



Quality Control Procedures

Attn: All Branches and Brokers

Please accept this letter as your notification that **all** loans must be sent to our processing department for QC review. Please find procedures below for any submissions through these investors.

1. Loan must be fully processed and ready for submission. You will find attached Quality Control submission forms that must be submitted with all packages. At that time you will send file via fax to **888-201-4892** or **email to processing@1stcontinental.com**. A fraud report will be run and then reviewed by our QC department.
2. You must complete the attached credit card authorization also attached to this email for every loan submitted to the quality control department. The fee for this service is \$59.95 for each loan submitted with fully executed 4506. The service fee for files without a full 4506 included will be 79.95. Files will not be processed without this authorization. You are able to charge this fee at closing as this is a service and an invoice will be provided on request. This procedure is being put in place to safeguard our relationships with the top investors in the industry today.
3. A QC Document Checklist is also included. **Review the minimum required docs to be submitted for the QC process to be started. Any docs missing and not submitted with the file will cause delay in the process.** Please keep in mind the more you have done on your end to have the 1003 fully completed, provided all required QC docs requirements and verify the loan information, borrower and property information the faster your loan will run through this process. Be sure to tell your processors as this will help them expedite your files.
4. Loans cannot be submitted to any lenders even for manual underwrite without the file clearing our internal QC process. QC will have the discretion to require additional documents as needed. QC will have the discretion to deny any files depending on its findings after the file has been reviewed.
5. Your contact person for this department is **Nicci Miller 954-565-3794 Ext. 120.** Nicci@1stcontinental.com.
6. **All QC submissions must be sent to the processing email at processing@1stcontinental.com or faxed to 888-201-4892.**

REVISED 12-31-08

**2691 E Oakland Park Blvd #300 Fort Lauderdale, FL 33306
954-565-3794**



QC Documents Checklist and Stacking Order

ITEMS IN BOLD ARE THE MINIMUM REQUIRED DOCS FOR THE QC TO BE SUBMITTED AND PROCESSED. ANY MISSING ITEMS WILL DELAY THE QC PROCESS. FILE SUBMISSION MUST BE IN STACKING ORDER NO EXCEPTIONS.

QC Submission Form –REQUIRED FOR QC PROCESS

QC Credit Authorization Form – REQUIRED FOR QC PROCESS

DU/FANNIE MAE findings

Initial 1003 – REQUIRED FOR QC PROCESS

Final 1003 – REQUIRED FOR QC PROCESS

Income Paystubs no more than 30 days old – REQUIRED QC PROCESS (not S/E borrowers)

W-2's or 1099s (As required by findings) – REQUIRED FOR QC PROCESS (applicable to borrowers)

Fully completed VOE for all jobs in the last 2 years – REQUIRED FOR QC PROCESS

Tax Returns 1040's (As required by findings) – REQ'D FOR QC PROCESS FOR S/E BORROWERS

Fully executed 4506 on all borrowers – REQ'D FOR QC PROCESS

VOD – fully completed and signed by bank – REQUIRED FOR QC PROCESS

Bank statement (current 3 mo's)

Borrowers authorization executed – REQUIRED FOR QC PROCESS

2 Forms of LEGIBLE ID (Driver's License, Social Security Card) – REQUIRED FOR QC PROCESS

Purchase Agreement (If applicable) – REQ'D FOR QC PROCESS ON PURCHASES

Appraisal – IF AVAILBALE AT TIME OF SUBMISSION

SS Consent Form – RECOMMENDED

Credit Report

Not Required for QC submission

Initial Disclosures

FHA Case Number

Other misc Documents as needed

MCAW (If applicable)

The file may be either faxed or e-mailed to the following:

processing@1stcontinental.com

or fax to

888-201-4892ⁱ

ⁱ REVISED 12-31-08



2691 E Oakland Park Blvd #203 Fort Lauderdale, FL 33306
954-565-3794

CREDIT CARD AUTHORIZATION for Quality Control Processing

Date: _____ Borrowers Full Name: _____

I hereby authorize 1st Continental Mortgage Inc. to charge my credit card in the amount of \$_ 59.95 / 79.95 (w/o 4506) ___. (circle one)

Visa

Master Card

3 or 4 digit CVC
security code required

SEC Code _____

SEC Code _____

Credit Card Number

Expiration Date

Billing Zip Code

X _____
Signature

Billing Name

(Please Print Name)

Billing Address

Internal use only:

Approval code _____ Reference code _____

Match _____



Quality Control Submission Form
(This form must be submitted with every loan)

THIS FORM MUST BE FULLY COMPLETED TO PROCESS THE QC

Date: _____

Borrowers Name: _____

Subject Address: _____

Loan Amount: _____

Type of Loan: Purchase Refinance C/O Refinance N/C/O Streamline/Reverse

FHA CASE# _____ VA Conventional HELOC

Full Doc Stated

Fixed Rate Adjustable

SFR Condo PUD Manufactured Housing

Self Employed Yes No

Lender you want loan submitted to: _____
(You must send your DO or DU findings with submission)

Contact Person Name: _____

Contact Person Phone Number: _____

Contact Person E-mail Address: _____

1st Continental AE at Corporate office: _____

Name of LO or Manager with branch office: _____

Any questions feel free to contact Processing Dept 954-565-3794 x 120
Processing Email: processing@1stcontinental.com QCFax: 888-201-4892



30005 ladyface court, agoura hills, ca 91301
customer service 800.795.0391 interthinx.com

Acting As Agent on Behalf of: _____
[Originators Company Name (required)]

Consent to Social Security Administration's Release of Social Security Number Verification

Printed Name: First: _____ Middle: _____ Last: _____
(Required) *(Required)*

SSN *(Required)*: _____ Date of Birth *(Required)*: _____
xxx-xx-xxxx xx/xx/xxxx

I consent to the Social Security Administration verifying my Social Security number to Interthinx®, acting on behalf of;

[Originators Company Name (required)]

I understand that my consent allows no additional information from my Social Security records to be provided to Interthinx and that the verification of my Social Security number will be used for my mortgage application with;

[Originators Company Name (required)]

I also understand that my Social Security number may not be used for any purpose other than the one stated above, including resale or redisclosure to other parties. The only other redisclosure permitted by this consent is for review purposes to ensure that Interthinx complies with SSA's consent requirements.

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

Signature *(Required)*: _____ Date Signed *(Required)*: _____

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above.

Contact information of individual signing authorization:

Address: *(Required)* _____

City: *(Required)* _____ State: *(Required)* _____ Zip: *(Required)* _____

Phone Number: *(Required)* _____
(xxx)xxx-xxxx

If consent is signed other than by the individual named above, indicate relationship: (Power of Attorney Must be Submitted with this Authorization Form)



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Actuando como Agente de parte de: _____
(Nombre de compania a que le va divulgar esta informacion)

Consentimiento para que la Administración del Seguro Social pueda divulgar la verificación del Número de Seguro Social

Primer Nombre: _____ Segundo Nombre: _____ Apellido: _____
(Requerido) *(Requerido)*

Número de Seguro Social: _____ Fecha de Nacimiento: _____
(Requerido) **xxx-xx-xxxx** *(Requerido)* **xx/xx/xxxx**

Yo doy consentimiento a la Administración del Seguro Social para que Interthinx® verificar mi número de Seguro Social, actuando de parte de:

(Nombre de compania a que se le va divulgar esta informacion)

Yo entiendo que mi consentimiento no permitirá que Interthinx obtenga información adicional de mi registro de Seguro Social y que la verificación de mi número de Seguro Social será sólo para el propósito de solicitar una hipoteca con:

(Nombre de compania a que se le va divulgar esta informacion)

También entiendo que mi número de Seguro Social no puede ser usado con otro propósito además de lo que se menciona anteriormente, incluyendo la venta o divulgación a otras entidades o grupos. La única otra divulgación que se permite con esta autorización es con el propósito de asegurar que Interthinx cumpla con los requisitos de consentimiento de la Administración del Seguro Social.

Yo soy la persona a la cual se le asigno este número de Seguro Social o el guardián legal de esa persona. Yo declaro bajo pena de perjurio que la información dada en esta declaración es correcta y verdadera. Yo entiendo que si hago una declaración falsa con el propósito de obtener información de los registros de Seguro Social, podría ser hallado culpable de un delito menor y multado hasta un máximo de \$5,000.00.

Firma: *(Requerido)* _____ Fecha: *(Requerido)* _____

Este consentimiento sólo es válido por 90 días a partir de la fecha en que se firmó, a menos que la persona nombrada arriba indique lo contrario.

Información de la persona que firmo el consentimiento:

Dirección: *(Requerido)* _____

Ciudad: *(Requerido)* _____ Estado: *(Requerido)* _____ Zona Postal: *(Requerido)* _____

Número de teléfono: *(Requerido)* _____
(xxx)-xxx-xxxx

Si alguien mas firma este consentimiento, diferente a la persona mencionada arriba, por favor indique el parentesco: (Un Poder de Abogado es Requerido con este consentimiento)
