

MPF Mortgage Operations Questionnaire, page 1 of 2

MPF® Participating Financial Institution – Application Mortgage Operations Questionnaire



Member Name: A Member #: B

Please complete this Mortgage Operations Questionnaire as part of the application process for the MPF Program. The purpose of completing this questionnaire is to provide information regarding your mortgage operation, origination, and servicing volume. If you have any questions, please feel free to call your MPF Bank representative.

To complete this questionnaire follow the steps below:

- A. Enter the member's name.
- B. Enter the member's number.
- C. Select and/or enter the appropriate responses.

* This is a fillable form, most responses may be typed prior to printing

C	1.	Mortgage Operations: Information Mortgage operations commenced in _____ year.																		
	a.	To which credit repositories do you report? (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Experian <input type="checkbox"/> Equifax </div> <div> <input type="checkbox"/> TransUnion <input type="checkbox"/> Innovis </div> </div>																		
	b.	Does your institution use a commercial software package or an in-house computer system for Loan Origination? <input type="checkbox"/> Yes <input type="checkbox"/> No If commercial software, specify the package used. _____																		
	c.	If your institution uses an Automated Underwriting System, please specify. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Desktop Underwriter <input type="checkbox"/> Both <input type="checkbox"/> Other (specify) _____ </div> <div> <input type="checkbox"/> Loan Prospector <input type="checkbox"/> N/A </div> </div>																		
	2.	Residential 1-4 Family Mortgage Origination Volume (in \$1,000s)																		
		Provide originations by product type as of the current year and the previous year. Include total number of loans and originated volume: (Indicate N/A if not applicable)																		
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To complete this questionnaire follow the steps below (continued):

- A. Continue to select the appropriate responses
- B. Enter the name of the individual that completed this form for the member and date.

A	3. Residential 1-4 Family Mortgage Servicing Volume (in \$1,000s) and Servicing Information.																														
	a. List major investors. For each of the following provide the information requested. (Indicate N/A if not applicable.) Year-to-Date – As of _____ Remittance Type: _____ Loan Type: (e.g. A/A, S/S, S/A) _____ # of Loans Serviced: _____ Amount Serviced (UPB): _____ Held in Portfolio: _____ Investor 1: _____ Investor 2: _____ Investor 3: _____																														
	b. List delinquency information. For each of the following provide the information requested. (Indicate N/A if not applicable.) Year-to-Date – As of _____ <table border="1"> <thead> <tr> <th></th> <th># of Loans (Conv)</th> <th>UPB</th> <th># of Loans (Gov't)</th> <th>UPB</th> </tr> </thead> <tbody> <tr> <td>30 Days:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>60 Days:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>90 Days:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Greater than 90 Days:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>In Foreclosure:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		# of Loans (Conv)	UPB	# of Loans (Gov't)	UPB	30 Days:	_____	_____	_____	_____	60 Days:	_____	_____	_____	_____	90 Days:	_____	_____	_____	_____	Greater than 90 Days:	_____	_____	_____	_____	In Foreclosure:	_____	_____	_____	_____
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c. Do you use a service bureau? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide bureau name: _____																															
d. What is your institution's servicing package or in-house computer system for servicing? _____ Does this servicing software or system support the MPF format? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
e. Does your institution intend to use an MPF subservicer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the subservicer: _____																															
f. Can your institution send funds using ACH? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
g. Is your institution's investor reporting electronic? <input type="checkbox"/> Yes <input type="checkbox"/> No																															

Completed By: B _____

Date: _____

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Member Name: _____

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