

MINI-PROCESSING SUBMISSION FORM

Submission Date:	Borrower's Name:
Your Name:	Subject's Address:
Your Company:	

TYPE OF LOAN: (CHECK ONE) <input type="checkbox"/> FHA <input type="checkbox"/> VA _____ STREAMLINE <input type="checkbox"/> Conforming Conventional <input type="checkbox"/> Non-Conforming Conventional <input type="checkbox"/> Other: _____	PURPOSE OF LOAN: (CHECK ONE) <input type="checkbox"/> Purchase <input type="checkbox"/> Purchase/pre-approval TBD (requires deposit) <input type="checkbox"/> No Cash-Out Refinance _____ Cash-Out Refinance <input type="checkbox"/> 2nd Mortgage/Heloc <input type="checkbox"/> Other: _____
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DOC TYPE: (CHECK ONE) <input type="checkbox"/> Full <input type="checkbox"/> Stated <input type="checkbox"/> Other: _____	EMPLOYMENT TYPE: (CHECK ONE) <input type="checkbox"/> Self Employed <input type="checkbox"/> Wage Earner
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ITEM REQUIRED FOR MINI-PROCESSING:	
<input checked="" type="checkbox"/> Borrower's Signed Authorization	<input checked="" type="checkbox"/> LOS File, if available (Point, Encompass, etc)
<input checked="" type="checkbox"/> Borrowers Credit Report	

PLEASE ORDER, TRACK & REVIEW:

- | | | |
|------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> VOE | <input type="checkbox"/> Payoff | <input type="checkbox"/> Open Escrow |
| <input type="checkbox"/> VOD | <input type="checkbox"/> Title | <input type="checkbox"/> _____ |
| <input type="checkbox"/> VOM | <input type="checkbox"/> Appraisal | <input type="checkbox"/> _____ |
| <input type="checkbox"/> VOR | | <input type="checkbox"/> _____ |

PLEASE TRACK: (ITEM ALREADY ORDERED PRIOR TO SUBMISSION)
<input type="checkbox"/> Title
<input type="checkbox"/> Appraisal
<input type="checkbox"/> Please Send Disclosures - \$25 Additional Fee

TITLE INSURANCE COMPANY: (PLEASE FILL OUT BELOW)
Title Co. Name: _____ Address: _____
Contact Person: _____ Phone #: _____ Fax: _____ Email: _____

APPRAISAL FIRM: (PLEASE FILL OUT BELOW)
Appraisal Co. Name _____ Address: _____
Contact Person: _____ Phone #: _____ Fax: _____ Email: _____

ESCROW/CLOSING AGENT: (PLEASE FILL OUT BELOW)
Escrow/Closing Co. Name: _____ Address: _____
Contact Person: _____ Phone #: _____ Fax: _____ Email: _____

SPECIAL COMMENTS: _____

Please bill my credit card on file upon completion _____ (initial)

Please Fax this page to 516-908-4275, or email Electronic File to submissions@xcalibersolutions.com