



Mortgage Banker/Mortgage Broker/Mortgage Loan Servicer Questionnaire

Please fill in electronically or print and fill in neatly by hand. Please answer all questions.
Use "No", "None", or "Not Applicable" where necessary.

Personal/Contact Information

Full Name:
First Middle Last

Social Security Number:

Home Address:
Street Address Apartment/Unit #

City State ZIP Code

Phone: Fax:

E-mail Address:

Have you ever been known by or used any other name, names, alias, etc?

If yes, please list any and all such names below:

Full Name:
First Middle Last

Full Name:
First Middle Last

Full Name:
First Middle Last

Family Information

Marital Status: Single Married Separated Divorced widowed

Information on Spouse:

Full Name:
First Middle Last Maiden Name

Date of Birth: Place of Birth:

Social Security Number:

Dependents:

Name (First, middle initial, last)	Relationship	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Father's Name Mother's Name

Address: Address

Date of Birth Date of Birth

Place of Birth Place of Birth

Service in the U.S. Armed Forces:

Have you served in the Armed Forces of the United States? Yes No

If yes, branch of Armed Forces

(a) Date of Entry to active service

(b) Date of Release from active service

(c) Service serial number

(d) Have you ever received a discharge from the U.S. Armed Forces which was other than honorable?

Yes No

If yes, please provide a full explanation including the type of discharge, and when and where issued

Education				
Level	Institution/School Name & Address <i>(Please include city, state and zip code)</i>	Dates of Attendance	Major Area of Study	Degree Granted & Date Awarded
High School				
College/University (Undergraduate)				
College/University Graduate School				
Professional or Technical School				

Employment Record for the fifteen year period preceding date of present application, Business Interest & Licensing Information (Use additional sheets if necessary)

Name & Address of Employer	Dates of Employment	Position Held & Duties	Immediate Supervisor	Reasons for Leaving

Do you have a license to practice a particular profession? Yes No

If Yes, please provide the following details:

Type or Nature of License:

Licensing Agency and Address:

License Number: Date Issued:

Are you Self Employed? Yes No

If yes, please provide information below on each entity or enterprise, corporate or otherwise, which you own or control, including name, address, type of business, state of incorporation and your percentage of ownership. (Control here refers to ownership of 10% or more of the stock, or the ability to effectively control the management of the entity.) Attach additional pages if necessary.

Name: Address:

Type of Business: State of Incorporation: Control/Ownership: %

Name: **Address:**

Type of Business: State of Incorporation: Control/Ownership: %

If applicable, please provide information below on each of other incorporators, partners, directors or officers of the entity or corporation(s) referred to above: names, address and percentage of control and/or ownership. Attach additional pages if necessary.

Name: **Control/Ownership:** %

Address:

Name: **Control/Ownership:** %

Address:

Name: **Control/Ownership:** %

Address:

Are you employed in any professional capacity, or do you perform any services for or have any business connections with any entity that is subject to the supervision of the Department of Financial Services, or any agency or authority of the State of New York? Yes No

If yes, please indicate below the name and address of the entity and your title or the nature of your work:

Name of Entity:

Address:

Title/Nature of Work:

Name of Entity:

Address:

Title/Nature of Work:

Have you had, or do you now have, any financial interest, direct or indirect, in any institution under the supervision of any authority or agency in New York State, or any other state? Yes No

If yes, indicate the name, address and nature of your interest in the institution(s) below:

Name of Entity:

Address:

Title/Nature of Interest:

Name of Entity:

Address:

Title/Nature of Interest:

Debt & Tax Information

Do you have any debts in excess of \$10,000 which may not be reported on the credit report that you have submitted? Yes No

If Yes, Please explain in detail the nature of this debt below:

Have you (individually) and any enterprise in which you are an owner or partner, filed the required federal, state, and local tax returns for the previous three calendar years? Yes No

If no, please explain the circumstances and include the date on which any applications for extension have been filed below:

Answer yes to any of these questions if they apply to you as an individual, or as a partner, director or officer of a corporation.

- (a) Are any arrests, indictments, criminal information or other criminal proceedings pending against you? Yes No
- (b) Were you ever convicted for any violation of law? Yes No
- (c) Have you or has any partnership of which you were a member of any corporation of which you were a principal officer or major stockholder ever been adjudged bankrupt or involved in a civil action either as a defendant or plaintiff? Yes No
- (d) Have you ever initiated or been named in any administrative or disciplinary proceedings? Yes No
- (e) Has your salary ever been garnished? Yes No
- (f) Has any enterprise in which you were a partner, director or officer been the subject of federal or state administrative proceedings, criminal indictment, criminal information or criminal proceedings? Yes No

If you answered Yes to the any of the above questions, please list on a separate sheet of paper, the dates, names and location of the court or jurisdiction or administrative agency and a brief description of each action or charge and its disposition. Please report all legal actions regardless of disposition

Professional References

List below the names, phone numbers and addresses of three (3) references who can attest to your character, fitness, professional reputation, professional competence and business skills:

(Note: References may not be current business partners, associates or employees)

Name: Phone:

Address:

Name: Phone:

Address:

Name: Phone:

Address:

Legal Identification Status:

Please fill in any of the following that apply to your status:

Passport Number: Country of Issue:

Permanent Resident Card Number: Expiration Date:

U.S. Naturalization Certificate Number:

Temporary Visa/Work Permit Number: Expiration Date:

Please explain or describe below any work restrictions that you are subject to based on the above status:

Signature

Date

The undersigned affirms, that the statements made and answers given herein are accurate and complete, and hereby authorizes the New York State Department of Financial Services to make any inquiry it deems appropriate in connection with processing this questionnaire. False written statements in the questionnaire are punishable under Sections 210.45 of the New York Penal Law (making a punishable false written statement) and also will be sufficient cause for denial of a registration, license or charter by the New York State Department of Financial Services.

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any duly authorized representative of the New York State Department of Financial Services (NYSDFS) bearing this release, or copy thereof, within one year as of this date, to obtain any information in your files pertaining to any professional license awarded to me (including any grievance records). Employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), credit records, and law enforcement records (including, but not limited to any record of a charge, prosecution or conviction for criminal or civil offenses). Hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the NYSDFS. Consent is granted for the NYSDFS to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, your employers, officers, employees, and related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by statute or regulation. I understand that NYSDFS will use this number only to assist the Superintendent in making a determination as to whether I meet the standards set forth in the Banking Law for receiving the charter, license or registration for which I am applying. Should there be any question as to the validity of the release, you may contact me as indicated below.

I have read the above release and agree to the terms and conditions therein;

Social Security Account Number: _____

Date of Birth: _____

Parent or Guardian: _____
(if required)

Date: _____

Current Address: _____

Telephone Number: _____

CPA/Bar Membership(s) State: _____

Registration Number: _____

Full Name: _____
(Signature)

Full Name: _____
(Typed or Printed)
(Include maiden and any other previously used name)

State of _____: SS

_____ County

Before me, a Notary Public in and for said County and State, personally appeared the above:

Named _____ who acknowledged that _____ did sign the foregoing instrument and that the same is _____ free and voluntary deed act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at _____
_____ this _____ day of _____, 20 _____

Notary Public