

2nd Mortgage DOC REQUEST

FAX #: 949-863-3303

Borrower:	Loan Amt: \$		Broker:		
Program:	Term:		Broker Contact:		
Prop Type: ☐ Sfr ☐ Pud ☐ Condo ☐ Units C		Cltv: %	Broker Phone:		
Doc Type: FULL STATED Int.Rate:			Broker Fax:		
Prepay: ☐ YES ☐ NO	Cost/Rebate:		Email:		
HELOC INFORMATION	Initial Draw:*	:	Margin:		
*Minimum Initial Draw for all HELOC's is \$25,000, AND rebate is paid on initial draw only.					
FEE CONFIRMATION: Please indicate if any fees are POC					
Broker Fees		Crestline	Crestline Funding Fees		
ORIGINATION (%) \$		ADMIN FEE \$695.00 (\$250.00 for piggybacks)			
DISCOUNT (%) \$					
REBATE (%) \$			Only if Needed		
BROKER PROCESSING FEE \$		Appraisal Re	view	\$75.00	
OTHER BROKER FEES \$					
3 rd Party Fees					
TITLE FEE: \$		VENDOR: _			
RECORDING FEE: \$		VENDOR: _			
ESCROW FEE: \$		VENDOR: _			
APPRAISAL: \$		VENDOR: _			
OTHER: \$		VENDOR: _			
VESTING: IF DIFFERS FROM TITLE, PROVIDE GRANT DEED OR QUIT CLAIM WITH DOC ORDER. STATE NEW VESTING BELOW:					
ACCOUNTS TO BE PAID (from credit report): IF DIFFERS, PROVIDE COPY OF STATEMENT WITH DOC ORDER					
ACCT NAME / ACCT # 1.	\$ AMOUNT \$	6.	CCT NAME / ACCT #	\$ AMOUNT	
2.	\$	7.		\$	
3.	\$	8.		\$	
	\$	9.		\$	
5.	\$	10.		\$	
DOC FEE CONFIRMATION:					
Broker: Date: Broker Representative					