



AMC Application

Completed Forms **MUST** be returned to Live Well Financial, Inc.:

Email: brokerdesk@livewellfinancial.com or Fax: 703-621-1667

****Please complete all information****

Company Information:

Company Name: _____

Company Address: _____

City, State, Zip: _____

Business Phone Number: _____

Business Fax Number: _____

Tax ID (EIN): _____

Primary Application Contact: _____

Primary Application Contact Email Address: _____

Primary Application Contact Phone Number: _____

List all officers or owners with 10% or more interest and their position: (attach additional sheets as needed)

What type of system do you use to manage ordering of appraisals? Proprietary Third Party

If Third Party, what system? _____

In what states do you do business? (attach additional sheets as needed) _____

How many licensed / certified W2 appraisers do you have on your staff? _____

(Please provide a list showing the number of W2 appraisers you have by state on the attached form.)

How many licensed / certified roster appraisers do you have on your staff? _____

(Please provide a list showing the number of roster appraisers you have by state on the attached form.)

Do you individually review, qualify and approve appraisers for your appraiser roster? Yes No

If "No", what company does this for you? _____

What is your annual appraisal volume? _____

(Please provide a list showing the number of appraisals you conducted / managed in the last 12 months by state)

Appraisal Ordering Information:

Primary Contact Name: _____

Primary Contact Email: _____

Primary Contact Phone Number: _____

Please provide the following items when returning this application

All information is required. Applications submitted with missing documentation will not be approved.

- Company licenses and registration documentation as required by states
- Latest company Audited Financial Statements showing net worth (If not available, 2 years company tax returns or 6 months of bank statements may be provided)
- Completed and Signed Background Check Authorization form for all company officers (attached)
- Proof of Professional Liability Insurance (E&O) (including expiration)
- Articles of Incorporation OR Articles of Organization
- Documentation on your Appraiser Approval Process
- Documentation on your Appraisal Assignment Algorithm
- List showing the number of licensed / certified W2 appraisers you have by state (template attached)
- List showing the number of licensed / certified roster 1099 appraisers you have by state (template attached)
- List showing the number of appraisals you conducted in the last 12 months by state (template attached)
- Quality Control Plan and most recent results
- Signed Certificate of Compliance with HVCC and Non-Influence Certification
- Signed Appraiser Independence Certificate (attached)
- Notarized Affiliated Business Arrangement Affidavit (attached)

Live Well Financial is hereby authorized to obtain verification of information in this application from any source disclosed herein, including, but not limited to, MARI and Interthinx.

Authorized Officer Signature

Date

Background & Credit Check Authorization Form (applies to all Officers)

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address: _____
From: _____ To: _____
(Mo/Yr) (Mo/Yr)

(Street) (City) (State/Zip)

Social Security Number: _____

Date of Birth: _____

Telephone Number: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Live Well Financial and its designated agents and representatives to conduct a comprehensive review of my background, including a review of credit history and/or an investigative consumer report to be generated for the purpose of becoming a qualified AMC. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Live Well Financial or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Live Well Financial, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

Appraiser List

List the number of appraisers you have in each state by appraiser type.

State	Licensed / Certified W2 Appraisers	Licensed Certified Roster 1099 Appraisers
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Missouri		
Mississippi		
Montana		

State	Licensed / Certified W2 Appraisers	Licensed Certified Roster 1099 Appraisers
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		

Appraisal Volume

List the number of appraisals with your company involvement in the last 12 months.

State	Volume Conducted	Volume Managed
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Missouri		
Mississippi		
Montana		

State	Volume Conducted	Volume Managed
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		

Appraiser Independence Certification

Live Well Financial, Inc. adheres to HUD's requirements on Appraiser Independence as outlined in Mortgagee Letter 2009-28 and all subsequent updates to that policy. This certification to Live Well Financial by _____ ("the Company") ensures that the Company understands all provisions of Appraiser Independence and operates its organization in full compliance with those provisions.

As an authorized officer of the AMC operating in a capacity that enables me to ensure the AMC's complete compliance with the above requirements, I certify that:

1. I have personally reviewed Mortgagee Letter 2009-28 and 2009-28 FAQs in detail and understand the Appraiser Independence requirements set forth in those documents.
2. FHA loans are not subject to HVCC and therefore understand that certifying compliance with HVCC is insufficient for certifying compliance with Mortgagee Letter 2009-28.
3. The Company is an AMC as defined in Mortgagee Letter 2009-28 and FAQs.
4. The Company is in 100% compliance with the requirements of Mortgagee Letter 2009-28 and, if at any time in the future, the Company fails to maintain this compliance, I will personally contact Live Well Financial's Compliance department and inform them of such deficiencies.
5. The Company is in full compliance with the following requirements for all appraisals that may be relied upon by Live Well Financial for the purposes of issuing conditional commitments on FHA-insured mortgage loans:
 - a. Individuals of the originating institution may not have any direct contact with the appraiser whatsoever. All communication must be directed to the Company.
 - b. The originating institution may not remit any payment directly to the appraiser or appraiser's employer unless that appraiser's employer is the Company.
 - c. The Company will not perform appraisals on behalf of any organizations except those approved by FHA as Full-Eagle Non-Supervised Mortgagees. Companies operating without FHA approval or those approved by FHA as Mini-Eagle Loan Correspondents may not request appraisals to be ordered in their company name and may only request appraisals be performed for the purposes of Live Well Financial.
 - d. The Company will not perform appraisals if the originating company has any financial or fiduciary interest in the AMC or has any influence in the selection of a specific appraiser.
 - e. The Company will not accept rosters, lists, panels, etc. of "pre-selected", "pre-approved", "requested", "prohibited", "banned", etc. appraisers from any originating company unless that company is the DE underwriter of its own files. In such situations, disclosure of such must be made to Live Well Financial upon disclosure by the originator and must appear on all invoices for appraisals where such "lists" were used in the selection of the appraiser.
 - f. The Company uses the same appraiser selection criteria for all appraisal requests (unless documented in compliance with Item 5.e above) and does not apply different lists, logic, rules to determine the appraiser for a specific company.
6. The Company will comply with any and all requests for information/documentation made by Live Well Financial regarding possible violations of these requirements.
7. The execution of the "Appraiser Independence Certification" is an unconditional requirement for the Company to operate as an AMC on behalf of Live Well Financial and that the Company's unwillingness to execute this agreement may be communicated to regulatory bodies including, but not limited to, The Department of Housing and Urban Development and the Federal Housing Administration and mortgage professionals requesting the Company's approval by Live Well Financial.

By signing below I acknowledge that I have thoroughly reviewed and understand these requirements and have personally verified that the Company complies with all aspects of these requirements.

Signature

Date

Printed Name and Title

Affiliated Business Arrangement Affidavit

Please complete this disclosure for any affiliated business arrangements that you have with a broker, correspondent, title or settlement company.

_____ (“Company”) has a business relationships with:

Company/Individual Name	Nature of Relationship (Ownership %, if appl.)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature Date

Name Title

Section for Notary:

Name: _____

State Commissioned By: _____

My commission expires: _____

(SEAL)