

NOTE SUBMISSION WORKSHEET

ALL SUBMISSIONS MUST CONTAIN THE FOLLOWING. ADDITIONAL DOCUMENTATION MAY BE REQUIRED PRIOR TO CLOSING:

1. Completed note submission worksheet
2. Signed copy of note and copy of Deed of Trust, Mortgage or Contract (if recorded, copy required prior to closing)
3. Property Information Worksheet (Residential, Commercial or Land)
4. W-9 Tax form completed by Broker (if current copy not already on file)
5. Signed note purchase agreement
6. Signed Credit application & authorization to pull credit (if applicable)

IF AVAILABLE, ALSO INCLUDE THE FOLLOWING DOCUMENTATION AT SUBMISSION:

1. Copy of previous Title Policy
2. Copy of payment record
3. Copy of Seller's Closing Statement or Settlement Statement (HUD-1)
4. Pictures of property (No Polaroid's)
5. Current Insurance Information

Position of Note <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> ALL-Inclusive (wrap)		Type of Receivable <input type="checkbox"/> Mortgage <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Contract	
Date of Sale	Sale Price	Down Payment	
Current Balance	Interest Date	Next Payment Due Date	
Payment Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____		
Monthly Reserve Amount	Reserve Balance		
Balloon Amount	Balloon Date	Number of Months Remaining	
SELLER			
Name		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Address		State	City
City			
Social Security Number		Phone ()	
COLLECTION INFORMATION			
Institution			
Address			
City		State	City
Account Number		Phone ()	
PAYOR			
Name		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Address			
City		State	City
Social Security Number (Required)	Social Security Number (Required)	Phone ()	

PROPERTY INFORMATION

Property Type		Owner Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
City		State	ZIP
Nearest Cross Street		Lot Size	
Description of Property: Provide a complete description of the security property. Complete and attach the appropriate Property Information Worksheet to submission package.			

SENIOR LIENS/PAYOFF INFORMATION

Lien Holder		<input type="checkbox"/> Deed of Trust <input type="checkbox"/> Mortgage <input type="checkbox"/> Contract	
Address			
City		State	Zip Code
Balance	Principal & Interest Payment	Reserve Payment, If any	Reserve balance, if any
Interest Rate	Next Payment Due Date	Maturity Date	

COLLECTION INFORMATION

Institution			
Address			
City		State	Zip Code
Account Number	Phone ()	Fax ()	

JUNIOR LIEN

Lien Holder			
Address			
City		State	Zip Code

COLLECTION INFORMATION

Institution			
Address			
City		State	Zip Code
Account Holder	Phone ()	FAX ()	

CURRENT REQUEST

Amount of Quote	# PMTS PURCHASED _____ AMT PMTS purchased _____ # PMTS PASSED _____	Date Given
Purchase Request <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Reverse Partial <input type="checkbox"/> Split <input type="checkbox"/> Other _____		
Broker Arrangement: <input type="checkbox"/> Broker Referred <input type="checkbox"/> Broker as Investor <input type="checkbox"/> Seller Direct <input type="checkbox"/> Other _____		
Title: <input type="checkbox"/> Broker Ordered <input type="checkbox"/> Seller Supplied <input type="checkbox"/> AMAC Ordered		Title <input type="checkbox"/> Commitment <input type="checkbox"/> Existing Policy
Appraisal: <input type="checkbox"/> Broker Ordered (If Applicable) <input type="checkbox"/> AMAC Ordered <input type="checkbox"/> Existing <input type="checkbox"/> Other _____		
Broker Address		
City		State
		Zip Code
Phone Number	E-Mail Address	Broker's Fee
Brokers Social Security Number or Federal Tax I.D. Number		
Submitting Broker		
Submitted By		Date
Comments		