

NATIONAL CAPITAL FUNDING, LTD.
DOCUMENT PREPARATION WORKSHEETS

TO BE COMPLETED BY THE PERM LENDER'S CLOSING DEPT. (in most cases) AND SENT TO CLOSING@NCFUNDING.NET
Please Print On Legal Paper (8.5" X 14")

I. LENDER INFORMATION

MERS # _____

Lender _____ Branch _____ Loan # _____

Closer _____ Loan Officer _____

Broker _____ Draw in Broker Name (Y/N) _____

Broker Address _____ Phone # _____

II. TITLE COMPANY INFORMATION

Title Co. _____ Closer _____ GF# _____

Address _____ City, St, Zip _____

Phone # _____ Fax # _____ E-mail Address _____

III. LOAN INFORMATION

Refinance or Borrower _____ Owner/Non-Owner/
Currently Owns Land (Yes/No) _____ Rescission Date _____ 2nd Home _____

Liens to be Refinanced _____
(Please give item #(s) from Schedule C)

Closing Date _____ Funding Date _____ 1st Payment Date _____

Doc Expire Date _____ Points Expire Date _____ Sales Price \$ _____

Appraised Value \$ _____ Total Loan Amt. \$ _____ Base Loan Amt. \$ _____

Interest Rate _____ % Term _____ months Per Diem Paid By **BORROWER – 25 DAYS**

Loan Type/Description _____ Late Charge _____ %
PUD/Condo/1-4 (P/C/1-4)
FHA Multi Units (FMU) _____ Builders Warranty (Y/N) **YES** Table Funding (Y/N) _____

PUD Name _____

IV. ARM INFORMATION (if applicable)

Payment Rate _____ % Adjust Cap _____ % Index Value _____ %

Life Cap _____ % Margin _____ % Interest Change Date _____

Rounded Index _____ % Floor _____ % Conforming (Y/N) _____

V. BUYDOWN INFORMATION (if applicable)

Buydown Type (2-1, 3-2-1) _____

Interest Rates: Year 1 _____ Year 2 _____ Year 3 _____ Year 4 _____ Year 5 _____

Buyer Buydown Amt \$ _____ Seller Buydown Amt \$ _____

Third Party Buydown Amt \$ _____ 1st Year Payment Rate _____ %

VI. BUYER INFORMATION

BUYER 1 _____ Mar Stat/Relation _____ / _____
Name _____
Affidavit 1 _____ Social Sec. No. _____
Power of Attorney (Y/N) _____ (attach a copy for review)

BUYER 2 _____ Mar Stat/Relation _____ / _____
Name _____
Affidavit 2 _____ Social Sec. No. _____
Non-Purchasing Spouse? (Yes/No) _____ Power of Attorney (Y/N) _____ (attach a copy for review)

BUYER 3 _____ Mar Stat/Relation _____ / _____
Name _____
Affidavit 3 _____ Social Sec. No. _____
Non-Purchasing Spouse? (Yes/No) _____ Power of Attorney (Y/N) _____ (attach a copy for review)

BUYER 4 _____ Mar Stat/Relation _____ / _____
Name _____
Affidavit 4 _____ Social Sec. No. _____
Non-Purchasing Spouse? (Yes/No) _____ Power of Attorney (Y/N) _____ (attach a copy for review)

VII. LAND SELLER INFORMATION (not Builder/Retailer)

SELLER 1 _____ Mar Stat/Relation _____ / _____
 SELLER 2 _____ Mar Stat/Relation _____ / _____
 SELLER 3 _____ Mar Stat/Relation _____ / _____
 SELLER 4 _____ Mar Stat/Relation _____ / _____

Type of Deed Required (General, Special, REO or Review only) _____

Power of Attorney (Y/N) _____ (attach a copy for review)

VIII. PROPERTY INFORMATION

Street Address _____ City _____
 State _____ Zip _____ County _____
 Settlement City _____ Acknowledgement County _____
 Present Mailing Address _____ City, State, Zip _____

IX. ESCROWS INFORMATION

Note: # of Months for Escrow Reserves will be calculated using standard RESPA Escrow Accounting Procedures based on first payment date and month escrow items will be due again

Escrows Waived (Y/N) _____ Taxes Paid Through (Year) _____ # of Month(s) Cushion **2**

		<u>Month/Year Due</u>		<u>Month/Year Due</u>
Annual County Property Tax	\$ _____	_____	Annual Maintenance (HOA)	\$ _____
Annual City Property Tax	\$ _____	_____	Annual _____	\$ _____
Annual Other Property Tax	\$ _____	_____	Annual _____	\$ _____
Annual Hazard Insurance	\$ _____	_____	Annual _____	\$ _____
Annual Flood Insurance	\$ _____	_____	Annual _____	\$ _____

X. PMI INFORMATION (Conventional Loan Only)

PMI Required (Y/N) _____ Refundable (Y/N) _____ Declining (Y/N) _____
 Premium Paid By (B/S) _____ # Months Escrow _____ # Months Upfront _____

CASH

FINANCED

Upfront Amount \$ _____ B \$ _____ S One Time Amount \$ _____
 1st Year Premium Rate _____ % 1st Year Premium Rate _____ %
 Renewals
 1st Renewal Rate _____ % # Years in Effect _____
 2nd Renewal Rate _____ % # Years in Effect _____

PMI Company _____
 PMI Life _____

XI. FHA INFORMATION

FHA Case Number _____ FHA Section **203b**
 UFMIP Financed \$ _____ UFMIP Paid In Cash \$ _____ UFMIP % _____
 Monthly MI % _____

X. OTHER INFORMATION

Initial Application Date _____ Original Disclosure Date _____ Lock Date _____
 Last Disclosed GFE Date _____ Last Disclosed TIL Date _____ Last Disclosed TIL APR _____ %
 2010 GFE Tolerance Check (Y/N) _____ ←--- If Yes, provide copy of last disclosed GFE, matching Initial Fees Worksheet, and GFE Provider List

