

NATIONAL CAPITAL FUNDING, LTD. OTC DOCUMENT PREPARATION WORKSHEETS

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

I. LENDER INFORMATION

Loan # _____ MERS # _____
 Lender _____ Branch _____ Lender NMLS# _____
 Closer _____ Loan Officer _____ LO _____
 LO Fax _____ LO Email _____ Phone _____
 Broker Originated? _____ (Y/N) _____ LO NMLS# _____
 Broker _____ Broker NMLS# _____
 Broker Address _____ City, St, Zip _____
 Broker State of _____ Broker Entity Type _____ Draw in Broker Name? (Y/N) _____

II. SETTLEMENT AGENT INFORMATION

Company _____ Closer _____ GF# _____
 Address _____ City, St, Zip _____
 Phone # _____ Fax # _____ Email _____
 Borrower Chosen? _____ Closer License # _____ Company License # _____

III. LOAN INFORMATION

Refinance / Borrower _____ Owner/Non-Owner/ 2nd Home OWNER
 Currently Owns Land _____ Rescission Date _____
 Liens to be Refinanced _____
 (Please give item #(s) from Schedule C)
 Closing Date _____ Funding Date _____ Land Contract Date _____
 Doc Expire Date _____ Lock Expire Date _____ Land Sales Price \$ _____
 Home Sales Price \$ _____ Total (Land + Home) Acquisition Cost \$ _____
 Appraised Value \$ _____ Base Loan Amt. \$ _____ Total Loan Amt. \$ _____
 Interest Rate _____ % Term _____ months Per Diem Paid By BORROWER - 25 DAYS
 Loan Type/Description FHA VA USDA ONE-TIME CLOSE CONST/PERM Late Charge _____ %
 PUD/Condo/1-4 (P / C / 1-4) _____ Builders Warranty (Y/N) YES Table Funding (Y/N) NO
 FHA Multi Units (FMU) _____
 PUD Name _____

IV. BUYER INFORMATION

VESTING TO REFLECT EXACTLY AS FOLLOWS: _____

BUYER 1 _____ Mar Stat/Relation _____ / _____
 Name _____ Social Sec. No. _____
 Affidavit 1 _____ Power of Attorney (Y/N) _____ (attach a copy for review)
BUYER 2 _____ Mar Stat/Relation _____ / _____
 Name _____ Social Sec. No. _____
 Affidavit 2 _____ Power of Attorney (Y/N) _____ (attach a copy for review)
 Non-Purchasing Spouse? (Yes/No) _____
BUYER 3 _____ Mar Stat/Relation _____ / _____
 Name _____ Social Sec. No. _____
 Affidavit 3 _____ Power of Attorney (Y/N) _____ (attach a copy for review)
 Non-Purchasing Spouse? (Yes/No) _____
BUYER 4 _____ Mar Stat/Relation _____ / _____
 Name _____ Social Sec. No. _____
 Affidavit 4 _____ Power of Attorney (Y/N) _____ (attach a copy for review)
 Non-Purchasing Spouse? (Yes/No) _____

V. LAND SELLER INFORMATION (NOT Builder/Retailer Information)

SELLER 1 _____ Mar Stat/Relation _____ / _____
 SELLER 2 _____ Mar Stat/Relation _____ / _____
 SELLER 3 _____ Mar Stat/Relation _____ / _____
 SELLER 4 _____ Mar Stat/Relation _____ / _____
 Texas Only - Type of Deed Required (General, Special, REO or Review only) _____
 Power of Attorney (Y/N) _____ (attach a copy for review)

VI. PROPERTY INFORMATION

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

VII. 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)	NO	Taxes Paid Through (Year) _____	# of Month(s) Cushion	2
		Month/Year Due		Month/Year Due
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 _____	\$ _____

VIII. FHA \ VA \ USDA INFORMATION

Case Number _____ FHA Section **203(b)**
 UFMIP \ VA FF \ USDA GF Financed \$ _____ UFMIP \ VA FF \ USDA GF Paid In Cash \$ _____ \ USDA GF % _____
 Date FHA Case # Assigned _____ Annual MI % _____
 Nearest Relative Name (VA Only) _____ Nearest Relative Phone (VA Only) _____
 Nearest Relative Address (VA Only) _____

IX. OTHER INFORMATION

Initial Application Date _____	Original Disclosure Date _____	Lock Date _____
Last Disclosed LE Date _____	Last Disclosed LE APR _____ %	
Initial Disclosed CD Date _____	Initial Disclosed CD APR _____ %	Flood Zone (not yes/no) _____
Doc Prep Fee \$300 / \$400-TX	Doc Prep Fee Paid By _____	Lender (outside of closing) / Borrower (at closing)

X. ADDITIONAL REQUIREMENTS

1. Doc Preparer: Please add applicable items in attached "NCF Closing Instructions" to the Specific Closing Instructions
2. Doc Preparer: Please add * items on attached permanent loan approval to the Specific Closing Instructions
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____