

# CLOSING DOC REQUEST FORM



Borrower: \_\_\_\_\_  
 Signing Date: \_\_\_\_\_  
 Funding Date: \_\_\_\_\_  
 Broker Company: \_\_\_\_\_

### Title Company

Title/Escrow Co: \_\_\_\_\_ Title Order #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title Co. Phone #: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_ Title Co. Fax #: \_\_\_\_\_  
 Title Co. Email: \_\_\_\_\_

### Fill Out Occupancy and Impound Accounts Prior to Release of Docs.

Occupancy:                      Primary                      2nd Home                      Non Owner

Impound Accounts Requested:                      YES                      NO  
 (A re-draw fee of \$150.00 will be charged for adding or deleting impound accounts and/or "after doc" changes)

### 1ST MORTGAGE IMPORTANT INFORMATION

Loan Information	Loan Type:	Appraised Value:	Rate Information:
Loan Amount: _____	Fixed _____	\$ _____	Rate : _____
	ARM _____	<b>Purchase Price:</b>	LTV %: _____
	IO _____	\$ _____	Prepay (yrs): _____

### 2ND MORTGAGE IMPORTANT INFORMATION

Loan Information	Loan Type:	Rate Information:
Loan Amount: _____	Fixed: _____	Rate: _____
	IO: _____	CLTV %: _____
	Balloon: _____	Prepay (yrs): _____

### CLOSING FEE INFORMATION

Max. broker compensation is 4% of the loan amount.				Peoples Mortgage Fees:	
	1st Mtg	2nd Mtg	POC		
Origination Fee:	\$ _____	\$ _____	\$ _____	Broker Fee (1st):	\$795.00
Credit Report:	\$ _____	\$ _____	\$ _____	Broker Fee (2nd):	\$295.00
Appraisal Fee:	\$ _____	\$ _____	\$ _____	Second Appraisal:	Actual Cost
Processing Fee:	\$ _____	\$ _____	\$ _____	Redraw (if applicable):	\$150
Discount Payable to Broker:	\$ _____	\$ _____	\$ _____	Mortgagee Clause: Peoples Mortgage Company Its successors and/or assigns as their interests may appear 4500 South Lakeshore Suite 150 Tempe, AZ 85282	
Discount Payable to Peoples Mtg:	\$ _____	\$ _____	\$ _____		
YSP Paid to Broker: = _____	\$ _____	\$ _____	\$ _____		
Other Fees: _____	\$ _____	\$ _____	\$ _____		
Broker Credit: _____	\$ _____	\$ _____	\$ _____		
<b>Total of All Fees:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>		

*GFE must match doc order and accompany this request.*

Broker Signature (required) : X \_\_\_\_\_

### Please Remember To:

1. Fax or Email your completed form to:  
 480-237-8158 submissions fax  
[submissions@peopleswholesale.net](mailto:submissions@peopleswholesale.net)
2. Invoices to match Closing Doc Request Form must be included