



Lock Request Form

1. BROKER INFO

Broker Name & Address

	Main Contact:	
	Tel #	Fax #

2. LOCK REQUEST

Borrower's Full Name :		SSN:	Mid Fico:
Co-Borrower's Full Name :		SSN:	Mid Fico:
Subject Address:		City/State/Zip Code:	
Product Code:	<u>Doc Type</u> <input type="checkbox"/> Full Doc <input type="checkbox"/> SIVA <input type="checkbox"/> SISA – Stated/Stated <input type="checkbox"/> No Ratio <input type="checkbox"/> No Doc – NINA	<u>Property Type</u> <input type="checkbox"/> SFR <input type="checkbox"/> Hi Rise Condo=>5 stories <input type="checkbox"/> Low-Rise Condo <input type="checkbox"/> PUD <input type="checkbox"/> 2 Unit <input type="checkbox"/> 3-4 Unit	
Lender :			
Loan Amount:			
Sales Price:	LTV:	<u>Occupancy</u> <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Second Home <input type="checkbox"/> Investment Property	<u>Purpose</u> <input type="checkbox"/> Purchase <input type="checkbox"/> Refi: Rate&Term <input type="checkbox"/> Refi: Cash Out
Appraised Value	CLTV:	<u>Impounds</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	

LOCK REQUEST DATE:					Final Rate:	Final Rebate:
NUMBER OF DAYS TO LOCK:						
	Rate	Margin	Price	Life Cap	Final Margin :	Prepay: Y / N Number of Months:
From Rate Sheet						
Total Adjustments						