

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

Please Provide Required Items Listed 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:	First Payment Date:
City:	Impound / Escrow: <input type="checkbox"/> Yes <input type="checkbox"/> No
State:	Signed as POA: <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip:	Broker Affiliated Escrow: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vesting:	
Total Loan Amount: \$	Interest Rate: %

BORROWER INFORMATION

Borrower First/Last Name:	Email:	Title Only: <input type="checkbox"/>
Borrower First/Last Name:	Email:	Title Only: <input type="checkbox"/>
Borrower First/Last Name:	Email:	Title Only: <input type="checkbox"/>
Borrower First/Last Name:	Email:	Title Only: <input type="checkbox"/>

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

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SIGNATURE

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Signature

Date

Date: 12/15/21

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