

LOAN SUBMISSION SHEET

From: _____ Company: _____
 Phone No.: _____ Fax No.: _____
 ESB Contact Person: _____ Date Submitted: _____
 Transaction Type: Residential Commercial Refinance Purchase Other

Borrower: _____ Co-Borrower/Guarantor: _____
 Comments on Borrower's Employment/Business: _____

Property Address: _____
 Property Type: _____ No. of Units: _____ Date Purchased: _____ Purchase Price: _____
 Occupancy: O/O N/O/O

Credit Grade/Score: _____ Income Ver.: Full Doc Lite Doc Stated
 Date of Credit Report: _____
 Description of Documentation to be Furnished: _____
 Comments on Income Profile of Borrower: _____

Loan Terms Requested

Loan Amount Requested: _____
 Estimated Collateral Value: _____ Appraised? Yes No Date: _____
 LTV Requested: _____ Interest Rate Requested: _____ Amortization Term: _____
 Total Broker Points: _____ Lender Points: _____ Prepayment Penalty: _____

Use of Loan Proceeds

P/O Mortgage: \$ _____
 P/O Mortgage: \$ _____
 Cash Out: \$ _____
 Taxes: \$ _____
 Other: \$ _____
 Other: \$ _____
 Closing Costs: \$ _____

Existing Rate: _____
 Existing Rate: _____
 Purpose: _____

Use of Loan Proceeds (Purchase)

Purchase Price: \$ _____
 Borrower's Funds: \$ _____ %
 Secondary Financing: \$ _____ %
 ESB Loan: \$ _____
 Closing Costs: \$ _____
 Total Funds From Borrower: \$ _____
 Source of Funds: _____

LOAN TOTAL: \$

Brief Summary of Loan (story)

Documents Enclosed

- | | | |
|---|--|---|
| <input type="checkbox"/> 1003 (Application) | <input type="checkbox"/> Credit Report | <input type="checkbox"/> Credit Explanation |
| <input type="checkbox"/> Tax Returns | <input type="checkbox"/> Bank Statements | <input type="checkbox"/> W-2's/Paystubs |
| <input type="checkbox"/> Rent Roll | <input type="checkbox"/> Leases | <input type="checkbox"/> Sales Contract |
| <input type="checkbox"/> Property Photos | <input type="checkbox"/> Appraisal | <input type="checkbox"/> Title |
| <input type="checkbox"/> Hazard Insurance | <input type="checkbox"/> Other: _____ | |
| | <input type="checkbox"/> Other: _____ | |
| | <input type="checkbox"/> Other: _____ | |