**MULTI-STATE MORTGAGE COMMITTEE**

**Officially on Behalf of the Participating States**

**Mortgage Servicer Information Request**

As indicated in the Joint Examination cover letter, the participating states are conducting a Joint Examination of (INSTITUTION) with an on-site review date scheduled for Month Day, Year. This information request is intended to provide the participating states with necessary information prior to the commencement of the on-site portion of the examination. Production dates for information are listed in the table below, however, you can provide the information as early as desired. In preparation for the examination, we ask that you:

* Please complete this request/questionnaire in its entirety.
* Provide responses electronically to the extent possible.
* Provide attachments when necessary.
* Respond to all requests/answer all questions; If any information requested is available via the entity’s record, in the NMLS, then it is not required to be provided. However, please indicate the information is available in the NMLS, and note where it is found in the NMLS record.

An additional information request may be made prior to the on-site portion of the examination. As Examiner-in-Charge I am assigned as your primary contact for all Joint Examination issues. In this role I will be communicating with you frequently over the next several weeks. Please feel free to address any Joint Examination concerns with me directly and where necessary I will relay the concerns to the appropriate state.

If you should have any questions regarding the attached information request or the joint Examination review process in general, please feel free to contact me at regulator@state.gov or XXX-XXX-XXXX. Thank you for your cooperation.

Sincerely,

John Doe, Financial Institutions Examiner

Multi-State Examiner-In-Charge

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| --- | --- |
| **Information Request Number(s)** | **Due Date** |
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**AUTHORIZING STATE SIGNATURES**

|  |  |
| --- | --- |
| **Name**  **Title**  **Agency Name** | **Name**  **Title**  **Agency Name** |
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**NOTE: THE ABOVE PARTIES ARE FOR ILLUSTRATION PURPOSES ONLY**

**MMC MORTGAGE SERVICING EXAMINATION**

**INFORMATION REQUEST & INSTITUTION QUESTIONNAIRE**

* Complete this request list/questionnaire in its entirety.
* Provide responses electronically to the extent possible.
* Provide attachments when necessary.
* Respond to all requests and answer all questions; if any request is not applicable, please indicate N/A.
* Information requested that is available via the entity’s record in the NMLS is not required to be provided. However, please indicate that and note where it is found in the NMLS entity record.

**MANAGEMENT & OPERATIONS**

**Institution Profile**

1. The principal name under which the licensed entity is organized.
2. All “doing business as” or “trade names” under which residential mortgage business is conducted.
3. A copy of the current business plan. Identify any new or proposed material changes in business strategy. Include the mission statement, budget projections, and assumptions.
4. Copies of minutes of all board of directors and shareholder’s meetings held during the examination period.
5. An organizational chart listing all officers, departments, and department managers.
6. A list of all corporate locations, including branches and net branches doing business in the participating states.
7. List and include ownership details for any affiliated settlement service providers. Include all companies that any owner, partner, director or employee owns more than 1%, and any company who owns more than 1% of the licensee.
8. The name, title and contact information for the designated contact person(s) for this examination.
9. The name, title and contact information for the designated individual authorized to receive the Report of Examination.
10. A list of any claims filed against a surety bond, letter of credit or other similar instrument in any of the participating states, during the examination period?

**Internal Controls**

1. Copies of all quality control and internal audit policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. The name and contact information for the institution’s Internal Compliance Officer.
3. Copies of any internal compliance risk assessments completed during the examination period.
4. Copies of all third-party compliance related audits completed during the examination period.
5. Copies of all the following policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
   1. Third-party due diligence;
   2. Record retention and record disposal;
   3. Disclosure of non-public information;
   4. Vendor management;
   5. BSA/AML Program, including, Office of Foreign Assets Control (OFAC), Customer Identification Program (CIP) / USA Patriot Act, and Identity Theft Prevention;
   6. Disaster recovery/business continuity.

**Personnel Administration**

1. Copies of all personnel policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. Copies of all employee compliance training policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
3. Pre-employment screening policies and procedures for all employees.
4. Copy of the employee handbook.
5. Employee performance evaluation policies and procedures.
6. Detailed description of the institution’s employee compensation plan including any bonus/incentive programs.
7. The institution’s loan originator compensation plan as it relates to loan modifications.
8. A list of all employees indicating the name, hire date, job title, and branch location.
9. A list of any employees terminated within the last six months (if applicable).
10. A description of how employees are trained so that they can convey information to consumers about product terms and risks.
11. A list of any additional training material provided to staff as products evolve and new products are introduced

**Bank Secrecy Act/Anti-Money Laundering (BSA/AML) Program**

*Includes BSA/AML, Office of Foreign Assets Control (OFAC), Customer Identification Program (CIP) and Identity Theft Prevention*

1. Documentation of Board or senior management approval of the BSA/AML Program and Compliance Officer.
2. Copy of the most recent written BSA/AML Program approved by the Board or senior management, including CIP, with date of approval noted in any meeting minutes.
3. How often are BSA/AML reports presented to the Board?
4. Copies of the last two BSA/AML Program risk assessments.
5. Associated policies, procedures, and controls applicable to BSA/AML, CIP, OFAC, and Identity Theft Prevention.
6. Copies of all policies and procedures relating to reporting and recordkeeping requirements, including suspicious activity reporting.
7. Name, title, resume and qualifications of the designated BSA compliance officer and any other staff responsible for monitoring BSA/AML compliance.
   1. *Resume should include start date as BSA Compliance Officer and list BSA/AML specific training completed during the exam period.*
8. Name, title, resume and qualifications of the designated OFAC compliance officer and any other staff responsible for monitoring OFAC compliance (if different from #5);
9. Copies of the last two BSA/AML Program independent tests/audits, including the scope of the testing and the qualifications of the auditors (external or internal) who performed the independent test/audit.
10. Management response to the last two independent tests/audits, including any document tracking, assigned personnel, required actions, recommendations, corrective actions, due dates, and status tracking.
11. BSA/AML training documentation, including training materials, schedule, attendees, and topics covered.
12. An excel spreadsheet of all employees (including senior management and the board) that includes:
    1. Name;
    2. Title;
    3. Hire Date;
    4. Dates of previous two BSA/AML trainings.
13. Report/Log of Suspicious Activity Reports (SAR) filed during the examination period (*can be provided on-site*).
14. Report/log of unusual activity that was reviewed but deemed not suspicious (*can be provided on-site*).
15. Selection of SARs filed with FinCEN, including any supporting documentation and copies of any filed SARs that were related to section 314(a) requests for information or to section 314(b) information sharing requests (*can be provided on-site*).
16. Any analyses or documentation of activity for which a SAR was considered but not filed, or for which the RMLO is actively considering filing a SAR (*can be provided on-site*).
17. Any information sharing correspondence between the RMLO and state or federal agencies or other financial institutions (if applicable).
18. Does the RMLO uses a manual or automated suspicious activity monitoring system, or a combination of the two?
19. If an automated system is used, indicate whether the system is proprietary, or vendor supplied and whether the system is incorporated within the Loan Origination System (LOS) and whether the LOS is proprietary, or vendor supplied.
20. If the system is vendor supplied, provide the name of the vendor and system, and installation/plug-in dates.
21. Has the RMLO filed any Report of Foreign Bank and Financial Accounts (FBAR)?
22. Has the RMLO filed any Form 8300s?
23. Does the RMLO have a list of blocked or rejected transactions with individuals or entities on the OFAC list and reported to OFAC?
    1. *If maintained, make available logs or other documentation related to reviewing potential OFAC matches, including the method for reviewing and clearing those determined not to be matches.*

**Information Technology**

1. Copies of all financial privacy and identity theft prevention policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. Name and title of the individual responsible for managing IT functions and security in the organization.
3. Type(s) of loan servicing software used for servicing residential mortgage loans.
4. Explanation of the software system used for imaging of files for electronic storage, and how it can be accessed.
5. Any cybersecurity/information security policies and procedures that demonstrate how the institution complies with all aspects of the federal Safeguards Rule, including, but not limited to:
   1. Financial privacy;
   2. Identity theft prevention;
   3. Disaster recovery/business continuity;
   4. Data backup;
   5. Information security breaches;
   6. Mobile devices;
   7. Data Delivery (Incoming Mail, Fax, Email);
   8. Wire transfers;
   9. Data and electronic equipment disposal;
   10. Hiring and departure policies;
   11. Employee awareness/prevention training;
   12. User access;
   13. Employee password(s);
   14. Building security;
   15. Clean desk policy;
   16. Employee telework policies;
   17. Use of wireless networks;
   18. Antivirus protection
6. A list of any compliance software program(s) utilized by the institution.
7. A list of any technology security breaches or documented violations of the institution’s information security policies and procedures that occurred during the examination period.
8. A list of any information security risk assessments conducted during the examination period, including any reports that were provided to management.

**Loan List Request**

1. A list of all residential loans serviced during the examination period in the participating states in Excel format with each of the fields below as column headers:

|  |  |
| --- | --- |
| **Data Field** | **Data Field Description** |
| Loan Number |  |
| Name (last, First) |  |
| Property Street Address |  |
| Property City |  |
| Property State |  |
| Mortgagor Billing Address |  |
| Billing City |  |
| Billing State |  |
| Occupancy Description |  |
| Current Investor Name |  |
| Note Date |  |
| Original Lender |  |
| Boarding Date | (Date Servicing was Acquired by Investor) |
| Date Acquired by another Servicer (if applicable) |  |
| Prior Servicer (if applicable) |  |
| Was loan in default when acquired (Yes/No) |  |
| Original Boarding Amount |  |
| Date Servicing was Transferred Out |  |
| Current Principal Balance |  |
| Current LTV Ratio |  |
| PMI Cutoff Date |  |
| Lien Position |  |
| Original Loan Term |  |
| Loan Program (FHA, VA, Conv.) |  |
| Rate Type (Arm/Fixed) |  |
| Current Interest Rate |  |
| Current Principal and Interest Payment |  |
| Escrowed (Yes/No) |  |
| Corporate Advances for Escrow Outstanding |  |
| Taxes and Insurance Amount (do not include PMI/MIP) |  |
| PMI Amount |  |
| Ancillary Products |  |
| Force Placed Insurance (Yes/No) |  |
| Date First Payment Made |  |
| Date Last Payment Made |  |
| Payment Status | (Current, 30, 60, or 90+ Days Past Due) |
| Date Paid Off |  |
| Number of Late Payments Made |  |
| Notice of Error/Complaint (Yes/No) |  |
| Application for Loan Modification (Yes/No) |  |
| Have the Loan Terms been Modified |  |
| Date Bankruptcy Filed |  |
| Date Bankruptcy Discharged |  |
| Referred to Loss Mitigation (Yes/No) |  |
| Referred to Foreclosure Attorney (Yes/No) |  |
| Foreclosed (Yes/No) |  |
| Foreclosure Sale Date |  |

**Regulatory History**

1. A list of any examination(s) conducted by other state or federal mortgage regulatory agencies during the examination period, including the date of the examination, name of the regulatory agency, scope of the examination, and the contact information for the respective agency.
2. A list of any regulatory or corrective action taken against the licensee, its officers, directors, employees, or stockholders by any state or governmental agency, private mortgage insurer, or investor.
3. A list of any director, officer, employee, or stockholder that has ever been convicted of, or is under indictment for any criminal offense involving fraud, dishonesty, or breach of trust.
4. A list of any director, officer, or employee of the licensee, that has criminally misused, embezzled, abstracted, or willfully misapplied any funds or valuables of the licensee for which the licensee is responsible.

**Servicing and Loan Ownership Transfers**

1. Copies of all loan boarding policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. Copies of all interim loan servicing policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
3. Copies of any state specific disclosure templates and indicate when they are provided to the consumer.
4. If selling loans, does the institution retain servicing?
5. A copy of any sub-servicing agreements in effect, whether between the servicer and master servicer, or between the servicer and the sub-servicer during the review period.
6. A flow chart and sample package of all notices/communications for each type of delinquency/foreclosure process.
7. A full and detailed explanation of the process of treatment for loans boarded while in a default status. This should include how a loan is identified and verified as being in default when boarded.
8. A full and detailed explanation of the process of treatment for loans boarded with outstanding corporate advances broken down by advance type.

**Payment Processing, Account Maintenance, and Optional Products**

1. Copies of all payment processing policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. In Excel format, a list of all mortgage loan servicing related letters your company sends to consumers within each participating state, including the system ID/code, description of letter and its purpose, and at what stage the letter is mailed. Additionally, please provide letter templates sent for each category listed below:
   1. Hello Letter
   2. Goodbye Letter
   3. Payment Change Notices
   4. Privacy Notice
   5. Notice of unapplied funds
3. Automatic deduction of payments and NSF payments
4. Provide the payment hierarchy of how payments are applied. Please be specific to all types of payments (full payments, partial payments, delinquent payments, etc.)
5. Provide a complete schedule of all fees charged by the Licensee to consumers in respect to loan servicing. (Include any state specific fee schedules for Participating States)
6. How are reinstatement quotes generated?
7. Do reinstatement quotes include escrow advances and corporate advances?
8. How long does it take to generate a reinstatement quote?
9. Does Licensee charge a fee to provide a payoff quote? If so, what is the fee charged?
10. What methods are consumers allowed to use to make a loan payment (e.g. via cash, check, draft, etc.)?
11. Does your company defer any loan payments?
12. How many days does it take to post a payment to an account from the time it was received? Please note if this varies depending on the method of payment.
13. How many days does it take to send a Deed of Trust/Mortgage to be recorded for satisfaction?

**Consumer Reporting**

1. Copies of all credit reporting policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. In Excel format, a list of all mortgage loan servicing related letters your company sends to consumers within each participating state, including the system ID/code, description of letter and its purpose, and at what stage the letter is mailed. Additionally, please provide letter templates sent for each category listed below:
   1. Credit reporting
3. A full and detailed explanation of the process used for reporting a consumer’s payment history to the credit bureaus.

**Maintenance of Escrow Accounts and Insurance Products**

1. Copies of all escrow account administration policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. Copies of all force-placed insurance policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
3. Copies of all private mortgage insurance (PMI) policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
4. Copies of all early flood insurance policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
5. In Excel format, a list of all mortgage loan servicing related letters your company sends to consumers within each participating state, including the system ID/code, description of letter and its purpose, and at what stage the letter is mailed. Additionally, please provide letter templates sent for each category listed below:
   1. Escrow - Taxes and Insurance
   2. Escrow analysis
   3. Force placed insurance
   4. Flood Insurance
   5. Private Mortgage Insurance
6. A full and detailed explanation of the circumstances that allow forced escrow with a list of loan numbers of each account.
7. A list of any company name, address and phone number that monitors, manages or sells tax advances for Licensee. Indicate whether the company is an affiliate and whether Licensee has received any type of compensation from any company related to management, monitoring or providing tax advances to Licensee.
8. Does the licensee monitor for new additions to Special Flood Hazard Areas (e.g. home initially not in such an area subsequently determined to fall into such an area due to remapping, etc.)?
9. If the licensee determines that an existing loan for a home is in a Special Flood Hazard Area, how will the consumer be notified?
10. If the licensee has to force place flood coverage, when will it place such coverage?
11. Provide the company name, address and phone number that monitors, manages or sells force placed insurance or tax advances for the licensee. Indicate whether the company is an affiliate and whether the licensee has received any type of compensation from any company related to management, monitoring, or providing force placed insurance or tax advances to the licensee.

**Collections and Accounts in Bankruptcy**

1. Copies of all collections policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. Copies of all bankruptcy policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
3. In Excel format, a list of all mortgage loan servicing related letters your company sends to consumers within each participating state, including the system ID/code, description of letter and its purpose, and at what stage the letter is mailed. Additionally, please provide letter templates sent for each category listed below:
   1. Collections
   2. Bankruptcy
4. A list of any outside third-party collection agencies used, including the agency name, address, affiliate relationship, and compensation structure for each agency.

**Loss Mitigation, Early Intervention, and Continuity of Contact**

1. Copies of all early intervention and continuity of contact policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. Copies of all foreclosure policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
3. In Excel format, a list of all mortgage loan servicing related letters your company sends to consumers within each participating state, including the system ID/code, description of letter and its purpose, and at what stage the letter is mailed. Additionally, please provide letter templates sent for each category listed below:
   1. Loss Mitigation
   2. Early Intervention and Continuity of Contact
4. A full and detailed explanation about the Licensee’s loss mitigation assistance program, including a copy of contracts used and disclosures provided. Include a sample copy of any loss mitigation solicitation and loss mitigation denial letters.
5. A flowchart of waterfall/decision points used for all loss mitigation (retention and non- retention/foreclosure prevention alternatives) workout options.
6. A breakdown of the percentage of loans referred for foreclosure are part of Loss Mitigation and how many were approved.
7. A full and detailed explanation of borrower cash contribution requirements, if any, for each loss mitigation option.
8. A breakdown of the percentage of loans modified that have defaulted after modification. (Define re-faulted or ask for Licensee’s definition?)
9. Please provide a list of any government sponsored loss mitigation programs that the Institution participates in.
10. A list of the name address and phone number of any third-party Loss Mitigation companies used.

**Foreclosures**

1. Copies of all foreclosure policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. In Excel format, a list of all mortgage loan servicing related letters your company sends to consumers within each participating state, including the system ID/code, description of letter and its purpose, and at what stage the letter is mailed. Additionally, please provide letter templates sent for each category listed below:
   1. Foreclosure
3. How many loans contained in the servicing portfolio are in foreclosure status? (Number and percent of total loans serviced as of the scope end date of the examination.)
4. A list of the names and addresses for each entity hired by the licensee to conduct foreclosure proceedings.
5. A list of the names and contact information for each entity who handles REO property sales for the Licensee.

**Error Resolution, Consumer Inquiries, and Complaints**

1. Copies of all consumer complaint, error resolution, and request for information policies, procedures, and standards in place during the examination period. If significant changes have been made during the review period, please describe.
2. In Excel format, a list of all mortgage loan servicing related letters your company sends to consumers within each participating state, including the system ID/code, description of letter and its purpose, and at what stage the letter is mailed. Additionally, please provide letter templates sent for each category listed below:
   1. Complaint/Notice of Error
   2. Request for Information
3. A list of mortgage borrower complaints and/or Notices of Error received during the examination period. Please include the borrower's name, address, loan number, and a summary of the complaint and/or notice of error including the response and resolution. Also, provide copies of reports used in reviewing or tracking the handling of consumer complaints processed during the review period.
4. A list of any pending litigation or litigation settled during the examination period; include an explanation of the outcome or current status and include an estimate of the amount of any potential loss.

**Financial Condition**

1. Audited financial statements for the most recent three years.
2. Most recent balance sheet and income statement.
3. A list of all bank accounts maintained by the licensee including name of the bank, account number, account description, and purpose.
4. A list of all lines of credit, warehousing agreements, or other sources of funding available to the licensee, including the name of the lender (or source), amount, rate, collateral, terms, current balance, and expiration date.
5. Most recent 6 months of warehouse facility analysis showing total credit limits, funds available, and average age of outstanding funds.
6. A list of all companies for which the licensee provides warehouse lines of funding, including the name of the borrower, amount, rate, collateral, terms, current balance, and expiration date; provide copies of any such warehouse agreements.
7. A list of any past due obligations (more than 60 days past due) owed to any third-party service provider, creditor, or vendor; include the name of the entity, the amount of the delinquency, and the reason for the delinquency.
8. A full and detailed explanation of how the institution manages or hedges interest rate risk.
9. A written valuation methodology of servicing rights.
10. An amortization schedule of all servicing rights held.
11. A copy of the latest independent valuation of the institution's servicing rights.

**Attestation of Corporate Officer**

1. The Attestation of Corporate Officer below must be completed by a duly authorized corporate officer.
2. The Attestation covers this entire request and any subsequent written requests made under this joint examination.
3. The Attestation is to be signed in ink and the original returned to the EIC no later than the start of the on-site examination.

ATTESTATION OF CORPORATE OFFICER

The undersigned representative hereby attests to the best of his/her knowledge, any and all information or data, including electronic loan data, provided in response to this or subsequent requests is complete and correct unless noted otherwise.  He/She understands that any intentional or negligent misrepresentation of information contained in response to this request or subsequent requests, either affirmatively or by omission, may result in administrative or civil liability and/or criminal penalties, including but not limited to fines, imprisonment, or both.

I certify, under the pains and penalties of perjury, that all statements above or attached hereto are true to the best of my knowledge and belief.

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| --- | --- | --- |
| **Officer's Name and Title** | **Company Name and NMLS ID** | **Location: City and State** |
| **Officer's Signature** | | **Date** |
| **This is an official document.** | | |