



## NEW ORIGINATING COMPANY SETUP FORM

This form is to be accompanied by the New Loan Office Set Up Form(s) (one for each new LO). This form will assist in ensuring your disclosures and reports are correct and in compliance.

**Originating Company Name:** \_\_\_\_\_

**\*\*\* Please be specific on the exact legal name to show on disclosures**

**Primary Contact:** Name \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Phone: \_\_\_\_\_

**Admin Contact:** Name \_\_\_\_\_  
(for password/license issues)

Email: \_\_\_\_\_@\_\_\_\_\_

Phone: \_\_\_\_\_

**Corporate Address:** \_\_\_\_\_

(to be shown on all disclosures)

**Corporate NMLS #:** \_\_\_\_\_

**Corporate BRE License #:** \_\_\_\_\_

**Corporate EIN (for FHA case #'s):** \_\_\_\_\_



## NEW ORIGINATING COMPANY SETUP FORM

**Respondent ID (for HMDA reports):** \_\_\_\_\_

**FHA Sponsor ID#:** \_\_\_\_\_

**VA Sponsor ID #:** \_\_\_\_\_

**Special Processing Request(s):**

---

---

---

---



## NEW ORIGINATING COMPANY SETUP FORM

### LIST OF LENDERS / INVESTORS APPROVED:

LENDER	BROKER	BANK	FHA	VA
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>