

**DOC REQUEST FORM****Loan Information**

Loan #: _____ Account Executive: _____ Account Manager: _____
 Loan Amount: _____ Rate: _____ Term: _____ Program: _____

BROKER INFORMATION

Company Name: _____
 Loan Officer: _____ Loan Processor: _____
 Email: _____ Email: _____
 Phone: _____ Phone: _____

SUBJECT PROPERTY

Address: _____ City _____ State: ____ Zip: _____

BORROWER

First Name: _____
 Last Name: _____
 Vesting: _____

CO-BORROWER

First Name: _____
 Last Name: _____

ESCROW CONTACT:

Escrow Officer: _____ Phone: _____
 Email Docs to: _____

DOC TYPE:

Full Doc
 12 Month Bank Statements
 24 Month Bank Statements
 NO Ratios
 FHA
 VA
 Streamline
 IRRRL
 Conv Freddie / Fannie

Property Type:

Detached SFR
 Attached SFR
 Condo
 2 Unit
 3-4 Unit

OCCUPANCY:

Primary
 2nd Home
 Investment

TRANSACTION:

Purchase
 R/T Refinance
 Cashout

IMPOUNDS:

**IMPOUNDS ARE REQUIRED ON ALL
 ALT-A LOANS**

Yes No

INVESTMENT PROPERTIES ONLY

No PPP (PPP Buyout)
 1 Yr PPP (Standard)
 2 Yr PPP (Broker's YSP)

BROKER COMPENSATION

Borrower Paid Lender Paid
 Broker's Fee: \$ _____
 Comp Plan: _____ % + \$ _____

LENDER'S FEE:

Agencies - \$1,095
 ALT-A - \$1,495
 Streamlines / IRRL - \$595
 Agencies
 Lender Issued Credit / DU - \$1,195

CONDO FEE:

Condo Review Fee - \$350

FEES: BORROWER'S COMP:

Origination: _____
 Rebate: _____ (Cannot be credit to Broker Fee)

LENDER'S COMP:

Broker's Comp: _____ + Flat Fee _____
 Rebate: _____
 Lender's Discount: _____
 Appraisal: _____ POC Reimburse?: Yes No POA?: Yes No
 3rd Party Processing: _____ Invoice required
 Lender's Fee _____
 Credit Report _____ POC

REQUIRED DOCS:

Vesting Amendment Insurance
 Settlement Statement Final Closing Statement
 Closing Date (TX ONLY) Locked Rate

LOSS PAYEE:

Calculated Risk Analytics, LLC, d.b.a. Excelerate Capital
 Its Successors and/or Assigns
 17802 Sky Park Circle, Ste. 100
 Irvine, CA 92614

SIGNATURE: _____

DATE: _____