

MoOM Processed Loans - Submission Checklist

| Partner Conta | ct intor | mation | | | | | | | | | |
|--|-----------------------------|--------------|--------------|-------------|---------------------|-----------------------|-------------------------|----------------------|--------|---------|-----------|
| Company Name | | | | Co | ompany Conta | ıme | | | | | |
| Case Transfer: | | O Yes | O No | | Phon | | ne# | | | | |
| Transfer Letter in file: | | O Yes | O No | | Ei | | nail | | | | |
| Borrower Cont | act Info | ormation | | | | | | | | | |
| Borrov | | | | Co-Borrower | | | | | | | |
| Borrower Em | ail | | | | Co-Borrower Email | | | | | | |
| Borrower Phone # | | | | | Co-Borrower Phone # | | | | | | |
| MoOM | to contac | t borrower | 0 | | Pari | conta | contact borrower | | 0 | | |
| POA/Co | onservato | r/Guardian | O Yes | | O No | | Trust | st O Yes | | O No | |
| | | | | | | | | | | | |
| Title and Appr | | | | | | | | | | | |
| Title and apprais | al will be | ordered usin | ıg a MoOM pı | refer | red Title agen | nt and | AMC, | unless (| otherv | vise re | equested. |
| Use MoOM Preferred Title Company (If no, complete Title below) OYes ONo | | | lo | Use Mo | | rred AMC OYes ONo | | | | | |
| Title & Escrow Company | Allegiant | | | | | O Class Valuation | | | | | |
| | O PRC | | | | | O LRES | | | | | |
| | O Senior Settlement | | | | AMC Name | | | O Property Rate | | | |
| | O Other (List below) | | | | AWON | O HomeBase | | | | | |
| Title Contact Information (if other) | | | | | | | | O Other (List below) | | | |
| | | | | | | | | | | | |
| | | | | | Payment Ty | | • Credit Card (CC Form) | | | | |
| | | | | | r ayınıcılt i | O Credit Card (Phone) | | | | | |



| Include with all Submissions: | | | | | | | |
|-------------------------------------|---|--|--|--|--|--|--|
| | Signed 1009 | | Credit Report | | | | |
| | ☐ If e-signed certificate of completion and sent to | | Credit Card Authorization Form | | | | |
| | borrower's email address | | All preflight scenarios | | | | |
| | Complete and signed application package (RV or QR) | | | | | | |
| | | | | | | | |
| Col | lect at Application: | | | | | | |
| | Legible copy of Driver's License | | Signed Purchase Contract (H4P only) | | | | |
| | Legible copy of Social Security Card | | ☐ Including FHA Amendatory Clause/Real Estate | | | | |
| | Original signed & dated Counseling Certificate | | Certification | | | | |
| | Mortgage statement (if mortgage balance to pay off) | | Income documentation (all sources used to qualify) | | | | |
| | Homeowners Insurance Declaration Page | | ☐ Social Security Awards Letter (if applicable) | | | | |
| | | | ☐ Pension Letters (if applicable) | | | | |
| Additional Documents as applicable: | | | ☐ W-2's (if using employment income) | | | | |
| | Complete Copy of Trust | | ☐ 30 days of pay stubs (if using employment | | | | |
| | Copy of Power of Attorney/Conservator/Guardian | | income) | | | | |
| | ☐ Photo ID for POA/Conservator/Guardian | | Asset documentation (if applicable) | | | | |
| | □ Doctors Letter (if necessary) | | ☐ Most recent 2 months bank statements or | | | | |
| | LOE/LOX for derogatory credit (if required) | | retirement accounts etc. (or most recent | | | | |
| | ☐ Supporting Documentation (if required) | | quarterly statements) | | | | |

Contact your Partner Support Associate or Account Executive with questions.







APPRAISAL FEE AUTHORIZATION FORM

| Today's Date | AMC: | | | | | | | | |
|---|------------|--|--------------|------------------|-----------------|----|--|--|--|
| BORROWER INFORMATION | | | | | | | | | |
| Borrower's First Name: | Last Name: | | | | | | | | |
| Co- Borrower's First Name: | Last Name: | | | | | | | | |
| Street address: | | | Home phone: | | | | | | |
| | | | Other phone: | | | | | | |
| City: | | | y: | State: | Zip |): | | | |
| BILLING METHOD | | | | | | | | | |
| Appraisal Management Companies (AMC) are third party providers hired on behalf of the lender or mortgage broker. In an effort to efficiently handle your appraisal please select the payment method you prefer. | | | | | | | | | |
| Visa | MasterCard | | | American Express | | | | | |
| Name on card: | | | | | | | | | |
| Account number: | | | | | | | | | |
| Billing address (if different): | | | | | | | | | |
| City: | State: | | | Zip: | | | | | |
| Security Code (3 digits on back of Visa/MC or 4 | Exp. Da | | ate: | | Amount Charged: | | | | |
| Cardholder Signature: | | | | | Date: | | | | |