



Non-QM Correspondent Seller Questionnaire

Date:

Contact Name:

Company Name:

Contact Number:

DBA Name:

Contact Email:

Company NMLS:

Company Address:

City:

State:

Zip:

Owner's Name:

% of Ownership:

of Locations:

of Operations Personnel:

of Year(s) in Business:

of Active Warehouse Lines:

Hedge Firm:

Current Execution Strategy: BE Bulk AOT

Company's Liquid Net Worth (as shown on financials):

% of Retail Originated Volume:

% Wholesale/Correspondent Volume:

YTD Volume:

Projected Current Monthly Volume:

Purchase Volume %:

Product Mix	Top 3 Investors	Top 3 Originating States
% Alt Doc:		
% Full Doc:		
% DSCR:		

Correspondent Warehouse Banks

Bank Name	Line Size	Contact Name	Phone	Email

LOS System:

Pricing Engine:

Underwriting Outsourced: Yes No

Name of Vendor:

Name of 3rd party fulfillment center:

Notes:

After completing this questionnaire, send to [Sam Soliman](#). Your completed questionnaire will be reviewed and you will be contacted to discuss the next steps. Thank you.