Member of
CPA MORTGAGE SERVICES
CERTIFIED PUBLIC ACCOUNTANTS
The Next Step

LOAN SCENARIO

Fax to (801) 466-0399

☐ Reviewed with Dan Densley ☐ Reviewed with Debi D'Amico

Date: _____

Company: _____

Contact Name: _____

Loan Originator: _____

Office Phone #: _____ Office Fax #: _____

Borrower(s): _____

Loan Purpose: ___ Purchase ___ Rate & Term ___ Cash Out

Occupancy: ___ Owner Occupied ___ Non-Owner Occupied ___ 2nd Home

Units: ___ Single Family Residence ___ 2 ___ 3-4 ___ Condo/PUD

Property Zip Code: _____ **Property County:** _____

Doc Type: ___ Full ___ Stated

Mid Credit Scores: _____ / _____ **DTI:** _____ %

Purchase: Purchase Price: $ _____

Refinance: Appraised Value: $ _____

New Loans 1st Mtg: $ _____ 2nd Mtg: $ _____

Loan Program: ___ Fixed 15 Yr ___ Fixed 20 Yr ___ Fixed 30 Yr ___ 3/1 ARM ___ 5/1 ARM

YSP Desired: _____

Participation ___ **Full** – Submit 'Point' File ___ **Partial** – Submit 'Pre-Qualification Profile' Form

COMMENTS: