

LOAN #: _____ BORR LAST NAME #: _____ AE: _____ AM: _____

BROKER INFORMATION

Company Name: _____ Phone # _____

 Loan Officer: _____
 Email: _____ Phone: _____

 Loan Processor: _____
 Email: _____ Phone: _____

SUBJECT PROPERTY

Address: _____ City: _____ State: _____ Zip: _____

BORROWER

FICO: _____

First Name: _____

Last Name: _____

Email: _____

CO-BORROWER

FICO: _____

First Name: _____

Last Name: _____

Email: _____

ESCROW CONTACT

Escrow Officer: _____

Email Docs to: _____

Phone: _____

LOAN INFORMATION

Loan Amount: _____

Rate: _____ Term: _____

PROGRAM
TRANSACTION
OCCUPANCY
PROPERTY TYPE
BROKER COMPENSATION
DOC TYPE

Purchase

Primary

SFR

Borrower Paid

R/T Refinance

 2nd Home

PUD

Broker's %: \$ _____

Cash-out

Investment

Condo

OR Flat Fee: \$ _____

Lender Paid
IMPOUNDS

Yes

No

Waiver

Manufactured

Comp Plan: _____ %

2-4 Units

+ Flat Fee \$ _____

FEES
BORROWER PAID

 Origination: _____ % **OR Flat Fee: \$** _____

Rebate: _____ %

LENDER PAID

 Broker's Comp: _____ % **+ Flat Fee: \$** _____

Rebate: _____

Lender's Discount: _____

 Credit Report: _____ POC **Reimburse?** Yes No

 Appraisal: _____ POC **Reimburse?** Yes No

 1040D: _____ POC **Reimburse?** Yes No

 VOE: _____ POC **Reimburse?** Yes No

 HOA Cert: _____ POC **Reimburse?** Yes No

 3rd Party Processing: _____ (Invoice Required)

BROKER CHECK TOTAL: \$ _____

Independent Processing Fee (if applicable)

\$ _____ NMLS# _____

POA Yes No

INVESTMENT PROPERTIES ONLY

No PPP 1yr PPP 2yr PPP

3yr PPP 4yr PPP 5yr PPP

VESTING Trust LLC Individual

Report to borrowers Credit Yes No

(IF NO, provide EIN# and signed W9 form)

EIN #:

Provide signed W9 form

Broker owned Escrow Yes No

LENDER'S FEE

NON-QM – \$1995

 NON-QM 2nd TD – \$1195

AGENCY – \$1195

STREAMLINE/ IRRRL – \$595

REQUIRED DOCS:

 Vesting Amendment
 Settlement Statement
 Closing Date (TX ONLY)

 Insurance
 Locked Rate

LOSS PAYESS:

 Castle Mortgage Corporation d.b.a. Excelsior Capital
 Its Successors and/or Assigns
 19800 MacArthur Blvd, Suite 500
 Irvine, CA 92612

SIGNATURE: _____

DATE: _____