

**Welcome!** We appreciate your interest in joining our Appraiser Network.

As a member of the Springhouse® Panel of Appraisers you are applying to partner with a leading contributor to mortgage and financial service industries. The following documentation will be required to create your Vendor Profile:

**Required scanned documents:**

1. Appraiser **Registration Form**
2. **W-9 form** signed and dated (*latest version*)
3. Copy of current **licenses/certifications** for you and all appraisers in your office
4. Copy of **E&O Insurance** for all associates in your office (No less than \$500,000.00 aggregate policy)
5. Current **résumé** for yourself and all associates in your office
6. **Workers Compensation Certificate** (*If Applicable*)

Springhouse is a growing organization and we are excited to have individuals and companies such as yours interested in partnering with us. We are looking forward to working with you!

Sincerely,

*Springhouse Vendor Management*

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## Small and Diverse Business Classifications

**Small Disadvantaged Business:** Small Disadvantaged Business (SDB) FAR 52.219-8, 13 CFR 124 must be certified by SBA as SDB. A Small Business that has received certification as a SDB consistent with 13 CFR 124, Subpart B, and no material change in disadvantaged ownership and control has occurred since certification. (All individuals must have a net worth of less than \$750,000 excluding the equity of the business and primary residence). Certification must be verified in the SBA's CCR database via <http://www.ccr.gov/> in the Dynamic Small Business Search area.

**Woman Owned Business:** Woman-Owned Business (WBE) FAR 52.219-8 Self Certification (or WBENC Certified). A business concern that is at least 51% owned by one or more women, or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more women. In addition, one or more women must control the management and daily business operations.

**Veteran-Owned Business:** Veteran-Owned Business (VOSB) FAR 52.219-9, 38 USC 101(2) Self Certification. A small business concern that is at least 51% owned by one or more veterans (as defined in 38 USC 101(2)), or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more veterans. In addition, one or more veterans must control the management and daily business operations.

**Disabled-Owner Business:** At least 51% owned by handicapped persons who exercise the power to make policy decisions and who are actively involved in the day-to-day management of the business. A handicapped person has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

**HUB Zone Business:** Historically Underutilized Business Zones (HUB Zone) FAR 52.219-8, 13 CFR Part 126 must be certified by SBA as a HUB Zone Small Business. Business is located in a historically underutilized zone and at least 35% of employees reside in a HUB Zone. Certification must be verified in the SBA's CCR database via <http://www.ccr.gov/> in the Dynamic Small Business Search area.

**Minority Owned Business:** Minority-Owned Business (MBE) Agency Certification or NMSDC Certified. A small business concern that is at least 51% owned by one or more minorities (i.e. African-American, Asian Indian American, Asian-Pacific American, Hispanic American, Native American), or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more minorities. In addition, one or more minorities must control the management and daily business operations.

**Service-Disabled Veteran Business:** Service Disabled Veteran Business (SDVOSB) FAR 52.219-8, USC 101(16) Self Certification. A small business concern that is at least 51% owned by one or more service disabled veterans (as defined in 38 USC 101(16)), or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more service disabled veterans. In addition, the management and daily business operations must be controlled by one or more service disabled veterans. In the case of a permanent or severe disability, the spouse or caregiver of such a service-disabled veteran may control the management and daily operations.

**Small Business:** Small Business (SB) FAR 52.219-8, 13 CFR Part 121, 13 CFR 121.410 Self Certification. A small business does not exceed the size standard for the product or service it is providing on the subcontract (see the NAICS codes and size standard list at 13 CFR Part 121.201 via <http://sba.gov/size>).

## Company Information

Applicant Full Name

Date of Birth

Email Address

Company Name

Work Address

City

State

County

Zip Code

Phone Number

Cell Phone

Fax

**Under United States Government designations, is your firm any of the following?**

- Small Disadvantaged Business
- Woman Owned Business
- Veteran Owned Business
- Disabled Owned Business
- HUB Zone Business
- Minority Owned Business
- Service-Disabled Veteran Owned Business
- Small Business

*\*Please provide us with a legible scan of a certificate for each designation (if applicable).*

## License Information

*\*A minimum of two years full-time appraisal experience is required. No trainee licenses are accepted.*

State	License type	License #	Expiration Date	FHA Approved

Appraisers are expected to comply with HBCC and USPAP requirements as well as to adhere with standard underwriting guidelines, such as FNMA and FDMC.

## Additional Information – Appraisers in the office

Name	State	License Type	License #	Expiration Date	FHA approved	Date of birth

## Coverage Area

State	Counties (please list all the counties you cover)

## Appraisal License

Is the applicant's license active to conduct business in the coverage area selected? Yes    No

Is there any open/pending complaint or disciplinary action against the applicant's license? Yes    No

Have you ever been disciplined (e.g. revocation, suspension, fine, reprimand) by an occupational licensing or certification board or commission of any state? Yes    No

If yes, please provide details in your own words and a certified copy of the board action:

Is the applicant aware of his/her removal from any bank/investor list? Yes    No

If yes, please provide details:

Agent's Name	Bank/Investor's list Name

## Company's Employees

Number of employees on payroll (*excluding yourself*): \*If you don't have any, please select 0.

Number of independent contractors: \*If you don't have any, please select 0.

Have you or any of your employees ever been an employee of Ocwen or Altisource? Yes    No

If yes, please provide details:

Name of the person who worked at Ocwen or Altisource	
Business Unit where you/he/she worked for	
Name of your/his/her manager in the company	
Period when you/he/she worked	

## Professional References

Please include three(3) professional references with their contact names and numbers:

Reference	Contact Person	Contact Number

## Legal Proceedings

Were you involved in any legal proceedings during the last 5 years? Yes    No

If yes, please provide details:

Record Type	Case Number	Court	Filing Date	Process Status	Description

Have you ever been convicted of a felony or are you aware of any threatened legal proceedings? Yes    No

If yes, please provide details:

Record Type	Description

Were you involved in any legal proceedings during the last 5 years? Yes    No

Have you ever faced a lawsuit for negligence, errors or omissions? Yes    No

Have you ever demonstrated a pattern or practice of defalcation regarding obligations? Yes    No

Have you ever faced bankruptcy? Yes    No

Have you ever been involved in a tax evasion? Yes    No

I, \_\_\_\_\_, certify that the information that I have provided, in this application, on behalf of \_\_\_\_\_ is true and complete to the best of my knowledge. I authorize Altisource Portfolio Solutions, S.A. and its subsidiaries and their designated agents and representatives (collectively, "ASPS") to conduct due diligence on me for retention as an independent contractor. I understand that the scope of the due diligence may include, but is not limited to, the names and dates of previous/current employment, residential address history and aliases, searches of criminal history records and sexual offender registries and license verification. I agree to hold ASPS harmless from any damages suffered by ASPS if the results of this search include information that ASPS would not know is incorrect.

Signature: \_\_\_\_\_

Name:

Date:

Title: