



FHA - RATE LOCK & LOAN DOCUMENT REQUEST

8735 Laurel Canyon Blvd, Suite B, Sun Valley, CA 91352 Tel: (818) 385-7500

A.E. Name : _____

Please Fax to 818-808-0019

BROKER INFORMATION

Broker : _____

Phone : _____

Contact Person : _____

Fax : _____

BORROWER INFORMATION

Borrower Name : _____

S.S.N. : _____ FICO : _____

Co-Borrower Name : _____

S.S.N. : _____ FICO : _____

PROPERTY INFORMATION

Property Address : _____

Purchase Price : \$ _____

Appraisal Value : \$ _____

LOAN INFORMATION

Loan Number : _____

Program Code/Description : _____

Loan Amount : \$ _____

Lien Priority : [] 1st T.D. [] 2nd T.D.

LTV / CLTV : _____ % / _____ %

Piggy Back : [] Yes [] No

Interest Only : [] Yes [] No

OCCUPANCY	LOAN PURPOSE	PROPERTY TYPE	DOCUMENT TYPE	RATE TYPE
<input type="checkbox"/> Owner Occupancy	<input type="checkbox"/> Purchase	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Full / VOE	<input type="checkbox"/> Fixed
<input type="checkbox"/> Non-Owner Occupancy	<input type="checkbox"/> Rate/Term Refinance	<input type="checkbox"/> Units ____ No. of Units		<input type="checkbox"/> ARM
<input type="checkbox"/> 2nd Home	<input type="checkbox"/> Cash Out Refinance	<input type="checkbox"/> Condominium		<input type="checkbox"/> HELOC
<input type="checkbox"/> Investment Property		<input type="checkbox"/> Condominium (High-rise)		<input type="checkbox"/> BALLOON
		<input type="checkbox"/> PUD (Detach / Attach)		

RATE LOCK INFORMATION

Rate : _____ %

Lock Period : _____ Days

Margin : _____ %

Relock : (Date: _____)

Caps : _____ %

Terms : _____

1st PMT Date : _____

M.I. : _____

Pre-Payment Penalty : [] Yes # of yrs _____ / [] No

Impound : [] Yes [] No

BROKER FEES

Rebate <input type="checkbox"/> / Discount <input type="checkbox"/>	\$ _____
Origination Fee (Max 1%)	\$ _____
Appraisal Fee	\$ _____
Credit Report Fee	\$ _____

ACF FEES

Processing Fee	\$895
Underwriting Fee	\$695
Documentation Fee	\$195
Wire Fee	\$50
Funding Fee	\$235
Tax Service Fee (Seller Only)	\$79
Flood Certificate Fee	\$20
Review Appraisal Fee	\$200 (if applicable)
Redraw Fee	\$100 (if applicable)

Lock Requested by : _____ Date : _____

LOCK-IN CUT OFF TIME IS 4:00 pm(PST)

Doc. Requested by : _____ Date : _____

Send Loan Document to:

Escrow [] Overnight [] Broker []

Email _____

Important Notice: Failure to completely fill out this form will cause delays in processing your loan registration. Your loan may not be locked. You will receive a fax confirmation which will reflect rates posted at the time of receipt of this form. It is the BROKER'S RESPONSIBILITY to follow up on all missing confirmations. Thank you for using AMERICAN CAPITAL FUNDING.

"Broker's Preferred Lender"