

Doc Request Form

Doc Request Cut Off Time 4:00pm PST

For questions and conditions, please contact your Account Executive

Submitting Broker										
Broker Company Name				Processor Name						
Broker Company License #				Processor Email						
Broker Phone #				Loan Officer Name						
Broker Fax #				Loan Officer Email						
		ck Expiration Date				Date of Doc Request				
Property Address		·								
Address Cit				sy State ZIP						
				tle Only Non-Applicant Information						
Full Name	E HALLES									
Full Name Full Name Full Name										
Vesting (List all individuals who will be on title)		Loan Type	Rate Type Prop		Prope	rty Type	e Loan Values			
Exactly as on title New	vesting	Jumbo	Fixed	ARM		SFR	Loan Amt:	\$		
		Conforming	30 Yr	10/1		PUD	Interest Rate:	%		
		Conforming HB	20 Yr	7/1		Condo	Borrower Rebate (paid to borrower if applicable)	%		
		FHA	15 Yr	5/1		2 Unit	Borrower Discoun (paid to borrower if applicable)	t %		
		W2	10 Yr	3/1		3 Unit	Imp	ounds		
		Stated Income	Interes	t Only	4 Unit		Yes	No		
		Expanded	Yes	No			First Payment Dat	e:		
Day Onder Information					•		•			
Doc Order Information		Power (201/	Casassi						
Lender & Third Party Fees Combined Lender Fee \$		Power Of Attorney				Escrow Officer				
Appraisal Fee \$		Yes No				Dhana Numbar				
paid by borrower paid by broker, seeking paid by broker, not Borrower/Non-Bor		Borrower/Non-Borro	wer Attorney in fact			Email Address				
reimbursement seeking reimbursement Credit Report Fee provide matching invoice \$						Escrow Number				
Broker Compensation—Choose one Type						Other Information				
Lender Paid Comp (total compensation) \$				gage Insurance			*Docs may only be emailed to title or escrow*			
or Borrower Paid Compensat	ion	Does the loan have Pl	MI?	Yes	No [Docs out en	nail address			
Origination% \$				Insura	nce Re	quiremer	nts			
Processing \$		Coverage must equal cost new per appraisal or include guaranteed replacement cost endorsement								
Other specify \$		Sufficient policy period: Purchase- full year or Refi- 3 months from first payment date								
Other specify \$		Evidence that policy is paid through required period or policy must be paid through closing								
Broker Credit for\$		If policy is impounded, it must be paid in full through the end of the policy period								
Broker Credit for \$\$		Condo: HO-6 coverage at 20% appraised value or evidence that HO-6 is provided by master policy								
Broker Credit for\$	Condo: Current master policy with fidelity and liability coverage									

Checklist (required)		Broker Acknowledgement		
Completed Vesting	3 rd party invoices	Loan Officer Name		
Estimated HUD-1	CPL	Loan Officer Name		
Current Hazard Insurance	Pricing matches lock confirmation			
Current Flood Ins. (if applicable)	PoAs (if applicable; must be approved by management)	Loan Officer Signature		
MDIA waiting periods expired	PMI Cert (if applicable)	Today's Date		
iApprove Lending LLC		v-2018.11.08		