



Doc Request Form

30 Corporate Park suite 104 Irvine California
866-996-3347

Please email or fax doc request to your New Era Processor

Date: _____

Loan Number: _____

Borrowers Name: _____

Impounds Yes _____ No _____ (required on all FHA and 90ltv and above conforming)

Insurance premium: _____ year Please review dec page, Insurance policy and replacement coverage

Email address docs to be sent to(escrow agent): _____

Vesting: _____

Loan Amount: _____ LTV: _____ CLTV: _____

Interest Rate: _____ Program _____ Prepay: _____

Lock Date: _____ Expiration Date: _____ YSP: _____

Fees*

Origination _____ max 1 point on FHA

Discount _____ Lock Date: _____

Underwriting 695 Expiration Date: _____

Funding Fee 595

Processing 495

Doc Prep 150

Loss Payee: Mirad Financail Group

Flood Cert 13

Tax Service 75

Admin Fee _____

*Please submit est along with doc request

I agree to the above fees that are being charged are correct and have been reviewed and disclosed to borrowers. I also agree fees believed to be excessive will be not be allowed and subject to reduction by New Era Management.

Loan Officer or Authorized Agent

**Doc request received by 1:00pm will have docs draw and emailed by 5:00 same day
All PTD Conditions must be signed off prior to docs being draw.**