5959 W Century Blvd Suite 710
Los Angeles, CA 90045
Fax 310-670-2299
Phone 310-670-2211
Toll Free 877-LOANTAP

PRE-QUALIFICATION REQUEST

Date: _____ Account Executive:

Correspondent: _____ Contact: _____

Phone: _____ Fax:_____

Borrower(s): _____

Product Type: ❑ Core ❑ Traditional ❑ Alt A ❑ Capital

Processing Method: ❑ Full/Alt Doc ❑ Lite Doc ❑ Stated Income ❑ No Income ❑ 24 mos. bank stmts.

Loan Purpose: ❑ Purchase ❑ R&T Refi ❑ C/O Refi ❑ Lease/Purchase

Occupancy: ❑ Owner Occupied ❑ Second Home ❑ Investment

Property Type: ❑ SFD ❑ 2-4 ❑ PUD ❑ Condo 1-4 ___# of stories ❑ Rural ❑ Other

Value: $_____ Qualifying Rate: _____%

Sales Price $_____ Debt Ratio: _____%

Loan Amount: $_____ LTV: _____% CLTV: _____%

Does Borrower(s) have…	Borrower		Co-Borrower	
1. 12 month mortgage or rent history?	❑ Yes	❑ No	❑ Yes	❑ No
2. 5% own funds available?	❑ Yes	❑ No	❑ Yes	❑ No
3. Is Borrower(s) self-employed for 2 years?	❑ Yes	❑ No	❑ Yes	❑ No
4. Does Borrower(s) have 2 years of W-2s?	❑ Yes	❑ No	❑ Yes	❑ No
5. Does Borrower(s) want to leave collections open?	❑ Yes	❑ No	❑ Yes	❑ No
Gross Monthly Income	_____		_____	
Will there be gift funds used?	❑ Yes	❑ No	Percentage Used: _____	

Comments:

_____

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Please fax this cover sheet along with a 1003 and credit report