

Minnesota Home Mortgage Services

PO Box 1501
Monticello, MN 55362
763-300-9222 Phone
1-800-580-9328 Fax
mnhomemt@gmail.com

Company name: _____ Contact: _____

Phone: _____ Date: _____

All applications must contain the following:

- Complete and signed 1003 application.
- Copy of Good Faith Estimate (GFE) and Truth In Lending (TIL) dated within three business days of application.
- Credit report.
- All signed disclosures.
- Signed Borrowers Authorization Form.
- Lock-In confirmation (if applicable at time of submission).

File name: _____

Expected closing date: _____ Time: _____

File is to be submitted to:

Lender: _____ Contact: _____

Phone: _____ Fax: _____

Program: _____ Program code: _____

Rate: _____ Is file locked? Yes / No Escrows: Yes / No

If file is an ARM: Index: _____ Margin: _____ Caps: _____

Type of Loan:

Conventional: _____ FHA: _____ VA: _____ Subprime: _____

Loan Purpose:

Purchase: _____ No Cash out Refi: _____ Cash-out Refi: _____

Streamline: _____ Simultaneous 2nd Mortgage: _____

Stand alone 2nd Mortgage: _____ Other: _____

Property:

Primary residence: _____ 2nd/Vacation home: _____ Investment: _____

Single family: _____ Townhome: _____ Condo: _____

Association Contact: _____ Phone: _____

Title:

Title Company: _____ Contact: _____

Phone: _____ Fax: _____

Closer's name: _____ Email: _____

Has title been ordered: Yes / No

Has closing been scheduled: Yes / No

Appraisal:

Company name: _____ Appraiser: _____

Phone: _____ Fax: _____

Email: _____ Has appraisal been ordered: Yes / No

Additional info:

- The file has been approved through: DU / DO / LP / Other. Findings are included in the file Yes / No.
- May your borrowers be contacted for any missing documentation or required information? Yes / No.
- Contact: Borrower / Co-Borrower Where: Home / Office
How: Phone / Cell phone / email Time: Day / Evening.
- Please contact me with questions or with status by: Phone / fax / email.

Additional comments:

