



The power of yes.

CLOSING REQUEST/3 DAYS CD FORM

Loan #:	Rate:	Loan Amount:	Borrower's Name:
It is in a trust? YES <input type="checkbox"/> NO <input type="checkbox"/>	POA YES <input type="checkbox"/> NO <input type="checkbox"/>	Escrow Waiver YES <input type="checkbox"/> NO <input type="checkbox"/>	
RON Closing? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is borrower a Foreign National? YES <input type="checkbox"/> NO <input type="checkbox"/>	CEMA loan? YES <input type="checkbox"/> NO <input type="checkbox"/>	

REQUIRED DOCUMENTATION

(THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED TO THE FILE BEFORE CLOSING REQUEST)

<input type="checkbox"/> The most recent title CD/HUD;	<input type="checkbox"/> MI quote for current loan amount;
<input type="checkbox"/> Rate is locked and rate is good thru 4 next days (purchase); 7 days (refinance);	<input type="checkbox"/> All invoices are uploaded/paid receipt;
<input type="checkbox"/> Payoff statements for accounts that will be paid off at closing;	<input type="checkbox"/> Loan status is approved

BROKER FEES: (TRANSLATION, VOE, etc.)	PAYEE	AMOUNT
PLEASE, BE ADVISED, THAT IF YOU DO NOT ATTACH INVOICES, THE FEE WILL NOT BE CHARGED ON THE CD		
Appraisal Fee: Paid by Broker <input type="checkbox"/> Paid by Borrower <input type="checkbox"/> Reimburse <input type="checkbox"/>		\$
Credit Report: Paid by Broker <input type="checkbox"/> Paid by Borrower <input type="checkbox"/> Reimburse <input type="checkbox"/>		\$
Third Party Processing Fee: Paid by Broker <input type="checkbox"/> Paid by Borrower <input type="checkbox"/> Reimburse <input type="checkbox"/>		\$
Transfer Taxes / Deed Stamps: Paid by Broker <input type="checkbox"/> Paid by Borrower <input type="checkbox"/> Reimburse <input type="checkbox"/>		\$
Other: Paid by Broker <input type="checkbox"/> Paid by Borrower <input type="checkbox"/> Reimburse <input type="checkbox"/>		\$
Final Vesting (List all individuals that will be on title) Full Name(s): _____ LLC/Corp Name: _____ Email(s): _____		Requested Closing Date: _____

CLOSING/TITLE AGENT

Title Company: Email for closing instructions: Address:	Phone: Contact: License #:
--	---

NOTE: Investment refinance transactions will fund next day