

\*Counseling must be done prior to application in TN and VT  
 \*No services can be ordered until the 7<sup>th</sup> day after counseling in CA  
 \*NBS in TX is not allowed

**Items marked in RED are required.**

PRICING/COUNSELING PKG       APPLICATION PACKAGE       ATTACH TRI-MERGE CREDIT REPORT

LO NAME: \_\_\_\_\_ LO NMLS ID: \_\_\_\_\_ GOAL OF PROGRAM: \_\_\_\_\_  
 LO COMPANY NAME: \_\_\_\_\_ REVERSE PROGRAM: \_\_\_\_\_  
 LO EMAIL ADDRESS: \_\_\_\_\_ PURPOSE OF LOAN: \_\_\_\_\_  
 LO CELL PHONE: \_\_\_\_\_ LO OFFICE PHONE: \_\_\_\_\_ PROPERTY TYPE: \_\_\_\_\_

BORROWER INFORMATION		
<b>BWR FULL LEGAL NAME</b> _____	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	EMAIL ADDRESS _____
<b>DATE OF BIRTH</b> _____	PHONE # _____	BWR INCAPACITATED (PHYSICAL) <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY # _____	TOTAL MONTHLY INCOME _____	BWR INCOMPETENT (MENTAL) <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVAILABLE ASSETS _____	OUTSTANDING JUDGMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO
PERM RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNRESOLVED BANKRUPTCY <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED <input type="checkbox"/> LEGALLY SEPARATED	INTEND TO BUY A FINANCIAL PRODUCT <input type="checkbox"/> YES <input type="checkbox"/> NO	PARTY TO A LAWSUIT <input type="checkbox"/> YES <input type="checkbox"/> NO
ETHNICITY _____	EXISTING FHA LOAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DEFAULT ON FEDERAL DEBT <input type="checkbox"/> YES <input type="checkbox"/> NO
RACE _____	POWER OF ATTORNEY <input type="checkbox"/> YES <input type="checkbox"/> NO	ENDORSER ON A NOTE <input type="checkbox"/> YES <input type="checkbox"/> NO

CO-BORROWER OR NBS (NON-BORROWING SPOUSE) INFORMATION		
<b>BWR FULL LEGAL NAME</b> _____	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	EMAIL ADDRESS _____
<b>DATE OF BIRTH</b> _____	PHONE # _____	BWR INCAPACITATED (PHYSICAL) <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY # _____	TOTAL MONTHLY INCOME _____	BWR INCOMPETENT (MENTAL) <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVAILABLE ASSETS _____	OUTSTANDING JUDGMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO
PERM RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNRESOLVED BANKRUPTCY <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED <input type="checkbox"/> LEGALLY SEPARATED	INTEND TO BUY A FINANCIAL PRODUCT <input type="checkbox"/> YES <input type="checkbox"/> NO	PARTY TO A LAWSUIT <input type="checkbox"/> YES <input type="checkbox"/> NO
ETHNICITY _____	EXISTING FHA LOAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DEFAULT ON FEDERAL DEBT <input type="checkbox"/> YES <input type="checkbox"/> NO
RACE _____	POWER OF ATTORNEY <input type="checkbox"/> YES <input type="checkbox"/> NO	ENDORSER ON A NOTE <input type="checkbox"/> YES <input type="checkbox"/> NO

PROPERTY INFORMATION		
<b>ADDRESS</b> _____	<b>CITY</b> _____	<b>STATE</b> _____
<b>ESTIMATE OF PROPERTY VALUE</b> _____	<b>PROPERTY SQUARE FOOTAGE</b> _____	IS THIS THE PRIMARY RESIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CURRENT MORTGAGE PAYOFF AMT</b> _____	<b>PROPERTY TAX AMT/MO.</b> _____	TAXES ON TIME PAST 24 MOS <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>YEARS AT PRESENT ADDRESS</b> _____	<b>HOMEOWNERS INS./MO.</b> _____	HOI PAID ON TIME PAST 12 MOS <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY HELD IN TRUST <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HOA AMT/MO.</b> _____	HOA PAID ON TIME PAST 12 MOS <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> REFI IN PAST 12 MOS & RECEIVED \$500+ CASH OUT	<b>MIN DEBT PAYMENTS/MO.</b> _____	DOES THE HOME HAVE SOLAR LEASE <input type="checkbox"/> YES <input type="checkbox"/> NO
BORROWER OWNS ADD'L PROPERTIES <input type="checkbox"/> YES <input type="checkbox"/> NO	<b># OF ADULTS 18+ LIVING IN THE HOME</b> _____	ADD'L LIEN PAYOFF AMT _____

AN ALTERNATIVE CONTACT CANNOT RESIDE IN THE SUBJECT PROPERTY	
ALTERNATIVE CONTACT NAME _____	PHONE NUMBER _____
ALTERNATIVE CONTACT ADDRESS _____	RELATIONSHIP _____

TELL US THE STORY

### STEP-BY-STEP PROCESS

1. PROPOSAL
2. COUNSELING
3. APPLICATION
4. FHA CASE NUMBER
5. ORDER SERVICES
6. SUBMIT TO UW
7. CLOSE/FUND