

AFFORDABLE MORTGAGE SERVICES

Loan Submission Form

BROKER INFO:

Broker: _____ Loan Officer: _____
Phone: _____ Fax: _____
E-Mail: _____

LOAN INFO:

Borrower(s) Name: _____
Property Address: _____

Borrowers email: _____

Proposed Lender: _____ Program Name: _____
A/E Name: _____ A/E Contact Info: _____

| | | | |
|-----------------------------------------|------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Purchase | <input type="checkbox"/> SFR | <input type="checkbox"/> Owner Occupied | <input type="checkbox"/> Conforming |
| <input type="checkbox"/> Rate/Term Refi | <input type="checkbox"/> Condo | <input type="checkbox"/> Non-Owner Occupied | <input type="checkbox"/> FHA/VA |
| <input type="checkbox"/> Cash out Refi | <input type="checkbox"/> PUD | <input type="checkbox"/> Vacation/ 2 nd Home | <input type="checkbox"/> 1 st Trust Deed |
| | <input type="checkbox"/> ___ Units | <input type="checkbox"/> Commercial | <input type="checkbox"/> 2 nd Trust Deed |

Full Doc Specialty Program: _____

Fixed 30 yr Fixed 15 yr 30/ _____
 Arm 3/1, 5/1, 7/1 Other _____

Margin: _____ Index/ Value: _____ Life Cap: _____ Adjust: _____% per: _____

Loan Amount: _____ Purchase Price/ Value: _____
Secondary Financing: _____ Second will Subordinate: YES NO
LTV _____% CLTV _____% Impounds: Taxes _____ Ins: _____ M.I.: _____
Interest Rate _____% Qual Rate _____% Prepayment Penalty: YES NO
yrs pp: _____

Lock Request:

with application 15-day lock 45-day lock
 with loan approval 30 day lock 60-day lock
 at docs

Fees: Lender Comp: _____ Lender Fees: _____ Over Par Pricing: _____
Other/ Misc.: _____

H.O.A.: Name: _____ Mgmt. Co.: _____
Address: _____ Phone: _____
Fax: _____
HOA Cert requested: YES NO

Appraiser: _____ Phone: _____ Fax: _____
Date Appraisal Ordered: _____

Escrow Co.: _____ Phone: _____ Fax: _____
Address: _____
Escrow #: _____ Officer: _____ Date Opened: _____

Title Co.: _____ Phone: _____ Fax: _____
Address: _____
Order #: _____ Officer: _____ Date Opened: _____

Listing Agent: _____ Phone: _____ Fax: _____
Buyers' Agent: _____ Phone: _____ Fax: _____
Referred By: _____ Phone: _____ Fax: _____