

ACCOUNT EXECUTIVE: _____

BROKER INFORMATION			
Company Name: _____		Phone #: _____	
Loan Officer: _____ Email: _____ Phone: _____		Loan Processor: _____ Email: _____ Phone: _____	
SUBJECT PROPERTY			
Address: _____, City _____, State: _____, Zip: _____			
BORROWER FICO: _____		CO-BORROWER FICO: _____	
First Name: _____		First Name: _____	
Last Name: _____		Last Name: _____	
Email: _____		Email: _____	
TRANSACTION	AMORTIZE	PROPERTY TYPE	LOAN VALUES
<input type="radio"/> Purchase	<input type="radio"/> 30 Yr Fixed	<input type="radio"/> SFR	Purchase Price: \$ _____.
<input type="radio"/> R/T Refinance	<input type="radio"/> 25 Yr Fixed	<input type="radio"/> Condo	Appraised Value: \$ _____.
<input type="radio"/> Cashout	<input type="radio"/> 20 Yr Fixed	<input type="radio"/> Manufactured	Loan Amount: \$ _____.
	<input type="radio"/> 15 Yr Fixed	<input type="radio"/> Non-Warrantable Condo	LTV: _____ % CLTV: _____ %
		<input type="radio"/> 2-4 Unit <input type="radio"/> PUD	DTI: _____ % Rate: _____ %
PROGRAMS	OCCUPANCY	IMPOUNDS	BROKER COMPENSATION
<input type="checkbox"/> No Program Selected	<input type="radio"/> Primary	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Borrower Paid
DOC TYPE	<input type="radio"/> 2 nd Home		Broker's %: \$ _____ + Processing Fee: \$ _____
<input type="checkbox"/> No Doc Type Selected	<input type="radio"/> Investment		<input type="radio"/> Lender Paid
			Comp Plan: _____ % + \$ _____
REQUIRED DOCS	CREDIT RE-ISSUE	LENDER'S FEE	
<input type="checkbox"/> Written VOE for all borrowers (if applicable)	Credit Agency ID: _____	<input type="radio"/> FHA/VA \$1,198	
<input type="checkbox"/> Pay stubs dated within 30 days for all W-2 borrowers (if applicable)	Username: _____	<input type="radio"/> STREAMLINE/IRRRL - \$599	
<input type="checkbox"/> 2 years W-2s (if applicable)	Password: _____	<input type="radio"/> CONVENTIONAL - \$999	
<input type="checkbox"/> 2 years federal tax returns including all schedules (if applicable)	DU RE-ISSUE	INDEPENDENT PROCESSING FEE	
<input type="checkbox"/> 2 years K1, corporate returns (if applicable)	Username: _____	<input type="radio"/> Yes \$ _____	
<input type="checkbox"/> 2 months current bank statements w/all pages for all assets being used for qualification	Password: _____	<input type="radio"/> No	
<input type="checkbox"/> All credit, asset, income explanations as applicable	BROKER OWNED ESCROW	FEE BUY-OUT	
<input type="checkbox"/> Mortgage statements, hazard insurance, declarations page, and property tax bills for all properties owned	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Yes \$ _____	
<input type="checkbox"/> Rental agreements (if applicable)	(if yes, please provide affiliation form)	<input type="radio"/> No	
		LOSS PAYEE	
		For Mortgagee Clause refer to www.ameritrustpo.com per state requirement under Licensing/Mortgagee Clause	