PROFESSIONAL RELATIONSHIP PROGRAM

Tell us about your practice.

A limited, relationship-based role alongside your existing professional work. Complete the fields that apply. Do not include client names, tax returns, borrower files, Social Security numbers or bank details.

Full legal name

Application date

Email

Telephone

Business / employer / professional firm

Your role / title

Mailing address

City

State

ZIP

PROFESSIONAL COMMUNITY - SELECT ALL THAT APPLY

- [ ] Attorney
- [ ] Accountant / CPA
- [ ] Financial advisor
- [ ] Insurance professional
- [ ] Realtor
- [ ] Business owner / employer
- [ ] Other relationship business

Other business / community, if applicable

- [ ] I am legally authorized to work in the United States.

Equal employment opportunity. Contact the hiring manager for a reasonable accommodation during the application process.

EXPERIENCE, FIT & PROFESSIONAL PERMISSIONS

The relationships you serve.

Relevant professional experience / years in your field

Describe your client or employee community without identifying individuals

How would optional lending introductions or group education support that community?

Professional licenses / registration numbers / jurisdictions, or None

Firm, broker, employer or professional approvals needed / status

Outside compensation, referral arrangements or agreements that may create a conflict

Firm and professional permissions must be resolved before participation. Another professional license does not authorize mortgage origination. Do not submit confidential client information to demonstrate your network.

AVAILABILITY & CERTIFICATION

A thoughtful next step.

Preferred start date

Availability for occasional introductions / events

Where you expect to perform IIMBC work / states served

Professional reference - name / role / contact details (with permission)

- [ ] You may contact my current employer or firm now.
- [ ] Obtain my permission before contacting my current employer or firm.

Applicant acknowledgment

I certify that the information supplied is accurate to the best of my knowledge. I authorize verification of work history, credentials and references, subject to my current-employer election. A consumer report requires separate legally compliant disclosure and authorization; this application does not authorize one. Material misstatements may result in denial or lawful termination.

I understand that this application is not an offer of employment. No client introduction, transaction-based pay, spending authority or mortgage activity is authorized by applying. Participation requires the signed agreement, applicable professional permissions, training and written role clearance. I will not disclose information I lack authority to share.

Printed name

Date

Applicant signature - use PDF signing tool or ink

Return through the approved secure method. Payroll and work-authorization data are collected separately after an offer.