



Starcrest Escrow, Inc.

10833 Valley View Street, Suite 220, Cypress, CA 90630
Tel: (714) 622-1570 • Fax: (714) 622-1577

Request to Open Refinance Escrow

Broker Name: _____

Broker Phone #: _____

BORROWER(S) INFO

Applicant: _____

Social Security #: _____ - _____ - _____

Work Phone #: _____

Co-Applicant: _____

Social Security #: _____ - _____ - _____

Work Phone #: _____

Home Phone #: _____

Borrowers Mailing Address (if different from situs):

SITUS ADDRESS INFO

County: _____

Park Name: _____

Park Phone #: _____

FAX REQUEST TO: 714-622-1577

Date _____ Escrow#: _____

HOME INFO

Decal #: _____

Serial #: _____

HUD/Insignia #: _____

Make/Manufacturer: _____

Trade Name: _____

Year: _____

Size (W x L): _____

EXISTING LIENHOLDER

Phone #: _____

Acct./File #: _____

NEW LIENHOLDER

Phone #: _____

Acct./File #: _____

Adding/Deleting Anyone From Title? Yes No
(Note: If yes, escrow must order tax clearance, which may result in pre-collection of property taxes through escrow)

***Debt consolidation requires copies of statements **OR** a list of the payee name, address, account number, and amount to be paid.

SPECIAL INSTRUCTIONS/COMMENTS

LOAN INFORMATION	
\$ _____	Lender Payoff Thru _____
\$ _____	Payoff Per Diem _____
\$ _____	Cash to Customer _____
\$ _____	Debt Consolidation *** _____
\$ _____	Base Loan Amount _____
\$ _____	DOH/HCD Titling Fee _____
\$ _____	Escrow Fee _____
\$ _____	Loan Fee _____
\$ _____	Flood Fee _____
\$ _____	Document Fee _____
\$ _____	Lender Disc./Points _____
\$ _____	Broker Fee _____
\$ _____	Principal Balance of Loan _____