



Wholesale Lending Division

WHOLESALE REVERSE DOC REQUEST FORM

Please complete the attached form to schedule your closing date and time

Borrower(s) _____	Max Claim _____
Loan Number _____	Principal Limit _____
FHA Case Number _____	Product _____
Title Agent _____	Margin (if ARM) _____
Phone/Email _____	Rate (if Fixed) _____
Requested By _____	Expected Rate Locked _____
Phone/Email _____	Expected Rate Lock _____

CHECK ALL THAT APPLY

H2H Purchase PUD Condo Manufactured Home POA Trust Guardian/Conservator

FEE DESCRIPTION	AMOUNT	POC	PAYEE NAME
Origination Fee			
Lender Credit			
Appraisal Fee			
2nd Appraisal Fee			
1004D Fee			
Credit Report Fee			
Flood Cert Fee			
Doc Prep Fee			
Repair Admin Fee			
MIP			
Homeowners Insurance			
Flood Insurance			
Counseling Fee			
Mobile Notary Fee			
Property Taxes			
Payoff			
Payoff			



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**WHOLESALE
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Counseling Cert to be signed Yes No Re-disclosures to be signed Yes No LOE's to be signed Yes No

SPECIAL INSTRUCTIONS/OTHER ITEMS TO BE SIGNED