

## Introduction:

It is a PHH Mortgage Corporation (“PHH” or “Liberty”) policy to update our records and conduct a recertification of all of our partners annually. As an approved partner of Liberty, we ask that you complete and return the attached recertification package. Doing so will help us to ensure that our records are kept current and accurate.

Below are items that will be requested based upon the program you are currently approved in. We may request other items for verification based upon the answers given in the recertification application. Please be sure to answer all questions notated in the application to the best of your ability.

Requests to change programs can be completed upon recertification. Please be sure to indicate your new program of choice on the application and anticipate additional requests, including new agreements to be reviewed and signed.

## Third Party Originator Items Requested:

- **Most Recent Signed Unaudited Financials**  
(Balance Sheet & YTD P&L)

## Wholesale Items Requested:

- **Audited Financials (most recent/prior fiscal year)**
- **Most Recent Signed Unaudited Financials**  
(Balance Sheet & YTD P&L)

## Correspondent Items Requested:

If you are currently an approved Liberty Partner participating in either our Hybrid or Full Correspondent programs, the following items will be requested:

- **Updated Insurance Information**
- **Most recent post-closing QC reports with management responses**
- **Current Investor Scorecards and/or references**
- **Most recent Audited and Unaudited Financials**

## Sole Proprietors Only:

- **Unaudited Personal or Company Financial Statement**
- **Copy of your most recent tax return**

We ask that you respond to this request within **30 business days of receipt**. Failure to do so could result in deactivation of your account and the ability to submit loans to Liberty.

As always, we appreciate your business and strive to give the best possible experience to our partners. Please feel free to contact us with any questions, comments or concerns.

## Broker Review

[BrokerReview@LibertyReverse.com](mailto:BrokerReview@LibertyReverse.com)

**(866) 871-1353**

**IMPORTANT:**

Please complete all sections that apply. Incomplete applications may be subject to delay, suspension, or rejection.

<b>Organization Legal Name</b>		
<b>Have there been any changes to your address since your last recertification/approval?</b>	No	Yes If yes, please indicate below.
<b>New Street Address</b>	<b>Unit #</b>	
<b>City</b>	<b>State</b>	<b>ZIP</b>

### Primary Contact for your Organization

All communication relating to Broker approval status will be directed to this contact, including branch approvals and future recertification requests.

<b>Do you wish to change your current primary contact?</b>	No	Yes If yes, please indicate below.
<b>First Name</b>	<b>Last Name</b>	
<b>Phone</b>	<b>E-mail Address</b>	

### User Administrator for your Organization

User administrator will manage your company's login setup and password access for Liberty's Calculator.

<b>Do you wish to change your user administrator?</b>	No	Yes If yes, please indicate below.
<b>First Name</b>	<b>Last Name</b>	
<b>Phone</b>	<b>E-mail Address</b>	

### Program Change Request

<b>Do you wish to change programs?</b>	No	Yes If yes, please indicate below which program you wish to apply for.		
<b>Program:</b>	TPO	Wholesale	Hybrid	Full Correspondent

### Owner/Officer Information

<b>Have there been any changes in ownership and/or senior management since your last recertification/approval?</b>
No Yes If yes, please indicate changes below.

If an individual has 10% or more ownership, date of birth (DOB) and social security number (SSN) are required. If company, EIN is required.

<b>Full Name</b>	<b>Title</b>		
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	
<b>SSN</b>	<b>EIN</b>	<b>Percent of Ownership</b>	<b>DOB</b>

## Owner/Officer Information (Continued)

Full Name		Title	
Address			
City		State	ZIP
SSN	EIN:	Percent of Ownership	DOB

Full Name		Title	
Address			
City		State	ZIP
SSN	EIN:	Percent of Ownership	DOB

Full Name		Title	
Address			
City		State	ZIP
SSN	EIN:	Percent of Ownership	DOB

Full Name		Title	
Address			
City		State	ZIP
SSN	EIN:	Percent of Ownership	DOB

## Corporate Resolution

Liberty requires that the individual signing this document be listed on the corporate resolution Liberty has on file.

**Have there been any changes to the corporate resolution since your last recertification or does your company need to supply an updated corporate resolution?**    No    Yes    If yes, a new corporate resolution will need to be provided.



## State Licenses – Home Office

Indicate all states which your organization is requesting to originate reverse mortgages. Please note that all licensing is subject to verification and additional documentation may be requested.

AK	AL	AR	AZ	CA	CO	CT	DC
DE	FL	GA	HI	IA	ID	IL	IN
KS	KY	LA	MA	MD	ME	MI	MN
MO	MS	MT	NC	ND	NE	NH	NJ
NM	NV	NY	OH	OK	OR	PA	RI
SC	SD	TN	TX	UT	VA	VT	WA
WI	WV	WY					

## FHA Volume (FHA Approved Mortgagees Only)

Please provide your total FHA volume (in \$) for the last fiscal year.

## Disclosure Questions

Please answer the following questions indicating “Yes” or “No” in the appropriate boxes provided. Further information may be requested.

<b>1. Does the Organization have any pending litigations?</b>	Yes	No
<b>2. Is your Organization in the practice of offering additional financial and/or insurance services in conjunction with or after the close of a reverse mortgage transaction?</b>	Yes	No
<b>3. Does your Organization have any ownership interest in any third party provider?</b> (e.g. Title/Escrow services, signing services, appraisal services, etc.)	Yes	No
<b>4. Does any branch office of your Organization have sole responsibility for decisions relating to individuals originating/soliciting mortgage loans concerning employment or compensation of branch employees?</b>	Yes	No
<b>5. Has your company done business under a DBA or any other name in the last 10 years?</b>	Yes	No

Questions 6-9 are for correspondent applicants only.

<b>6. Have there been any changes to the Quality Control Policy or AIR Policy since the last recertification/approval? If yes, please attach a copy of the new policy.</b>	Yes	No
<b>7. Does your Organization have any open or pending repurchases?</b>	Yes	No
<b>8. Does your Organization have any open or pending indemnifications from investors or HUD?</b>	Yes	No
<b>9. Does your Organization have any loans that have not been sold to investors due to defects or not insured by HUD for any reason?</b>	Yes	No
<b>10. Has your organization had any state or agency audits performed in the last 12 months?</b>	Yes	No



## CERTIFICATIONS AND AUTHORIZED SIGNATURE

- The information contained herein and in the attachments is true and correct. Any material misrepresentation contained herein is grounds for termination of the relationship with Liberty Reverse Mortgage (“Liberty”).
- Liberty is hereby authorized to verify information from any source disclosed herein.
- Liberty is hereby authorized to request financial information including audited or current unaudited financial statements if deemed necessary.
- The Officers or 10% or more owners of the Company consent to periodic background checks including, but not limited to, criminal history background reports, credit bureau reports, and Mortgage Asset Research Institute (“MARI”) reports. These checks may include former names and DBA’s.
- The Applicant certifies that it has read and understands State and Federal regulations concerning Net Branching or prohibited branch arrangements. Additionally, Applicant acknowledges that it has read HUD mortgagee letter 00-15 regarding prohibited branch arrangements and is in compliance with HUD’s position pursuant to that mortgagee letter. Applicant accepts all liability for actions of its branch offices and employees working in those offices, for all loans delivered to Liberty.
- The Organization will be subject to recertification annually.

Signature (Cannot be digital, please print and sign this page)

Date

Print Name

Title

**Please email or fax the completed application to:**

[BrokerReview@LibertyReverse.com](mailto:BrokerReview@LibertyReverse.com) or 866.375.6139



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