



## New Application Checklist Jurisdiction-Specific Requirements



### INDIANA-DFI SUBORDINATE LIEN MORTGAGE LENDING LICENSE

#### Instructions

1. The Registered Agent entered on Form MU1 must be the same person recorded with the Indiana Secretary of State, Corporation Division.
2. Each applicant must designate a person or persons to serve as the Qualified Person (“qualifier”) in charge of subordinate lien mortgage lending. Such person must have two years verifiable experience in the business of making or underwriting of residential mortgage loans or similar lending and credit evaluation experience and be actively engaged in the operations of the lender. This person must be designated and entered in the Qualifying Individual field in Form MU1. A Form MU2 must be completed for the qualifier.
3. Applicants must list the names of each person directly or indirectly owning of record or owning beneficially at least ten percent (10%) of the outstanding shares of any class of equity security of the applicant, or who possesses the power to direct or cause the direction of the management and policies of the applicant. Form MU2 must be completed for each control person and executive officer.
4. **Financial Statements must be submitted through the Filing Tab in NMLS prior to the submission of your Form MU1 filing.** For additional help, see the Financial Statement Information page and quick guide posted on the NMLS website here;  
[http://www.stateregulatoryregistry.org/AM/Template.cfm?Section=Financial\\_Statements](http://www.stateregulatoryregistry.org/AM/Template.cfm?Section=Financial_Statements)  
The applicant must provide a current CPA prepared review or audit level financial statement, verifying a net worth of at least \$100,000 and liquid assets of at least \$50,000. Liquid assets include cash or its equivalent (any assets that are readily convertible to cash without significant loss, such as treasury bills, short term marketable securities, demand deposits, and time deposits nearing maturity. Other assets that are to be considered liquid must be identified by a footnote in the CPA report as to how the liquidity was determined.)
5. Applicants for a Subordinate Lien Mortgage Lending License are required to pay a non-refundable application fee of \$1,100 which includes the NMLS processing fee.
6. All fees collected through the NMLS ARE NOT REFUNDABLE.
7. Jurisdiction-specific requirements as identified on the checklist below must be received by the Indiana Department of Financial Institutions, along with this checklist, within 5 business days after the electronic submission of your application through the NMLS. Submit your filing via NMLS before delivering the documents to the Department at:

For U.S. Postal Service:

*Indiana Department of Financial Institutions  
Consumer Credit Division  
30 South Meridian Street, Suite 300  
Indianapolis, IN 46204*

For Overnight Delivery:

*Indiana Department of Financial Institutions  
Consumer Credit Division  
30 South Meridian Street, Suite 300  
Indianapolis, IN 46204*

NMLS Unique ID Number: \_\_\_\_\_

Applicant Legal Name: \_\_\_\_\_

ATTACHED/ ANSWERED	NOT APPLICABLE	ITEM
		<b>GENERAL INFORMATION:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>SURETY BOND:</b> Provide an original mortgage lending bond and power of attorney in the amount of \$100,000 furnished by a surety company authorized to conduct business in Indiana. The name of the principal insured on the bond must match exactly the full legal name of applicant as authorized by the Indiana Secretary of State. Use the attached surety bond form for both First Lien Mortgage Lending and Subordinate Lien Mortgage Lending.</p> <p>If applying for both mortgage lending license types, only one bond and power of attorney is necessary.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CRIMINAL BACKGROUND CHECK:</b> All Mortgage Loan Originators (MLOs) are required to submit fingerprints to NMLS for an FBI criminal background check as part of their MLO license application and MU4 submission.</p> <p>Each owner (sole proprietorship), partner (partnership), member (LLC), officer (corporation), as well as Qualifying Individual <b>NOT</b> considered an MLO as defined by 750 IAC 9-1-1, must provide The DFI a nationwide criminal background check through an alternate channel. The Department uses L-1 Identity Solutions to take fingerprints and process them with the Indiana State Police and the FBI for these background checks.</p> <p>The process will differ depending on whether you are a resident of Indiana or reside in another state. Attached you will find information for the fingerprint taking and processing for Indiana Residents, the same information for Non-Residents of Indiana, and the Applicant Fingerprint Form.</p> <p>Each applicant should include with their jurisdiction specific documents a list of all personnel who will be submitting nationwide criminal background checks.</p> <p>Read the information and follow all directions. Contact the DFI if you have questions at 800-382-4880 or 317-232-3955.</p> <p>DO NOT send fingerprint cards to the DFI as this will only delay the processing of your license application.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>DISCLOSURE QUESTIONS.</b> Provide complete details of all events or proceedings for any "Yes" answer to any of the "Disclosure Questions" for the company or any "Control Person" or the "Qualifying Individual" on Forms MU1 and MU2.</p>

**WHO TO CONTACT** – Contact *Indiana Department of Financial Institutions* licensing staff by phone at 317-232-3955 or send your questions via e-mail to [mtarpey@dfi.in.gov](mailto:mtarpey@dfi.in.gov) for additional assistance.

THE APPLICANT/LICENSEE IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS OF THE LICENSE FOR WHICH THEY ARE APPLYING. THE JURISDICTION SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY TO FACILITE APPLICATION THROUGH THE NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.



**MORTGAGE LENDING  
SURETY BOND**

Part of State Form 53690 (2-10) / Form FLML&SLML B

**State of Indiana  
Department of Financial Institutions  
30 South Meridian Street, Suite 300  
Indianapolis, IN 46204  
Phone: 317-232-3955  
Fax: 317-232-7655**

Bond Number \_\_\_\_\_, Amount \$ \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that we,

\_\_\_\_\_  
(applicant/licensee name)

of the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_ as principal and obligor, and \_\_\_\_\_, as

Surety, are held and firmly bound unto the State of Indiana, Department of Financial Institutions (hereinafter "the DFI") in the penal sum of \$ \_\_\_\_\_ for the use of the DFI for the recovery of expenses, fines, and fees levied by the DFI, and for any and all expenses, fines, and fees that become lawfully due pursuant to a final judgment or order and that are not promptly paid by the Principal, and for losses or damages which are determined by the DFI to have been incurred by any borrower or consumer as a result of the Principal's failure to faithfully comply with the provisions of Indiana law, including the requirements of the First Lien Mortgage Lending Act, IC 24-4.4 et seq., Uniform Consumer Credit Code, IC 24-4.5 et seq. and amendments thereto, or any rule or regulation lawfully adopted under said statute, for payment of which, well and truly to be made, we hereby bind ourselves and each of our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal is applying to become a licensed First Lien Mortgage Lender pursuant to IC 24-4.4 and/or Subordinate Lien Mortgage Lender pursuant to IC 24-4.5, and seeks to establish, meet, and maintain the financial responsibility requirements of the DFI during the term of the subject license by tender of the within bond,

NOW, THEREFORE, the conditions of this bond are such that if the above bonded Principal will faithfully conform to and abide by the provisions of all applicable law, including applicable provisions of the First Lien Mortgage Lending Act and Uniform Consumer Credit Code, as well as any rules and regulations lawfully adopted thereunder, and shall pay any and all amounts which become due or owed thereunder, then this obligation is null and void, but otherwise to remain in full force and effect,

PROVIDED that the Surety's aggregate liability for any and all claims which may arise under this bond shall in no event exceed the amount of this bond, regardless of the number of claims or claimants, and

FURTHER PROVIDED that this bond shall remain effective continuously until released by the DFI. The surety shall have the right to terminate or reduce its liability hereunder only by giving the Principal and the DFI written notice of such termination via certified mail to the State of Indiana, Department of Financial Institutions, at least thirty (30) days prior to the effective date of such termination; provided, however, that no liability incurred while said bond is in force and prior to said effective date of termination or reduction of liability shall be released or reduced by giving such notice, and

FURTHER PROVIDED, that after giving notice of termination or reduction of liability, the surety may reinstate or increase its liability by the execution and filing of a new bond or by mailing written notice to the DFI indicating that the surety desires to continue as surety for the licensee and that its prior notice of termination or reduction of liability is withdrawn and rescinded.

FURTHER PROVIDED that, if this bond is not previously terminated as set forth above, the liability of the surety shall expire two (2) years after the date of the surrender, revocation, or expiration of the subject license, whichever shall first occur.

THIS BOND shall be effective on and after \_\_\_\_\_ or, if left blank, the day of execution by surety shall be the effective date of the bond. The bond shall be effective, if accepted by the DFI, without further notice.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this \_\_\_\_\_ day of \_\_\_\_\_, 201\_.

LICENSEE:

\_\_\_\_\_  
(Licensee's Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Signature Name)

\_\_\_\_\_  
(Title) (Date)

Surety Must Attach Power of Attorney

\_\_\_\_\_  
(Surety)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Signature Name)

\_\_\_\_\_  
(Telephone Number) (Date)

[Corporate Seal]  
(If Any)

[SURETY SEAL]

Name, address, and telephone number of the Surety representative to contact in the event a claim must be filed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_