



FHA SPONSOR ID: 2790900019
VA LENDER ID: 640543-00-00

Doc Request Form

Please provide required items below:

- Completed Doc Request Form
- All Invoices to be paid
- Estimated Settlement or CD from Title or Escrow

CONTACT INFORMATION

Doc Request Date: _____ Estimated Closing Date: _____
 Loan Number: _____ N2 Funding AE: _____
 Broker/Company Name: _____ Contact Phone Number: _____
 Loan Officer: _____ Email: _____
 Processor: _____ Email: _____
 Settlement Agent: _____ Email for Docs: _____

LOAN INFORMATION

Subject Property Address		City	State	Zip
First Payment Date	Impound / Escrow	Signed as POA	Broker Affiliated Escrow	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vesting:				
Total Loan Amount: \$		Interest Rate:	%	

BORROWER INFORMATION

Borrower First/Last Name: _____ Email: _____
 Borrower First/Last Name: _____ Email: _____ Title Only:
 Borrower First/Last Name: _____ Email: _____ Title Only:
 Borrower First/Last Name: _____ Email: _____ Title Only:

FINAL BROKER FEES

Borrower Paid Comp: \$	Lender Paid Comp: \$
3 rd Party Processing Fee: \$	3 rd Party Processor Name/NMLS:
Credit Report Fee: \$	Broker to Collect: <input type="checkbox"/> YES <input type="checkbox"/> NO
Appraisal Fee: \$	Broker to Collect: <input type="checkbox"/> YES <input type="checkbox"/> NO
1004D: \$	Broker to Collect: <input type="checkbox"/> YES <input type="checkbox"/> NO
Other: \$	Broker to Collect: <input type="checkbox"/> YES <input type="checkbox"/> NO
Other: \$	Broker to Collect: <input type="checkbox"/> YES <input type="checkbox"/> NO

***Borrower Paid comp amount cannot exceed your contractual Lender Paid comp amount with N2 Funding

NOTES FOR DOC DRAWER

SIGNATURE

Signature _____

Date _____