



Initial CD and Closing Docs Request Form

Submitting Broker	
Broker Company:	Processor:
Loan Officer:	Processor Email:
Loan Officer Email:	3rd Party Processor:
Broker Phone #:	3rd Processor Email:
Applicant Information	
Borr First Name:	CO Borr First Name:
Borr Last Name:	CO Borr Last Name:
Loan Information	
Vesting (List All Individuals that will be on title)	Other
Name: Email:	Requested Closing Date:
Name: Email:	First Payment Date:
Final Vesting to Read as:	Loan Amount:
Doc Order Information	
Broker Fees	Impounds
Lender Paid (Comp. Amt): \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Borrower Paid (Orgin. Amt): \$	
Discount Fee % \$	HOI Premium \$
Appraisal Fee \$	HOI Due Date
Paid by Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOI Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid by Borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Amount \$
Reimburse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxes are paid: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly
Credit Report \$	Next Installment Due Date: _____
Paid by Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Paid by Borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reimburse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Processing Fee \$	
Underwriting Fee \$	
Financial Inspection Fee (if applicable) \$	
Other \$	





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Important Contacts	
Settlement Agent	Escrow
Company: Address: NMLS ID: License #: Contact: Contact NMLS ID: Contact License ID: Email: Phone:	Company: Address: NMLS ID: License #: Contact: Contact NMLS ID: Contact License ID: Email: Phone:
Real Estate Broker (Buyer)	Real Estate Broker (Seller)
Company: Address: NMLS ID: License #: Contact: Contact NMLS ID: Contact License ID: Email: Phone:	Company: Address: NMLS ID: License #: Contact: Contact NMLS ID: Contact License ID: Email: Phone:
Checklist (Required)	Acknowledgement
<input type="checkbox"/> Complete Vesting <input type="checkbox"/> Hazard Insurance <input type="checkbox"/> 3rd Party Invoices <input type="checkbox"/> Contact License Information for All Parties <input type="checkbox"/> Title's Preliminary Fee Sheet	Name: Signature: Today's Date:

