



Doc Request

Estimated HUD-1 Must Be Returned with this form

Account Executive: _____ Date: _____ Loan # _____ First Payment Date: _____

Loan Originator: _____ Email Address: _____ Phone #: _____

VESTING & PROPERTY

Impounds: Yes No

Non-Borrowing Spouse: _____

Borrower's name exactly as it will appear on loan documents: _____

Vesting: _____

Property Address: _____

SETTLEMENT AGENT/ESCROW INFORMATION

Company: _____ Location: _____ Escrow #: _____

Contact: _____ Email Address for docs: _____ Phone #: _____

Loan Originator compensation: _____% Amount: \$_____ How Paid: _____

Borrower Loan Discount Points: _____

FEES TO BE REIMBURSED

Please note, fees must have been disclosed on GFE)

Fee: _____ Amount: _____ Payable to: _____

Fee: _____ Amount: _____ Payable to: _____

Fee: _____ Amount: _____ Payable to: _____

Fee: _____ Amount: _____ Payable to: _____

Notes to Doc Department: