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24-48 hour prequal underwriting approval via fax, PLEASE submit the following: 1003, 1008, Signed Borrowers Authorization, Credit Report, Completed Underwriting Submission Form

Tel: 323-935-5555 x 103 Fax: 323-935-5580 or 866-318-4471

Please fill this form out completely and legibly

Date:			Submission:
Section I: Broker Information			
Broker Name:		Broker Code:	
Contact Name:		e-mail:	
Phone Number:		Fax Number:	
Section II: Borrower and Prope	erty Information		
Borrower Name:		Co-Borrower Name:	
Social Security #:		Social Security #:	
Middle Credit Score:		Middle Credit Score:	
Subject Property Address:		Mailing Address:	
City State	Zipcode	City	State Zipcode
Section III: Loan Program Info	rmation		
Loan Amount:LTV		Loan Program:	
Sales Price:CLTV_		Hard Money(IO)	
Estimated Value:		Hard Money(2nd) Bridge Loan Fixed 2nd	Commercial 2nd Submission Cross Collaterized Rehab Loan
Property Type: (Check One)			Stated Income No Doc
SFR	_2-4 Units		
Condo Highrise Condo	_5+ Units _Industrial	Int Rate:	<u></u>
PUD Land	_Warehouse _Mixed Use	Term:	Impounds: Yes No
Retail	Office/Medical	Commercial Types:	
Loan Purpose:		Rental Income:	
Purchase Rate/Term	Refi-Cash/out	Prepayment Penalty:	3 Mths6 Mths12 Mths
Occupancy:		No Prepayment Pena	l <u>ty:</u> Yes <u> </u> No
Owner Occupied	_2nd Home	Interest Only Option:	YesNo
Non-Owner Occupied	_Commercial		
Section IV: Pricing			
Base Interest Rate:	Base Margin:	Base Cap:	Base Fee:
<u>Add-On's:</u> 1 .	Adjustment to Fee:	Reason:	
2.	Adjustment to Fee:	Reason:	
Final Fee:	Check here is fee is	a rebate	
NOTES:	Authori	ized By	Date

Print Name