**EXAMINATION BACKGROUND INFORMATION**

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| **Institution Information** | |
| **Name of Supervised Institution:** | <Insert name of Institution> |
| **Institution Headquarters (City, State):** | <Insert location> |
| **Institution Website:** | <Insert website> |
| **Institution Type:** | Lender Servicer |
| **Subordinate and Affiliated Organizations Reviewed (if applicable):** | <Insert organization names> |
| **On-Site Examination Location(s):** | <Insert location(s)> |
| **High Risk Areas:** | <Note any areas of high risk that will be a focus within the exam scope. For example, these may be areas exposed from a review of MCR Analytics data or prior enforcement actions.> |
| **Scope Review Period:** | <Insert Dates> |
| **Scope Narrative:** | <Provide a brief, free-form summary of the reasoning behind for this examination.> |

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| **Institution Biography** |
| <Provide a brief institution biography using the sample template below. This can be used in the Report of Examination.> Institution Profile <INSTITUTION NAME> is a <medium or large> residential mortgage servicer. The Institution maintains 55 licenses while conducting business in all <NUMBER> states and <LIST DISTRICT OF COLUMBIA OR US TERRITORIES>. <INSTITUTION NAME> is a <PUBLICLY OR PRIVATELY> held <ENTITY TYPE> that is headquartered in <CITY, STATE>. <INSTITUTION NAME> operates with <NOTE NUMBER OF ACTIVE BRANCHES AND ANY KEY BRANCH OFFICES THAT ARE CRITICAL TO SERVICING OPERATIONS.>  Founded in <YEAR>, <INSTITUTION NAME> is <NUMBER> percent owned by <OWNERS>. The ultimate parent and indirect owner of <INSTITUTION NAME> is <INSTITUTION PARENT>. COMPANY has been in business since <YEAR>. Current senior management consists of: <list of senior management - refer to list of control persons provided in the NMLS> |

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| **Examination Information** | |
| **Examination Type:** | Origination: Limited Scope Full Scope  Servicing: Limited Scope Full Scope  Reverse mortgage loans will be reviewed? Yes No |
| **Participating State Regulators:** | <Insert regulator(s)> |
| **Other Participating Prudential Regulators (if applicable):** | <Insert regulator(s)> |
| **Exam Notification Letter and Information Request Sent Date:** | <Insert Date> |
| **Information Request Due Date:** | <Insert Date> |
| **Loan List Due Date:** | <Insert Date> |
| **Information Request Delivery Date:** | <Insert Date> |
| **Loan List Delivery Date:** | <Insert Date> |
| **State Loan List Selection Due Date:** |  |
| **Loan File Due Date:** | <Insert Date> |
| **Loan File Delivery Date:** | <Insert Date> |
| **Onsite Exam Start Date:** | <Insert Date> |
| **Scheduled Onsite Completion Date:** | <Insert Date> |

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| **MMC Examination Team** | | | |  |
| **Name** | **Email &**  **Phone Number** | **Title/Role/State** | **Area Reviewed/Modules** | **Participation Off-site/On-site** |
| <Insert name> | <Insert email>; <Insert phone> | <Examiner-in-Charge, SPOC or Review Examiner> | <Insert area/module> | On-site  Off-site |
|  |  |  |  | On-site  Off-site |
|  |  |  |  | On-site  Off-site |
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| **Communication Plan**   * *Provide name and contact information for the entity’s point(s) of contact responsible for coordinating with the MMC examination team or serving as liaisons* * *Provide expectations for communications with the entity (e.g., all requests for information or meetings to be provided to EIC/team member who will contact entity staff)* * *List any expected or scheduled meetings.* * *Detail expectations for any status updates on examination or target review progress/findings* * *Detail any information pertaining to choreographing examination or review activities between the participating states, including any periodic status update meetings* | |
| **Entity’s Contact(s):** | <Insert contact name> |
| **Contact Phone Number:** | <Insert phone number> |
| **Contact Email:** | <Insert email> |
| <Insert details pertaining to the examination team's communication plan. Below is a sample of recommended communication.>   * Regular telephone and email correspondence with Institution’s Primary Contact * Bi-weekly MMC/EIC/SPOC exam check in calls * Regular email contact with participating state examiners * Participating state examiner conference calls on an as-needed basis for examination information sharing and planning updates * Email and telephone correspondence with CFPB EIC for coordinated examination items and information sharing   Communication with the Institution on behalf of the exam team will go through the MMC EIC. Direct communication with the Company will be approved by the MMC EIC  The EIC should refer to the MMC Examination Timeline. | |

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| **Areas to be Reviewed**   * *Insert the MMC modules /examination procedures/regulations/other review areas expected to be completed during this examination.* | | | | | |
| **MMC Module/Examination Procedure/Regulation/Other Review Area** | **Examiner/Agency Leading Review** | **Examiner/Agency Supporting Review** | **Priority Ranking (High-Medium-Low-Not Reviewed – N/A)** | **Justification for Review** | **Comments** |
| <Insert MMC Module/Examination Procedure/Regulation/Other Review Area > |  |  |  | <Insert general justification for review based on the objectives noted above> | <Insert any general comments applicable to this area of review> |
| Financial Condition – Liquidity |  |  |  |  |  |
| Financial Condition –Capital |  |  |  |  |  |
| Financial Condition –Earnings |  |  |  |  |  |
| Financial Condition – Asset Quality |  |  |  |  |  |
| Financial Condition – Sensitivity to Market Risk |  |  |  |  |  |
| Board and Management Oversight |  |  |  |  |  |
| Monitoring and/or Audit |  |  |  |  |  |
| Policies and Procedures |  |  |  |  |  |
| IT/Data Security |  |  |  |  |  |
| Service Provider Oversight |  |  |  |  |  |
| Training |  |  |  |  |  |
| BSA/AML |  |  |  |  |  |
| Company business model(origination) |  |  |  |  |  |
| Advertising and Marketing (Origination) |  |  |  |  |  |
| MLOs (Origination) |  |  |  |  |  |
| Appraisals (Origination) |  |  |  |  |  |
| Underwriting (Origination) |  |  |  |  |  |
| Loan Disclosures and Terms (Origination) |  |  |  |  |  |
| Servicing and Loan Ownership Transfers (Servicing) |  |  |  |  |  |
| Payment Processing, Account Maintenance, and Optional Products(Servicing) |  |  |  |  |  |
| Error Resolution, Consumer Inquiries, and Complaints (Servicing) |  |  |  |  |  |
| Maintenance of Escrow Accounts and Insurance Products(Servicing) |  |  |  |  |  |
| Consumer Reporting (Servicing) |  |  |  |  |  |
| Information Sharing and Privacy (Servicing) |  |  |  |  |  |
| Collections and Accounts in Bankruptcy (Servicing) |  |  |  |  |  |
| Loss Mitigation, Early Intervention, and Continuity of Contact (Servicing) |  |  |  |  |  |
| Foreclosure (Servicing) |  |  |  |  |  |