



Affiliate Application

Principal Contact Name: _____ Phone: _____
 Mailing Address: _____ Fax: _____
 City/ST/Zip: _____ Cell Phone: _____
 WWW Address: _____ Email: _____
 Current Company Name: _____ Owner Employee

Proposed Affiliate Office Business Name and Office Cost Structure:

(The following information is necessary in assisting us in helping you structure your potential new APMC affiliate. If you already have an operating loan origination branch that you plan to move to an APMC Affiliate status intact, enter your best estimate of known costs. If you are starting a new branch or expect your existing branch cost structure to change significantly, enter your best guesstimate of what you expect the costs and employee structure to look like.)

Proposed Business Name that you will use ("dba name"): American Pacific Mortgage Corporation dba
 Office Location: (at least City & ST where you plan to operate) _____

Proposed Office Management Structure (indicate primary breakdown of responsibilities)

| | NAME | SS# | Licenses Held |
|-----------------|-------|-------|---------------|
| Office Mgr. | _____ | _____ | _____ |
| Operations Mgr. | _____ | _____ | _____ |

Historic Production Information:

(Please provide us with some information about the historic production level for yourself. If you are already operating a loan production office that is to be included in our consideration of potential volume, please include that information as well)

| Year | Personal Production | | Office Production | | General Breakdown by Loan Type | | % |
|-------------|---------------------|---------------|-------------------|---------------|--------------------------------|-------|---|
| | # of Loans | Dollar Volume | # of Loans | Dollar Volume | Conventional | | |
| Current YTD | _____ | _____ | _____ | _____ | FHA | _____ | |
| Prior Year | _____ | _____ | _____ | _____ | VA | _____ | |

of Originators: _____ Avg. # monthly fundings per Originator _____ Avg. \$ per loan _____ Avg. monthly \$ income _____
 Avg. Commission Split: _____ % # of full-time, salaried employees _____ Average monthly salary per employee \$ _____

Other Branch Cost Estimates:**Monthly Estimate****Expense Comments/Notes**

Office Lease Expense \$ _____
 Office Equipment Lease Expense \$ _____
 Utilities (Telephone, Electric, Internet) \$ _____
 Supplies, Janitorial, Misc Expenses \$ _____
 Advertising/Marketing \$ _____
 Other General & Administrative Expenses \$ _____
Total Monthly (non-employee) Expenses \$ _____

Trade/Business References:

(Please list 3 of the primary companies who you use on a regular basis in the process of originating loans)

| Company | Contact Name | Phone | Relationship |
|---------|--------------|-------|--------------|
| | | | |
| | | | |
| | | | |

The undersigned, hereafter referred to as "Applicant", certifies that the information contained in this branch affiliate application and additional documentation that is provided by Applicant is true and correct. Applicant authorizes American Pacific Mortgage Corporation, hereafter referred to as "APMC", to obtain verification of any information contained herein from any source named or other source, including credit bureaus, business references and governmental agencies necessary to verify the above information.

Confidentiality of Information – Applicant acknowledges that as part of its due diligence process, that it will learn or will have access to various trade secrets, confidential and proprietary information about methods, techniques, processes, applications, approaches and other information in various forms, which such information is used or useful in the conduct of APMC's business (hereinafter referred to as "Confidential Information"). Applicant further acknowledges that: (i) although all or any part of such Confidential Information may be obtainable from other sources it can only be obtained or developed at great expense over a long period of time and all such Confidential Information is therefore extremely valuable and an important business asset in APMC's business, and (ii) the Confidential Information is the exclusive, property of APMC. Applicant shall not, at any time either during or after its due diligence process, directly

Signature: _____ Date: _____

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or indirectly, use, disclose, publish, transfer, reveal, disseminate or otherwise publicize or make available to anyone the Confidential Information which they learn, or which Applicant has been given access or which was revealed to Applicant during their due diligence process without the prior consent of APMC.

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Statement of Personal Resources

(Please complete for each proposed management person)

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if: (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative consumer Report is conducted, I will be notified in writing within three days from request of said report. I Believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

PERSONAL INFORMATION

NAME _____ SS# _____
 (First) (Middle) (Last)

List any other names used in the last 7 years _____ DATE OF BIRTH _____

CURRENT ADDRESS _____ HOME PHONE _____

CITY, ST, ZIP _____ YEARS AT THIS ADDRESS? _____
 Address City ST Zip How Long

LIST ALL PRIOR ADDRESSES FOR THE PAST SEVEN YEARS _____

DRIVERS LICENSE # _____ STATE? _____ ARE YOU A U.S.CITIZEN? Yes No

PROFESSIONAL LICENSES/CERTIFICATIONS:

| Professional License/Certification | Date Acquired | Expiration | Issuing Authority |
|------------------------------------|---------------|------------|-------------------|
| | | | |

WORK EXPERIENCE: LIST CHRONOLOGICALLY BEGINNING WITH PRESENT EMPLOYMENT.

| Dates (Month/Yr) | Employer | Location (City/ST) | Position |
|------------------|----------|--------------------|----------|
| to | | | |
| to | | | |
| to | | | |

Are you currently, or have you ever been, a party in a lawsuit or industry related investigation? Yes No

Have you had any disciplinary action taken against you from State or Federal regulatory authorities (i.e., HUD, Dept. of Real Estate, Etc.)? Yes No

Have you ever had any negative findings in a State or Federal audit? Yes No

Have you ever been convicted/or pled no contest to a criminal offense (felony or misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case. - _____

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION

Company Name: **American Pacific Mortgage Corporation** Location #: **3000 Lava Ridge Ct, Ste 200, Roseville, CA 95661**
 Return Info To: _____ Via Fax #: _____ or e-mail: _____

Information Requested, Please check all that you wish completed

- Criminal History Civil History Credit Report Social Security Verification Driving Report Education/Degree Verification
 Reference Check National Wants & Warrants Professional License Verification Previous Employer Verification O.I.G name search

Disclaimer

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Absolute Background, and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Absolute Background, can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Pre-employ.com, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Absolute Background, its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the

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Statement of Personal Resources

appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history , credit history and / or workers compensation claim history.

| | | | |
|---|----------|---|--------------------|
| NAME _____ | | SS# _____ | |
| List any other names used in the last 7 years _____ | (First) | (Middle) | (Last) |
| CURRENT ADDRESS _____ | | | |
| CITY, ST, ZIP _____ | | | |
| ASSETS | | (Omit Cents) | LIABILITIES |
| | | (Omit Cents) | (Omit Cents) |
| Cash on hands & in Banks _____ | \$ _____ | Accounts Payable _____ | \$ _____ |
| Savings Accounts _____ | \$ _____ | Notes Payable to Banks and Others _____ | \$ _____ |
| IRA or Other Retirement Account _____ | \$ _____ | Installment Account (Auto) _____ | \$ _____ |
| Accounts & Notes Receivable _____ | \$ _____ | Mo. Payments \$ _____ | |
| Life Insurance-Cash Surrender Value Only _____ | \$ _____ | Installment Account (Other) _____ | \$ _____ |
| Stocks and Bonds _____ | \$ _____ | Mo. Payments \$ _____ | |
| Real Estate _____ | \$ _____ | Loan on Life Insurance _____ | \$ _____ |
| Automobile-Present Value _____ | \$ _____ | Mortgages on Real Estate _____ | \$ _____ |
| Other Personal Property _____ | \$ _____ | Unpaid Taxes _____ | \$ _____ |
| Other Assets _____ | \$ _____ | Other Liabilities _____ | \$ _____ |
| | | Total Liabilities _____ | \$ _____ |
| | | Net Worth _____ | \$ _____ |
| Total Assets | | Total Liabilities and Net Worth | |
| \$ _____ | | \$ _____ | |
| Source of Income | | Contingent Liabilities | |
| Salary _____ | \$ _____ | As Endorser or Co-Maker _____ | \$ _____ |
| Net Investment Income _____ | \$ _____ | Legal Claims & Judgments _____ | \$ _____ |
| Real Estate Income _____ | \$ _____ | Provision for Federal Income Tax _____ | \$ _____ |
| Other Income (Describe below)* _____ | \$ _____ | Other Special Debt _____ | \$ _____ |

****In order for this application to be complete, please attach the following documents:**

If you are currently own or manage an office:

- 1) **Current P&L and Balance Sheet**
- 2) **Personal and Business Tax Returns for last two years**
- 1) **One Month of Personal and Business Asset Documentation**
- 2) **Production Report for last 12 months**

If you are currently a Loan Officer

- 1) **Personal Tax Returns for last two years**
- 2) **One Month of Personal Asset Documentation**
- 3) **Production Report for last 12 months**

Signature: _____ Date: _____

Signature: _____ Date: _____