

DIRECT LENDER/CORRESPONDENT PROCESSING FORM

Submission Date:	
Contact Name:	
Contact #:	
Company Name:	

Borrower's Name:	
Subject's Address:	

LOAN TYPE: _____

PURPOSE: _____

DOC TYPE: _____

EMPLOYMENT TYPE: _____

SERVICES REQUESTED:

<input type="checkbox"/> Processing	<input type="checkbox"/> Rush!!*
<input type="checkbox"/> Bundled Services*	<input type="checkbox"/> Full QC*
	<input type="checkbox"/> Pre-QC Only*
	<input type="checkbox"/> Post-QC Only*
<input type="checkbox"/> Draw Docs*	<input type="checkbox"/> Indexing*

ITEMS REQUIRED FOR PROCESSING

<input type="checkbox"/> LOS file credit report
<input type="checkbox"/> Borrowers Authorization
<input type="checkbox"/> Supporting Documentation

PLEASE VERIFY: All

<input type="checkbox"/> Current Residence	<input type="checkbox"/> Employment/VOE
<input type="checkbox"/> Asset	<input type="checkbox"/> Housing Liabilities
<input type="checkbox"/> Credit	<input type="checkbox"/> 4506
<input type="checkbox"/> PMI	<input type="checkbox"/> SSN Verification
<input type="checkbox"/> AVM	<input type="checkbox"/> Fraud Search
<input type="checkbox"/> High Cost Loan Analysis	<input type="checkbox"/> Signature Verification

Use Specific 3rd Party Venders

Company Name: _____	Purpose: _____
Web Address: _____	Account Info: _____
Contact Info: _____	

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SPECIAL COMMENTS: _____
