



BORROWER INFORMATION

Please complete this form in its entirety on each loan submitted.

Please include any pertinent information regarding the borrower(s)
i.e.; married speak with husband only regarding loan, separated but in agreement on processing a loan, etc.

Borrowers Name: _____

Co-Borrower Name: _____

Property Address: _____

City _____ State _____ Zip _____

Best Contact # for Borrower **CELL** (_____) _____

Borrower Home (_____) _____ Work (_____) _____

Best Contact # for Co-Borrower **CELL** (_____) _____

Co-Borrower Home (_____) _____ Work (_____) _____

Borrower SS# _____

Co-Borrower SS# _____

Borrower Experian _____ Transunion _____ Equifax _____

Co-Borrower Experian _____ Transunion _____ Equifax _____

Please include a copy of the completed Lender Submission Form OR complete the following:

Loan Amount \$ _____

Purchase _____ Purchase Agreement Expiration ____/____/____

Refinance _____ Rate/Term ____ Cash Out _____ Cash Out Amount \$ _____

Property Type: (SFR, Condo, Units) _____

HOA _____ Phone (____) _____



Estimated Value \$ _____

LTV _____ CLTV _____ Occupancy _____

2nd Mortgage _____ HELOC _____

Doc Type (Full, Limited Income, Stated, Stated w/ assets etc) _____ Other _____

Lock Date ____/____/____ Lock Expiration ____/____/____

Loan Program _____ Interest Rate _____

Rebate _____ Origination _____ Broker fees \$ _____

Comments _____

Lender(s) Information:
(If more than one Lender please provide the following information for each)

Lender _____

Lender Address _____

City _____ State _____ Zip _____

Account Executive _____

Contact email _____

Phone (____) _____ **CELL**(____) _____

Fax (____) _____

Broker Coordinator/ Processor _____

Email _____

Phone (____) _____ Fax (____) _____

Lenders Web Address _____

Lender Login Username _____ Password _____



THIRD PARTY INFORMATION

Third Party services can be ordered from the service providers you prefer/ request or from service providers where Process This has existing relationships.

Please provide the following contact information for the Third Party Vendor you have ordered.

TITLE

Company _____

Contact _____

Phone (____) _____ Fax (____) _____

Email _____

Date Ordered ____/____/____ Order # _____

Comments _____

ESCROW

Company _____

Contact _____

Phone (____) _____ Fax (____) _____

Email _____

Date Ordered ____/____/____ Order # _____

IMPOUNDS: TAXES _____ **INSURANCE** _____

Comments _____



APPRAISER

Company _____

Contact _____

Phone (____) _____ Fax (____) _____

Email _____

Date Ordered ____/____/____ Order # _____

Comments _____

CREDIT (Supplement) PROVIDER

Company _____

Contact _____

Phone (____) _____ Fax (____) _____

Email _____

Date Ordered ____/____/____ Order # _____

Comments _____
