Closing Disclosure Request Form

Loan Number:_____   Date of Request:_____

Program:_____   Loan Amt:_____

Broker Name: _____   Contact:_____

Email:_____   Phone:_____

Name of your Sales Rep:_____

Borrower Information

Borrower:_____

Borrower:_____

Borrower:_____

Property Address:_____

City:_____ State:_____ Zip Code:_____

Transaction Information

Purchase:_____ Refinance:_____   Mail Away: _____ Time Zone:_____

Time of closing: _____am/pm

Closing/Signing Date:_____

Settlement Agent:_____ Contact Name:_____

Email: _____ Phone:_____

Interest Credit: _____ First Payment Date: _____

Version: 11/05/2019

EQUAL HOUSING LENDER