



# DOCUMENT REQUEST

1594 N. Batavia St.  
Orange, CA 92867  
877.460.3863 Phone  
714.279.0722 Fax

\_\_\_\_\_  
Account Executive

**Fax completed form to: 714.279.0722 - Cut-Off Time: 3:30 PM**

Broker Information

Office: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Borrower Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Co-Borrower Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Complete Vesting: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Condo, PUD, Project Name (required): \_\_\_\_\_

Loan Information

Loan #: \_\_\_\_\_ Rate: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Program: \_\_\_\_\_

1<sup>st</sup> Payment: \_\_\_\_\_ Term: \_\_\_\_\_

**Impounds**

Yes

No

May be subject to Pricing adjustment

Escrow Information

Escrow: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Escrow Number: \_\_\_\_\_

Fees Due:

IFG Fees	Fee Amount	Broker Fees	Fee Amount	Paid
Underwriting	895.00	YSP %		
Tax Service	73.00	Origination %		
Flood	14.00	Appraisal		<input type="checkbox"/>
Flat Fee on 2nds	495.00	Credit Report		<input type="checkbox"/>
		Processing		<input type="checkbox"/>
		Administration		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Send loan docs to: \_\_\_\_\_ Est Signing Date: \_\_\_\_\_  
YYYY-MM-DD

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Est Funding Date: \_\_\_\_\_  
YYYY-MM-DD

\_\_\_\_\_  
Broker-authorized Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

By signing this form I certify that I am authorized to approve the fields on this form and I am approving the information as shown. I understand that any changes needing to be made after Loan Documents are prepared will result in \$75.00 redraw fee for the Loan Documents