





5. I certify that the applicant, its principals, partners, officers, and/or directors, have not been subject to any past or present action by HUD, VA, Fannie Mae, Freddie Mac, or other government related entity in which there has been a request to repurchase a loan or to indemnify the entity against loss.
6. I certify the applicant is not currently subject to, previously been, or is proposed for regulatory or supervisory action by any regulatory entity. Regulatory actions include, but are not limited to, supervisory agreements, cease and desist orders, notices of determination, notices of proposed actions, formal memoranda of understanding, informal memoranda of understanding, unresolved audits, revocation of license(s) and investigations. Supervisory actions include, but are not limited to, the appointment of a trustee, receiver, conservator, or managing agent.
7. I acknowledge on behalf of the applicant, its continuing obligation to notify OFS's Broker Approval Department, in writing, within 5 days of any change to the information or documentation provided in connection with this application for approval while this application is pending review.
8. I certify that neither the applicant nor any of its owners, principals, officers, managers or supervisors have been involved, through ownership or otherwise, with a previously defaulted Ginnie Mae issuer(s), an FHA approved mortgagee that was subject to action by the Mortgagee Review Board, and/or an entity subject to a civil or criminal action by federal or state law enforcement.
9. I certify that, upon the submission of this application, and with its submission of each loan, the applicant has and will comply with the requirements of OFS and HUD's regulations.
10. I acknowledge on behalf of the applicant, its continuing obligation to notify OFS's Broker loan, in writing, within 10 days of issuance of any notice (or proposed notice) of violation, revocation, sanction, suspension, or any other administrative action/proceeding initiated by a state or federal regulatory entity.

Name	Title
------	-------

Signature	Date
-----------	------

Sent the executed application and all required documentation to the following address:  
 Omega Financial Services, Inc.  
 Attention: Broker Approval Department  
 1872 Morris Avenue  
 Union, NJ 07083

Privacy Act Statement. Names and Social Security Numbers are requested in order for Omega Financial Services, Inc. to obtain positive identification of the applicant's officers, directors, stockholders and employees who have authority to obligate the applicant. The information requested will be used solely to determine the eligibility of the individuals to participate in originating HUD/FHA insured loans. The Social Security Numbers are not provided to OFS on a voluntary basis. Failure to provide this information could cause delay in the processing of the applications

Omega Financial Services, Inc. Use Only

Date Application Received

Broker ID:

Package Reviewed by:

Package Approved by:

Approved	Denied	Date:
----------	--------	-------

Denial Reason: