

GFE Change of Circumstance

EMAIL this form with supporting document[s] (ex. Addendum) to gfechanges@uwm.com

Loan Number: _____

Borrower Name: _____

I discovered the change(s) on [date] _____ and I understand that the revised GFE and Credit/Charge for the interest rate must be re-disclosed within the required time frame (3 business days after receipt of the information regarding the change of circumstance information). I understand that only the/those fee(s) affected by the changed circumstance may change.

Please issue a revised GFE and TIL, within the required time frame (3 business days). The information particular to this transaction that was relied upon in providing the initial GFE, has changed due to the following circumstance(s):

CHECK APPROPRIATE BOX(es)

CHANGED CIRCUMSTANCE –

☐

Changes or inaccuracies in information relating to the Borrower or the Transaction, relied upon in providing the initial Good Faith Estimate.

EXAMPLES (Income / Assets / Credit Score / Appraised Value / Mtg insurance / Funding fee)

☐

Borrower requested change(s) *EXAMPLES (Product / Rate & term to Cash out / Fixed to ARM / Term change)*

☐

New information regarding the Borrower or Transaction: that was not relied upon when the initial Good Faith Estimate was provided.

EXAMPLES (doesn't qualify for product / Appraised Value / Payoff / Mtg insurance required / Inspection required)

Mortgage Insurance – check one -

☐

Pay Advantage

☐

Monthly M.I.

☐

Single Premium – Cash

☐

Split 50

☐

Split 100

☐

Compensation Change – check one -

☐

Borrower Paid

☐

Lender Paid

CHANGE(S) REQUESTED: List specific amounts *EXAMPLES (Base loan amount / Interest Rate / Product / Fee / Waive U/W fee)*

		Current	New
	Base loan Amount	\$ _____	\$ _____
	Interest Rate	_____ %	_____ %
	Product / Term	_____	_____
FEE changes	Fee / Service	Current	New
Block 1	<u>Origination plus U/W fee</u>	\$ _____	\$ _____
Block 3	<u>Required Services</u>	\$ _____	\$ _____
Block 4	<u>Lender's Title Insurance</u>	\$ _____	\$ _____
Block 5	<u>Owner's Title Insurance</u>	\$ _____	\$ _____
Block 6	<u>Shoppable Services</u>	\$ _____	\$ _____
Block 7	<u>Recording Fees</u>	\$ _____	\$ _____
Block 8	<u>Transfer Taxes/State/City County Stamps</u>	\$ _____	\$ _____

Print name of Authorized Employee

Authorized Employee Signature

Date