



DOC ORDER REQUEST

| CONTACT INFORMATION | | | |
|---|--------|---|--|
| Loan Number: | | Borrower Name: | |
| Name: | Phone: | Email: | |
| Email address for DOC delivery: | | | |
| LOAN INFORMATION | | | |
| Loan amount: | | Rate: | |
| First Payment date: | | Closing date and Time: | |
| Title only spouse name: | | Spilt signing: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Impounds: <input type="checkbox"/> YES <input type="checkbox"/> NO | | MI Financed: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Will a POA BE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO (Manager approval required) | | Name of affiliates (if applicable): | |
| Vesting: | | | |
| BROKER FEE INFORMATION | | | |
| Compensation Type: | | <input type="checkbox"/> LENDER PAID <input type="checkbox"/> BORROWER PAID | |
| Total Compensation Due: | | \$ | |
| Total Affiliate Charges: | | \$ | |
| THIRD PARTY FEE INFORMATION | | | |
| (Must submit invoices and proof of payment if broker is being reimbursed) | | | |
| 3rd PARTY PROCESSING FEE (Must be Essex-approved) | | \$ | |
| APPRAISAL FEE | \$ | <input type="checkbox"/> Due to Provider <input type="checkbox"/> POC <input type="checkbox"/> Broker Reimbursement | |
| HOA CERT FEE | \$ | <input type="checkbox"/> Due to Provider <input type="checkbox"/> POC <input type="checkbox"/> Broker Reimbursement | |
| CIR/1004D | \$ | <input type="checkbox"/> Due to Provider <input type="checkbox"/> POC <input type="checkbox"/> Broker Reimbursement | |
| CREDIT REPORT | \$ | <input type="checkbox"/> Due to Provider <input type="checkbox"/> POC <input type="checkbox"/> Broker Reimbursement | |
| NOTES/COMMENTS | | | |
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