip Code 9. Program Approval(s) Requested 10. Minority / Woman Owned Business (Optional) Ginnie Mae Single Family Ginnie Mae Multifamily Ginnie Mae HECM Securities Ginnie Mae Manufactured Housing 11. Institution Type Gredit Union Savings Bank Housing Authority	City		State	Zip Code	5b. Contact person's phone number and extension		
Attention (Use a title, not an individual's name) 65. Contact perion's E-mail address Street Address/P.O. Box 1 Date Incorporated, Established or Chartered City State Zip Code 9. Program Approval(s) Requested 10. Minority / Woman Owned Business (Optional) Ginnie Mae Single Family Ginnie Mae Multifamily Ginnie Mae HECM Securities Ginnie Mae Manufactured Housing 11. Institution Type Minority - Owned / Woman-Owned Savings Bank Housing Authority	County				6a. Contact person s FAX number		
City State Zip Code State of Under Laws of the State of (if applicable) 9. Program Approval(s) Requested 10. Minority / Woman Owned Business (Optional) Ginnie Mae Single Family Ginnie Mae Multifamily Minority-Owned Ginnie Mae HECM Securities Ginnie Mae Manufactured Housing Woman-Owned 11. Institution Type Bank 12. Applicant Tax ID (9 digits) 13. Fiscal Year End (month)					6b. Contact person's E-mail address		
9. Program Approval(s) Requested Image: Control of Co	Street Address/P.O. Box				Date Incorporated, Established or Chartered		
Ginnie Mae Single Family Ginnie Mae Multifamily Minority-Owned Ginnie Mae HECM Securities Ginnie Mae Manufactured Housing Woman-Owned 11. Institution Type Bank 12. Applicant Tax ID (9 digits) 13. Fiscal Year End (month)	City		State	Zip Code	SUnder Laws of the State of (if applicable)		
Credit Union Bank 12. Applicant Tax ID (9 digits) 13. Fiscal Year End (month) Savings Bank Housing Authority (month)	Ginnie Mae Single Family				 Minority-Owned Woman-Owned 		
14. All Applicants must provide the information below for all officers, along with owners having a 25% or greater ownership interest in the applicant. If	 Credit Union Savings Bank Mortgage Co./Finance Co. 		ousing Authori ther	`	(month)		

additional space is needed, use a separate sheet. Please indicate which one officer will be in charge of the day-to-day operations of the applicant's Ginnie Mae business by checking the box infront of one name.

Officer/Owner Name	Title (if applicable)	Date of Birth	% Ownership
¢V,			

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Section B. History and Business Status

Please check the appropriate answer for each question below. If any of the questions require a "Yes" answer, provide an explanation on a separate sheet.

- Yes No 1. Is the applicant the subject of any assessments, or contingent liabilities not disclosed in its financial statements?
- 2. Has the applicant or any of its principals, officers, individuals serving on the Board of Directors, or individuals acting as authorized signatories, ever been, or are any presently suspended, terminated, debarred, sanctioned, fined, convicted, denied approval, or refused a license by any Federal, State, or local government agency, or a government-related entity, where the action is related to the responsibilities that are commensurate with those of the financial services industry?
- 3. Is the applicant or any of it principals, officers, individuals serving on it's Board of Directors, individuals acting as authorized signatories, or employees currently involved in a proceeding or subject to an investigation that could result, or has resulted, in suspension, fine, or disbarment by a Federal, State, or local government agency, conviction in a criminal matter, bankruptcy or denial of fidelity insurance or mortgagee's errors and omissions insurance coverage?

Section C. Supplemental Information

1. FHA Mortgagee Number

2. Fannie Mae Seller/Servicer Number(s)

3. FHLMC Seller/Servicer Number(s)

4. Total Dollar Amount of Mortgage Servicing Portfolio

(Servicing) (Sub-servicing) \$ \$

- 5. On a separate sheet, please provide a brief description on the applicant's history. Please include operating and business plans.
- 6. On a separate sheet, please provide the following: Mortgage loan operations and volume of originations segregated by loan type (i.e., conventional, FHA/VA, RHS) during the last three years for single family residential and multifamily loans.

Yes No

5.

6.

7. 🗌 🗌

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for each denial.

or managing agent.

loss?

Have any mortgage insurance companies, secondary

marketing agencies or warehouse lenders, or broker/

dealers denied the applicant approval in the three previous fiscal years being reported? Provide the date and reasons

Has the applicant been subject to any past or present action

by HUD, VA, Fannie Mae, Freddie Mac, or other

government-related entity to indemnify the entity against

supervisory action by any regulatory agency? Regulatory actions include, but are not limited to supervisory agreements, cease and desist orders) notices of

determination, memorandum of understanding, unresolved audits, and investigations. Supervisory actions include, but

are not limited to, the appointment of a trustee, conservator,

Has the applicant of any owner, principal, or managing executive been involved, through ownership or otherwise, with a previously defaulted Ginnie Mae Issuer(s)?

or

Is the applicant currently subject to regulatory

- 7. On a separate sheet, please list investors number of loans and dollar amount for whom the applicant services mortgages (subservicing is to be identified and boken out separately using the same format).
- 8. On a separate sheet, please provide a description of any restrictions on the applicant's activities that have been imposed by Fannie Mae and/or Freddie Mac. Please also provide a copy of the applicant's annual eligibility certification report and the most recent compliance report from Fannie Mae and/or Freddie Mac.
- 9. For those applicant, applying for approval in Ginnie Mae's multifamily program, provide eligibility certification of multifamily approval by Fannie Mae and/or Freddie Mac.
- 10. For those applicants who are not approved for Fannie Mae's and/or Freddie Mac's multifamily program, provide two resumes showing the relevant experience in multifamily origination and servicing for the past ten years.
- 11. On a separate sheet, please list Investors to whom the applicant sells mortgages.

On a separate sheet, please provide at least four resumes (minimum of three full-time officers and one full-time employee) for the key officers and employees of the applicant. The resume must show the employee's name, date of birth, home address, and the relevant experience pertaining to the mortgage banking industry. Please include each employee's employment history for the past ten years by name of the employer, date, title, supervisor, and a brief description of the duties, responsibilities, and accomplishments. Each resume must also include an original signature and date.

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Section D. Ginnie Mae Certifications

 The financial statements submitted to Ginnie Mae are complete and accurate statements of the applicant's financial condition.

- 2. I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief. I understand that if I knowingly have made any false, fictitious, or fraudulent statement, representation, or certification on this form or on any accompanying documents, I may be subject to civil and criminal penalties, including fines and/or imprisonment, under applicable federal law, including but not limited to 18 U.S.C. §§1001, 1010, and 1012, and 31 U.S.C. §§3729 and 3802.
- 3. Each applicant warrants that while the application is pending action by Ginnie Mae, the applicant will notify Ginnie Mae in writing of a change in any material factor that could affect the application decision.
- 4. Agreements: The undersigned applicant by submitting this application agrees to issue and administer Ginnie Mae mortgage-backed securities and service pooled mortgages in accordance with Section 306(g) of the National Housing Act, its applicable regulations; and the applicable "Government National Mortgage Association Mortgage-Backed Securities Guide" (Ginnie Mae Handbook 5500.3).

	pplicants are required to sign and date the application.
Applicant Signature	Date:
	Name:
	Title: (must be President, Vice President, Partner or Managing Member)
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revious editions obsolete	Page 3 of 3 form HUD-11701 (08/01/2013) ref Handbooks 5500.3