

PRIVATE LABEL WHOLESALE

LOAN SUBMISSION

BROKER INFORMATION			
Broker:		Phone No.:	
Processor:		Email:	
Agent/Account Rep:		Date:	
BORROWER/SUBJECT PROPERTY INFORMATION			
Borrower 1 Name:		Borrower 3 Name:	
Borrower 2 Name:		Borrower 4 Name:	
Vesting: (Must be completed)			
Subject Address:			
Appraised Value:		Number of Units:	
Purchase Price:		Property Type:	<input type="checkbox"/> SFR <input type="checkbox"/> 2-4 <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Condo <input type="checkbox"/> PUD
LOAN INFORMATION			
Loan Amount:	Occupancy:	Purpose:	Type:
\$ _____	<input type="checkbox"/> O/O <input type="checkbox"/> N/O/O <input type="checkbox"/> Second Home	<input type="checkbox"/> First Mortgage	<input type="checkbox"/> Purchase <input type="checkbox"/> Rate/Term Refinance <input type="checkbox"/> Cash Out Refinance
Interest Rate:	Program Code:	Refinance Type:	<input type="checkbox"/> Streamline <input type="checkbox"/> Cashout
Type/Term:	Fixed: <input type="checkbox"/> 30/30 <input type="checkbox"/> 15/15 ARM: <input type="checkbox"/> 5/1 <input type="checkbox"/> 7/1		
ARM Information:	Margin: _____ Cap: _____ Annual: _____ Index: _____	Impounds: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Borrower Points: _____ Broker Points: _____ NFC Points or Rebate: _____ Seller Paid Fees: _____ Discount: _____ Prepays: _____ Closing Costs: _____ Rebate Paid Fees: _____ Discount: _____ Prepays: _____ Closing Costs: _____			
FEES			
Escrow:	Courier:	Demand:	
\$ _____	\$ _____	\$ _____	
YOUR FEES		BROKER FEES	
Flood:	\$ 10.25	Processing:	\$ _____
Document Preparation:	\$ 350.00	Appraisal:	\$ _____
Underwriting Fee:	\$ 895.00	Credit Report:	\$ _____
		Other:	\$ _____
		Credit to borrower(s) for non recurring costs	\$ _____
			PAID / DUE
			PAID / DUE
			PAID / DUE
			PAID / DUE
			PAID / DUE
			PAID / DUE
TITLE INFORMATION			
(Must be completed)			
Escrow Company:		Phone No.:	
Address:		Fax No.:	
City/State/Zip:			
Escrow No.:		Escrow Officer:	
Title Company:		Phone No.:	
Address:		Fax No.:	
City/State/Zip:		Title Order No.:	
Special Instructions:			