

**Massachusetts
Division of Banks**

Scope Summary

Entity Name: Prepared by: Charter/License Number: Date:

EXAMINATION SCOPE SUMMARY	
Charter/License #	[Click&type]
Name of Supervised Entity:	[Click&type]
City, State:	[Click&type]
Entity website:	[Click&type]
Organization chart	[Insert or attach as pdf if available]
Number of Open Offices/Branches (including Main Office):	[Click&type]
Number of Licensed MLOs/Agents (where applicable):	[Click&type]
Total Assets (where applicable)	\$ [Click&type]
Date (xx/xx/xxxx)	[Click&type]

EXAMINATION DATES	
Examination Start Date	[Click&type]
Completion Date	[Click&type]
Examination Period	[Click&type]
Anticipated Hours	[Click&type]

EXAMINATION TEAM		
Name	Role	Specialty
[Click&type]	Examiner-In-Charge	[Click&type]
[Click&type]	[Click&type]	[Click&type]
[Click&type]	[Click&type]	[Click&type]
[Click&type]	[Click&type]	[Click&type]
[Click&type]	[Click&type]	[Click&type]
[Click&type]	[Click&type]	[Click&type]

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PRUDENTIAL AND/OR STATE REGULATOR(S)

Prudential and/or State Regulator(s)	[Click&type]
Regulator Contact(s)	[Click&type]
Contact phone #	[Click&type]
Contact email	[Click&type]

COMMUNICATION PLAN

- Who is responsible for communicating with the entity?
- List any expected or scheduled meetings.

[Click&type]

COMPLAINTS

Consumer Complaints received by the Division since the previous examination

[Click&type]

OUTSTANDING ENFORCEMENT ACTIONS

EA Type	Issue Date	Agency	Comments
[Click&type]	[Click&type]	[Click&type]	[Click&type]

OUTSTANDING MATTERS REQUIRING ATTENTION

Matter Requiring Attention	Status	Due Date	Required Response	Comments
[Click&type]	[Click&type]	[Click&type]	[Click&type]	[Click&type]

BREAKDOWN OF LOAN ORIENTATION AND PORTFOLIO

(xx/xx/xxxx – xx/xx/xxxx)

Loan Type	Dollar Volume Originated During Period	% of All Loans Originated During Period & Kept in Portfolio	Loan Type as a % of Total Portfolio at End of Period
Residential Loans	[Click&type]	[Click&type]	[Click&type]
Consumer Loans	[Click&type]	[Click&type]	[Click&type]

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Small Business Loans	[Click&type]	[Click&type]	[Click&type]
Other	[Click&type]	[Click&type]	[Click&type]

HMDA		
Is HMDA Applicable?	<input type="checkbox"/> Yes (If yes, must consult Fair Lending)	<input type="checkbox"/> No

ASSET VOLUME CHANGE		
Date:	xx/xx/xxxx	xx/xx/xxxx
Total Assets:	\$ [Click&type]	\$ [Click&type]
Source:	<input type="checkbox"/> Call Report <input type="checkbox"/> Public Filing <input type="checkbox"/> Other (specify) [Click&type]	<input type="checkbox"/> Call Report <input type="checkbox"/> Public Filing <input type="checkbox"/> Other (specify) [Click&type]

CHANGE IN OTHER FINANCIAL INFORMATION (as applicable)		
Date:	xx/xx/xxxx	xx/xx/xxxx
Total Deposits	\$[Click&type]	\$[Click&type]
Total Consumer Deposits	\$[Click&type]	\$[Click&type]
	(\$ volume)	(\$ volume)
Money Transmission	\$[Click&type]	\$[Click&type]
Check Cashing	\$[Click&type]	\$[Click&type]
Debt Collection	\$[Click&type]	\$[Click&type]
Other (Add additional lines for areas applicable to the entity being examined)	\$[Click&type]	\$[Click&type]

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ENTITY ASSESSMENT SUMMARY
(Prior to onsite portion of examination)

Risk Summary: [Copy from Risk Assessment.]		
Element	Current MM/DD/YYYY	Preceding MM/DD/YYYY
Inherent Risk	[Select Rating]	[Select Rating]
Quality of Risk Controls and Mitigation	[Select Rating]	[Select Rating]
Overall Risk to Consumers	[Select Rating]	[Select Rating]

Expected Change/Direction of Risk	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> Stable
Last Change in Direction	MM/DD/YYYY <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> Stable

Narrative description of primary basis for Risk Assessment.
[Copy from Risk Assessment.]

[Click&type]

SCOPE OF THE EXAMINATION
(Completed prior to onsite portion of examination)
Narrative description of related examination activities

COMPLIANCE MANAGEMENT SYSTEM
[Click&type]

UDAAP
[Click&type]

FAIR LENDING REVIEW
[Click&type]

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COMPLAINTS

[Click&type]

PRODUCT OR BUSINESS LINE REVIEW

AREA	Review		Comments
	Yes	NA	
Mortgage Origination [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Mortgage Servicing [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Short-Term, Small-Dollar Lending [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Debt Collection [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Education Loans [CFPB]	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Check Cashing [FinCen/IRS]	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Money Orders/Traveler's Checks [FinCen/IRS]	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Money Transmitting [FinCen/IRS]	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]

REGULATION(S) REVIEW

Indicate the specific regulations that will be subject to transactional testing, noting the relationship with activities in the previous sections.

AREA	Review		Comments
	Yes	NA	
LENDING			
Truth In Lending Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Real Estate Settlement Procedures Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Homeowners Protection Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]

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Equal Credit Opportunity Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Home Mortgage Disclosure Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Fair Credit Reporting Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Consumer Leasing Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
S.A.F.E. Mortgage Licensing Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Fair Debt Collection Practices Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Flood Disaster Protection	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Fair Housing Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Servicemembers Civil Relief Act	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Other	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]

DEPOSITS		
AREA	Review Yes NA	Comments
Truth In Savings Act	<input type="checkbox"/> <input type="checkbox"/>	[Click&type]
Electronic Fund Transfer Act	<input type="checkbox"/> <input type="checkbox"/>	[Click&type]
Regulation CC	<input type="checkbox"/> <input type="checkbox"/>	[Click&type]
Other	<input type="checkbox"/> <input type="checkbox"/>	[Click&type]
PRIVACY		
AREA	Review Yes NA	Comments

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Sections 502-509 of the Gramm Leach Bliley Act (Privacy provisions, but not information security)	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]
Other	<input type="checkbox"/>	<input type="checkbox"/>	[Click&type]

FINAL SCOPE SUMMARY	
Describe changes to the scope of the examination that occurred during the examination, including changes to the Risk Summary.	
[Click&type]	
Note considerations for the scope of the next examination.	
[Click&type]	