



DOCUMENT SUBMISSION

Loan Officer: _____ **Cell:** ____/____/_____

LO Email: _____

Borrower(s) _____

Purchase Refinance Cash Out Primary Second Home N/O/O

Property Type

SFR 2-4 Unit Attached Detached PUD Condo Low Rise High Rise

Loan Program

Documentation

Term

Conv FHA VA Non-QM Full Doc Alt-Doc Streamlined 30 25 20 15

Escrows – (check which one applies)

Yes No Partial Taxes Insurance

Closing Date: ____/____/_____ **Commitment Date:** ____/____/_____

Is a RUSH CLOSING needed? (additional charge) Yes No

Do you want the processor to attend closing? (additional charge) Yes No

Buyer's Agent: _____ **Cell:** ____/____/_____

Office and Location: _____ **Office:** ____/____/_____

Email: _____

Listing Agent: _____ **Cell:** ____/____/_____

Office and Location: _____ **Office:** ____/____/_____

Email: _____

Title Company: _____ **Office:** ____/____/_____

Agent Email: _____

Credit Agency: _____

Please submit this form, 1003 and any collected information to chris@expertmortgageprocess.com