



REAL ESTATE TERMBUSTER CHECKLIST

Please submit documents applicable to your income types below as soon as possible, and complete/return the attached forms.

____ **Employed Members: (Company Employee, Wage Earner)**

1. Federal Tax Returns with all Schedules for 2017
2. Paystubs for the most recent, consecutive 30 days (Biweekly: 3 stubs; Weekly: 5 stubs)
3. W-2s for 2017

____ **Self Employed Members: (Schedule C)**

1. Federal Tax Returns with all Schedules for 2017
2. Copy of current business license (if applicable)

____ **Self Employed Members: (S-Corp, LLC, Partnership, Corporation)**

1. Federal Tax Returns with all Schedules for 2017
2. K-1 Statements (Partnerships, LLCs, or Corporations for 2017 regardless of % of ownership)

____ **Fixed Income: (SSI, Pension)**

1. Federal Tax Returns with all Schedules for 2017
2. Pension / Social Security / IRA Distribution 1099s for 2017 **or** 2018 Award letters

____ **Other Income:**

1. Federal Tax Returns with all Schedules for 2017
2. Child Support / Spousal Support - Court document(s) and 6 months proof of receipt (if applicable)
3. Alimony - Copy of recorded Divorce Decree showing awarded amount

____ **Rental Income:**

Any rental property(s) **not reflected** on the tax return provide the following:

1. Copy of current Mortgage statement
2. Copy of current Property Insurance Declaration Page showing premium and coverage amounts
3. Copy of current Property Tax bill
4. Copy of HOA Monthly Statement (PUDs and Condos only)



_____ **Subject Property Info: (All Loans)**

1. Copy of current Mortgage statement
2. Copy of current Property Insurance for the dwelling structure showing the premium and coverage amount
3. Copy of current Property Tax bill
4. Copy of HOA Monthly Statement (PUDs and Condos only)
5. Copy of Rental Lease Agreement (if subject is a rental and not on tax returns)

If the Subject property is an investment property please provide all info on primary property.

ADDITIONAL FORMS TO BE COMPLETED AND SIGNED BY BORROWER/S

_____ **Authorization to Release Information Form (Attached)**

_____ **Purpose of Refinance Letter (Attached)**

_____ **Rate Lock Disclosure (Attached)**

_____ **Borrower's Information Sheets (Attached)**

_____ **Statement of Information (Attached)**



CALIFORNIA COAST CREDIT UNION
AUTHORIZATION TO RELEASE INFORMATION

This information is for use in compiling a mortgage loan file for a conventional home loan. The lender may verify/re-verify information contained in my/our loan application and other documents required in connection with the loan, either before the loan is closed or as part of its quality control program. Under all loan programs the lender reserves the right to require full documentation on any loan prior to closing.

I/We hereby authorize you to release to CALIFORNIA COAST CREDIT UNION, its successors and/or assigns, for verification purposes, information and documentation concerning:

- Employment history, dates, title, income, hours worked, etc.
- Banking and savings accounts or record
- Any other information and documentation deemed necessary in connection with my real estate loan on the property located at:

Address: _____

City/State/Zip: _____

A photographic copy of this authorization (being a photographic copy of the signature/s) of the undersigned may be deemed to be the equivalent of the original and may be used as a duplicate original.

_____		_____	
Borrower's Name (Print)		Co-Borrower's Name (Print)	
_____		_____	
Borrower's Signature	Date	Co-Borrower's Signature	Date

WARNING: It is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United State Code Section 1014.

AU/10-05



PURPOSE OF REFINANCE

The purpose of the request for financing is for the following reason(s) (complete all those which apply)

Payoff the following Mortgage and or Home Equity Line of Credit (HELOC):

Lender \$ _____
Loan Balance

Lender \$ _____
Loan Balance

Payoff credit cards and or other loans as follows:

Lender \$ _____
Loan Balance

Lender \$ _____
Loan Balance

Lender \$ _____
Loan Balance

OTHER: Take additional cash out proceeds for the following purpose(s):

I/We are currently renovating the property we intend to refinance.

Borrower

Date

Borrower

Date



Rate Lock Disclosure

Interest rates offered on 1st mortgages may change daily and are not guaranteed by California Coast Credit Union until locked. Initially, your interest rate will float (will not be guaranteed) until receipt of income documentation and the Closing Cost deposit. Once the loan is approved, your rate will be automatically locked.

Buying Down Locked Rates

A maximum of 1.5% Points may be paid by the applicant to buy down the interest rate.

Lock Expiration

If the interest rate should expire prior to the closing of your loan, it may result in a rate increase or lock extension fee. Loans may not be "re-locked" at new market rates. Instead, an option to extend your rate *may* be available. Requests for extensions will be reviewed on a case by case basis and price will be determined based on market conditions.

Price Adjustments

Initial Rates and Prices quoted are based on the information you provided. If the verified information changes from initially indicated, Rates and Prices are subject to change. Examples include, but are not limited to, FICO score below 740, Loan-To-Value increasing after verifying value with an appraisal, verified property type as Condominium instead of Single Family Residence, and concurrent subordinate financing.

Purchase Pre-Approval

Rates will not be locked at Pre-Approval. A fully executed purchase agreement must be obtained and income documents supplied prior to rate lock. Until documents have been confirmed, all rates are considered floating.

Transfer of Servicing

At our discretion, a certain percentage of funded loans will be sold to other financial institutions.

Borrower's Name (Print)

Co-Borrower's Name (Print)

Borrower's Signature (Date)

Co-Borrower's Signature (Date)

Statement of Information

CONFIDENTIAL - TO BE USED ONLY IN CONNECTION WITH ESCROW NO: _____

NOTE: This form is very important. It is needed to verify your identity and to eliminate judgments and liens against people with similar names.

THE STREET ADDRESS of the property in this transaction is: (If none, please leave blank)

ADDRESS _____ CITY and STATE _____

1. Improvements: [] Single Residence [] Multiple Residence [] Commercial [] Vacant Land

2. Occupied by: [] Owner [] Tenants 3. ANY CONSTRUCTION WITHIN THE LAST 6 MONTHS? [] YES [] NO

4. IF YES to No. 3, STATE NATURE WORK DONE:

PARTY 1

First Middle Last

Former Last Name(s), if any

Birthplace Birth Date

Social Security Number Driver's License No.

I [] am single [] am married [] have a registered domestic partner

Current spouse or Registered Domestic Partner (Other Than Party 2):

Name: _____

Former spouse/domestic partner (if none - check this box []):

[] Deceased Date: _____ Where: _____

[] Divorce/Dissolution Date: _____ Where: _____

Children from current and/or former marriages and/or domestic partnerships

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

PARTY 2

First Middle Last

Former Last Name(s), if any

Birthplace Birth Date

Social Security Number Driver's License No.

I [] am single [] am married [] have a registered domestic partner

Current Spouse or Registered Domestic Partner (Other Than Party 1):

Name: _____

Former spouse/domestic partner (if none - check this box []):

[] Deceased Date: _____ Where: _____

[] Divorce/Dissolution Date: _____ Where: _____

Children from current and/or former marriages and/or domestic partnerships

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Marriage or Domestic Partnership Between Parties 1 and 2

Are Parties 1 and 2: [] Married? Date _____ [] Registered Domestic Partners? Date: _____

Party 1 - Occupations for the Last 10 Years (attach an additional page, if necessary)

Present Occupation Firm Name Address From To

Present Occupation Firm Name Address From To

Party 1 - Residences for the Last 10 Years (attach additional page, if necessary)

Number and Street City, State, Zip Code From To

Number and Street City, State, Zip Code From To

Party 2 - Occupations for the Last 10 Years (attach an additional page, if necessary)

Present Occupation Firm Name Address From To

Present Occupation Firm Name Address From To

Party 2 - Residences for the Last 10 Years (attach additional page, if necessary) (if same as Party 1, write "same")

Number and Street City, State, Zip Code From To

Number and Street City, State, Zip Code From To

Have any of the above parties owned or operated a business? [] No [] Yes If yes, please list name(s): _____

I have never been adjudged, bankrupt nor are there any unsatisfied judgments or other matters pending against me which might affect my title to this property except as follows: _____

The undersigned declare under penalty of perjury that the above information is true and correct (all parties must sign)

Home # _____ Business # _____ Home # _____ Business # _____

Cell # _____ E-Mail: _____ Cell # _____ E-Mail: _____

Party 1 Signature _____ Date _____

Party 2 Signature _____ Date _____

Lawyers Title

Escrow Division
9095 Rio San Diego Drive, Suite 400
San Diego, CA 92108
Phone: (858) 650-3940 Fax: (858) 408-3560
Escrow Officer: Dana Holloway
Escrow Officer's e-mail:
dana.holloway@Itic.com

INFORMATION FORM (REFINANCE)

Escrow Number: _____
Property Address: _____

In order to proceed with the above referenced escrow, we require the following information regarding your existing liens and Homeowners Association, if any. ***PLEASE COMPLETE ALL INFORMATION, SIGN AND RETURN*** this form to our office as soon as possible. **FAILURE TO DO SO WILL DELAY YOUR CLOSING.** Thank You in advance for your cooperation and timely return of this form.

FIRST LOAN:

Name of Lender _____ Phone # _____

Address _____

Loan Number: _____ Approximate unpaid balance \$ _____

(1) Payments due on the _____ day of each month (2) Date of your last payment: _____

(3) Loan is (*circle one*): Conventional VA FHA Equity Line Other: _____

(4) Is there an Impound Account? YES NO (5) Monthly Payment Amount \$ _____

SECOND LOAN:

Name of Lender _____ Phone # _____

Address _____

Loan Number: _____ Approximate unpaid balance \$ _____

(1) Payments due on the _____ day of each month (2) Date of your last payment: _____

(3) Loan is (*circle one*): Conventional VA FHA Equity Line Other: _____

(4) Is there an Impound Account? YES NO (5) Monthly Payment Amount \$ _____

OTHER LIEN:

Name of Lender _____ Phone # _____

Address _____

Loan Number: _____ Approximate unpaid balance \$ _____

(1) Payments due on the _____ day of each month (2) Date of your last payment: _____

(3) Loan is (*circle one*): Conventional VA FHA Equity Line Other: _____

(4) Is there an Impound Account? YES NO (5) Monthly Payment Amount \$ _____

HOMEOWNERS ASSOCIATION:

Name of Association _____ Management Co. Name: _____

Address _____

Account Number: _____ Phone #: _____

Does the Homeowners Association cover the Insurance for this property? YES NO

If yes, please provide Company Name _____ Phone # _____

(1) Payments due on the _____ day of each month (2) Date of your last payment: _____

(3) Amount of the monthly dues: \$ _____ (4) Are there any special assessments? (explain) _____

If there is a secondary Homeowners Association, please provide us with their information as well:

Name of Association _____ Management Co. Name: _____

Address _____

Account Number: _____ Phone #: _____

(1) Payments due on the _____ day of each month (2) Date of your last payment: _____

(3) Amount of the monthly dues: \$ _____ (4) Are there any special assessments? (explain) _____

WATER STOCK:

If you have shares of Water Stock please complete the following:

Name of Water Company _____

Address _____

Phone: _____ Fax: _____

INSURANCE INFORMATION: REQUIRED INFORMATION –FAILURE TO PROVIDE THIS INFORMATION MAY DELAY THE FUNDING AND CLOSING OF YOUR REFINANCE TRANSACTION.

AGENT: _____ COMPANY NAME _____

Address _____ Policy No.: _____

Phone # _____ Fax # _____

1. What is the expiration date of this policy: _____
2. What is the annual premium that you pay: _____ monthly Quarterly Annually

If any of your loans to be paid off through this escrow are **EQUITY CREDIT LINES**, please be advised of the following:

- 1) They will be paid off **in full** and a request for Reconveyance of the Deed of Trust will be submitted;
- 2) A "freeze" will occur on this account as of the date the demand for payment is written. Escrow holder will immediately request this demand in order to properly process this transaction. The undersigned state and declare there will be no further draws or checks written which would increase or tap any remaining credit on this account during the course of this escrow. Should there be any draws on this credit line after the date of the opening of this escrow, which are not reflected in the demand for payoff used to close escrow, **the undersigned will be fully responsible for the repayment** of any amount which is due in order to completely pay this lien in full and obtain a Reconveyance.

The payment of **child or spousal support** may be considered a lien against your property. If you pay child or spousal support, please contact the escrow holder with pertinent information at your earliest convenience. Obtaining releases from the District Attorney or other attorney can be time consuming and may delay the closing of your escrow.

In the event that your existing mortgage is an **FHA** insured loan, you as Borrower must immediately send your lender a written notice of your intention to payoff the loan in order to eliminate an additional **30 days interest being charged by the lender at the close of escrow**. Said notice must be received by your lender a minimum of 30 days prior to the closing date of escrow. **This is YOUR responsibility.**

***** AUTHORIZATION FROM BORROWER TO ORDER PAYOFF STATEMENTS *****

The undersigned authorize escrow holder to order statements on the liens as outlined above, or provided to escrow holder by the undersigned representatives in this transaction. Our signatures below shall constitute our consent and approval to our existing lenders to issue these statements, in accordance with the request of escrow holder.

We the undersigned, certify that the above information is true and correct to the best of our knowledge.

 X
BORROWER SIGNATURE _____ **Date** _____

 X
CO-BORROWER SIGNATURE _____ **Date** _____