



Loan Officer Checklist

CLOSED-END

LOAN NUMBER		SHARE/SHARE DRAFT ACCOUNT NUMBER	
APPLICANT'S NAME	PHONE NUMBER	CO-APPLICANT'S NAME	PHONE NUMBER
APPLICANT'S ADDRESS		CO-APPLICANT'S ADDRESS	

1 PRELIMINARY REVIEW

	CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
a. Date application submitted	<input type="checkbox"/>	___/___/___
b. Good Faith Estimate	<input type="checkbox"/>	___/___/___
c. Application Fee (if collected)	<input type="checkbox"/>	___/___/___
d. Debt/Income Ratio	<input type="checkbox"/>	___/___/___
e. Credit Denied and ECOA Notice Given, or Proceed with steps below	<input type="checkbox"/>	___/___/___

2 CREDIT- WORTHINESS

	CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
a. Verification of Deposit	<input type="checkbox"/>	___/___/___
b. Verification of Employment	<input type="checkbox"/>	___/___/___
c. Verification of First Mortgage	<input type="checkbox"/>	___/___/___
d. Residential Mortgage Credit Report	<input type="checkbox"/>	___/___/___
e. Verification of Debt	<input type="checkbox"/>	___/___/___

3 EQUITY

	CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
a. Appraisal	<input type="checkbox"/>	___/___/___
b. Title Insurance or Opinion of Title	<input type="checkbox"/>	___/___/___
c. Flood Hazard Determination	<input type="checkbox"/>	___/___/___
d. Flood Notice (if applicable)	<input type="checkbox"/>	___/___/___

4 APPROVAL OR DENIAL OF LOAN

	CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
a. Credit Denied and ECOA Notice Given	<input type="checkbox"/>	___/___/___
b. Amount, Interest Rate and Term Approved for this loan	<input type="checkbox"/>	___/___/___
\$ _____ AMOUNT _____ INTEREST RATE % _____ TERM		

5 PREPARE DOCUMENTS- CLOSE LOAN

	CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
a. Note/Truth in Lending Disclosure	<input type="checkbox"/>	___/___/___
b. Security Instrument	<input type="checkbox"/>	___/___/___
c. HUD-1A Settlement Statement	<input type="checkbox"/>	___/___/___
d. Notice of Right to Cancel	<input type="checkbox"/>	___/___/___
e. Insurance: <input type="checkbox"/> Hazard <input type="checkbox"/> Credit Disability <input type="checkbox"/> Credit Life <input type="checkbox"/> Flood	<input type="checkbox"/>	___/___/___
f. Automatic Payment Authorization	<input type="checkbox"/>	___/___/___
g. Additional Credit Union Forms:	<input type="checkbox"/>	___/___/___
OR h. 3-Day Right of Rescission Time Expired	<input type="checkbox"/>	___/___/___
i. Right of Rescission exercised	<input type="checkbox"/>	___/___/___
j. Funds Disbursed	<input type="checkbox"/>	___/___/___
k. Payment of Fees	<input type="checkbox"/>	___/___/___
l. Security Instrument Recorded	<input type="checkbox"/>	___/___/___
m. Letter sent to prior Mortgage Holder	<input type="checkbox"/>	___/___/___



Loan Officer Checklist

OPEN-END

PLAN NUMBER		SHARE/SHARE DRAFT ACCOUNT NUMBER	
APPLICANT'S NAME	PHONE NUMBER	CO-APPLICANT'S NAME	PHONE NUMBER
APPLICANT'S ADDRESS		CO-APPLICANT'S ADDRESS	

1 APPLICATION	(a, b and c given to applicant at this time)	CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
	a. Application	<input type="checkbox"/>	___/___/___
	b. Early Disclosure/Important Terms of Your Home Equity Plan	<input type="checkbox"/>	___/___/___
	c. Brochure/What You Should Know About Home Equity Lines of Credit	<input type="checkbox"/>	___/___/___

2 PRELIMINARY REVIEW		CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
	a. Date application submitted	<input type="checkbox"/>	___/___/___
	b. Application Fee (if collected)	<input type="checkbox"/>	___/___/___
	c. Debt/Income Ratio	<input type="checkbox"/>	___/___/___
	d. Credit Denied and ECOA Notice Given, or Proceed with steps below	<input type="checkbox"/>	___/___/___

3 CREDIT-WORTHINESS		CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
	a. Verification of Deposit	<input type="checkbox"/>	___/___/___
	b. Verification of Employment	<input type="checkbox"/>	___/___/___
	c. Verification of First Mortgage	<input type="checkbox"/>	___/___/___
	d. Residential Mortgage Credit Report	<input type="checkbox"/>	___/___/___
	e. Verification of Debt	<input type="checkbox"/>	___/___/___

4 EQUITY		CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
	a. Appraisal	<input type="checkbox"/>	___/___/___
	b. Title Insurance or Opinion of Title	<input type="checkbox"/>	___/___/___
	c. Flood Hazard Determination	<input type="checkbox"/>	___/___/___
	d. Flood Notice (if applicable)	<input type="checkbox"/>	___/___/___

5 APPROVAL OR DENIAL OF CREDIT		CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
OR	a. Credit Denied and ECOA Notice Given	<input type="checkbox"/>	___/___/___
	b. Amount of line of credit approved \$ _____	<input type="checkbox"/>	___/___/___

6 PREPARE DOCUMENTS- OPEN ACCOUNT		CHECK WHEN STEP COMPLETED	DATE (OPTIONAL)
	a. Credit Agreement/Addendum	<input type="checkbox"/>	___/___/___
	b. Security Instrument	<input type="checkbox"/>	___/___/___
	c. Notice of Right to Cancel	<input type="checkbox"/>	___/___/___
	d. Insurance: <input type="checkbox"/> Hazard <input type="checkbox"/> Credit Disability <input type="checkbox"/> Credit Life <input type="checkbox"/> Flood	<input type="checkbox"/>	___/___/___
	e. Automatic Payment Authorization	<input type="checkbox"/>	___/___/___
	f. Voucher for First Advance	<input type="checkbox"/>	___/___/___
	g. Additional Credit Union Forms:	<input type="checkbox"/>	___/___/___
OR	h. 3-Day Right of Rescission Time Expired	<input type="checkbox"/>	___/___/___
	i. Right of Rescission exercised	<input type="checkbox"/>	___/___/___
	j. Funds Disbursed	<input type="checkbox"/>	___/___/___
	k. Payment of Fees	<input type="checkbox"/>	___/___/___
	l. Security Instrument Recorded	<input type="checkbox"/>	___/___/___
	m. Letter sent to prior Mortgage Holder	<input type="checkbox"/>	___/___/___



Direct Credit Verification Form

INSTRUCTIONS We have received an application for a loan or loan account from the applicant listed below, to whom we understand you have made a loan. Please complete Section 2 below and return to us, the Credit Union.

TO		FROM (Name and Address of Credit Union)
SIGNATURE OF LENDER X	DATE	TITLE

1 INFORMATION REQUESTED TO BE VERIFIED

TYPE OF LOAN	ACCOUNT NAME(S)	LOAN NUMBER	APPROX. LOAN BALANCE
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

TO CREDITOR: I have applied for a loan and stated in my financial statement that the current loan balance with you is shown above. You are authorized to verify this information and supply the Credit Union identified above, with the information requested below. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

NAME AND ADDRESS OF APPLICANT(S)	NAME AND ADDRESS OF APPLICANT(S)
SIGNATURE OF APPLICANT(S) X	SIGNATURE OF APPLICANT(S) X

2 TO BE VERIFIED BY CREDITOR

LOAN(S) OUTSTANDING TO APPLICANT(S)				
TYPE OF LOAN	LOAN NUMBER	DATE OF LOAN	ORIGINAL LOAN AMOUNT	SECURED BY
			\$	
			\$	
			\$	
PAYMENTS	CURRENT BALANCE	DATE LAST PAID	DATE NEXT DUE	NO. OF LATE PAYMENTS
Mo./\$	\$			
Mo./\$	\$			
Mo./\$	\$			

Additional information which may be of assistance in determination of creditworthiness:
(Please include information on loans paid-in-full.)

AUTHORIZED SIGNATURE X	
TITLE	DATE

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. This form is to be transmitted directly to the Credit Union and is not to be transmitted through the applicant or any other party.

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(Samples may not always be the most current version)

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et.seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et.seq. or 7 USC, 1921 et.seq. (if USDA/FmHA).

Instructions: Lender—Complete Items 1 through 7. Have applicant complete Item 8. Forward directly to employer named in Item 1.

Employer—Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in Item 2.

The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I—Request

1. To (Name and address of employer)

2. From (Name and address of lender)

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender

4. Title

5. Date

6. Lender's Number (Optional)

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)

8. Signature of Applicant

Part II—Verification of Present Employment

9. Applicant's Date of Employment

10. Present Position

11. Probability of Continued Employment

12A. Current **Gross** Base Pay (Enter Amount and Check Period)

☐ Annual

☐ Hourly

☐ Monthly

☐ Other (Specify)

\$ _____ ☐ Weekly

12B. **Gross** Earnings

Type	Year to Date Thru _____	Past Year	Past Year
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

13. For Military Personnel Only

Pay Grade

Type

Monthly Report

Base Pay

\$ _____

Rations

\$ _____

Flight or Hazard

\$ _____

Clothing

\$ _____

Quarters

\$ _____

Pro Pay

\$ _____

Overseas or Combat

\$ _____

Variable Housing Allowance

\$ _____

14. If Overtime or Bonus is Applicable, is its Continuance Likely?

Overtime ☐ Yes ☐ No

Bonus ☐ Yes ☐ No

15. If paid hourly—average hours per week

16. Date of applicant's next pay increase

17. Projected amount of next pay increase

18. Date of applicant's last pay increase

19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III—Verification of Previous Employment

21. Date Hired

23. Salary/Wage at Termination Per (Year) (Month) (Week)

22. Date Terminated

Base _____ Overtime _____ Commissions _____ Bonus _____

24. Reason for Leaving

25. Position Held

Part IV—Authorized Signature—Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer

27. Title (Please print or type)

28. Date

29. Print or type name signed in Item 26

30. Phone No.

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(Samples may not always be the most current version)

Request for Verification of Deposit

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et.seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et.seq. or 7 USC, 1921 et.seq. (if USDA/FmHA).

Instructions: Lender—Complete Items 1 through 8. Have applicant(s) complete Item 9. Forward directly to depository named in Item 1.
Depository—Please complete Items 10 through 18 and return DIRECTLY to lender named in Item 2.

The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.

Part I—Request

1. To (Name and address of depository)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. Signature of Lender	4. Title	5. Date	6. Lender's No. (Optional)
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7. Information To Be Verified

Type of Account	Account in Name of	Account Number	Balance
			\$
			\$
			\$

To Depository: I/We have applied for a mortgage loan and stated in my financial statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in Items 10 through 13. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of Applicant(s)	9. Signature of Applicant(s)
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To Be Completed By Depository

Part II—Verification of Depository

10. Deposit Accounts of Applicant(s)				
Type of Account	Account Number	Current Balance	Average Balance For Previous Two Months	Date Opened
		\$	\$	
		\$	\$	
		\$	\$	

11. Loans Outstanding to Applicant(s)						
Loan Number	Date of Loan	Original Amount	Current Balance	Installments (Monthly/Quarterly)		Number of Late Payments
		\$	\$	\$	per	
		\$	\$	\$	per	
		\$	\$	\$	per	

12. Please include any additional information which may be of assistance in determination of credit worthiness. (Please include information on loans paid-in-full in Item 11 above.)

13. If the name(s) on the account(s) differ from those listed in Item 7, please supply the name(s) on the account(s) as reflected by your records.

Part III—Authorized Signature—Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

14. Signature of Depository Representative	15. Title (Please print or type)	16. Date
17. Please print or type name signed in Item 14	18. Phone No.	

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Request for Verification

OF MORTGAGE OR DEED OF TRUST, RENTAL OR LAND CONTRACT ACCOUNT

INSTRUCTIONS We have received an application for a loan or loan account from the applicant listed below, to whom we understand you rent or have extended a real estate loan. Please complete Section 2 below and return to the Credit Union.

TO	FROM (Name and Address of Credit Union)
DATE	CREDIT UNION FILE NUMBER (Optional)
SIGNATURE OF CREDIT UNION EMPLOYEE X	CREDIT UNION EMPLOYEE TITLE

1 INFORMATION TO BE VERIFIED

NAME AND ADDRESS OF APPLICANT(S)	TYPE OF ACCOUNT: <input type="checkbox"/> MORTGAGE OR DEED OF TRUST <input checked="" type="checkbox"/> RENTAL <input type="checkbox"/> LAND CONTRACT
PROPERTY ADDRESS	ACCOUNT IN THE NAME OF
SIGNATURE OF APPLICANT(S) X	ACCOUNT NUMBER
	SIGNATURE OF APPLICANT(S) X

2 TO BE COMPLETED BY LANDLORD/ CURRENT LENDER

<input type="checkbox"/> RENTAL ACCOUNT	
TENANT HAS RENTED FROM _____ TO _____ AMOUNT OF RENT \$ _____ PER _____	IS RENT IN ARREARS <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT IN ARREARS \$ _____ PERIOD _____ NUMBER OF TIMES PAST DUE IN LAST 12 MONTHS _____ 30-59 (DAYS) _____ 60-89 (DAYS) _____ 90-119 (DAYS) _____ 120+ (DAYS)
<input type="checkbox"/> MORTGAGE OR DEED OF TRUST ACCOUNT OR <input type="checkbox"/> LAND CONTRACT	
DATE MORTGAGE OR DEED OF TRUST/LAND CONTRACT ORIGINATED	INTEREST RATE _____ %
IS MORTGAGE OR DEED OF TRUST/LAND CONTRACT CURRENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MORTGAGE OR DEED OF TRUST/LAND CONTRACT ASSUMABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
MORTGAGE OR DEED OF TRUST/LAND CONTRACT AMOUNT ORIGINAL \$ _____ CURRENT \$ _____	NUMBER OF TIMES PAST DUE IN LAST 12 MONTHS _____ 15-29 (DAYS) _____ 30-59 (DAYS) _____ 60-89 (DAYS) _____ 90+ (DAYS)
MONTHLY PAYMENT WITH TAXES AND INSURANCE \$ _____	NEXT PAYMENT DUE _____/_____/_____

Additional information which may be of assistance in determination of creditworthiness:

SIGNATURE OF LANDLORD/CURRENT LENDER X	DATE
TITLE	

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