



SUBMISSION DATE: SUB TYPE: WHOLESALE CORRESPONDENT | ACCOUNT EXECUTIVE:

BROKER INFORMATION			
Company Name:	Broker NMLS ID:	State License No.:	License Type:
Address:			
Processor:	LO Name:	LO NMLS ID:	
Processor Phone:	LO Phone:		
Processor Email:	LO Email:		
Notes:			

BORROWER INFORMATION	
Borrower:	Borrower Email:
Co-Borrower(s):	Co-Borrower Email:
Property Address:	

LOAN INFORMATION		
Appraisal: Yes No	Appraised or Estimated Value:	Purchase Price:
Loan Amount (1 st TD):	Loan Amount (2 nd TD):	
Interest Rate:	LTV/CLTV:	

CREDIT REPORT AND USER CREDENTIALS:		Qualifying Credit Scores: Borrower:	Co-Borrower(s):
Impounds: Yes No	Impound Type: Both Taxes Only Hazard Only		

BROKER COMPENSATION:	CONSUMER PAID	LENDER PAID
Loan Origination Fee %	\$	\$
Appraisal Fee %	\$	\$
Credit Report Fee	\$	\$
3rd Party Processing Fee, OR Processing Fee paid to broker (Borrower Paid Transactions ONLY)	\$	\$

LENDER:		
Lender Fee: \$495 VA IRRRL and FHA Streamline, \$1095 (CA) \$795 (All Other States)	\$	\$

RATE CREDIT: (only check one box)	CONSUMER PAID	LENDER PAID
Lender Credit to Borrower %	\$	\$
Discount Point %	\$	\$

SUBMISSION DETAILS							
PURPOSE	OCCUPANCY	PROPERTY	COMP. TYPE	CREDIT/DU/LP	LOAN TYPE		MI
Purchase	Primary	SFR	Lender Paid Compensation	Use broker credit*	30 yr	10/1	Single Premium
Refi Rate/Term	2nd Home	PUD	Borrower Paid Compensation	Lender to pull credit	25 yr	7/1	Monthly
Cash Out	Investment	2 Unit	PRICING FEE	Use broker DU/LP*	20 yr	5/1	Annually
Streamline Refi		3-4 Unit		Lender to pull DU/LP	15 yr	3/1	LPMI
		Condo	Fee In	*Include credentials if applicable	10 yr	5/1 I.O.*	
		Non-Warrantable Condo	Fee Out				*Choice Advantage & Leverage Products only
		Manufactured					

LOAN PRODUCT			CREDIT GRADE	AUS TYPE*	DOC TYPE
DU Conventional	FHA	Choice Advantage	A	DU	Full Doc
LP Conventional	FHA Streamline	Choice Ascent	A-	LP	W-2 Only
High Balance Conforming	VA IRRRL	Choice Investor	B+		Bank Statements
LP Super Conforming	VA	Core Jumbo	B		DSCR
DU Refi Plus & HARP		Leverage Prime	B-		>= 1.15
Open Access		Leverage Lite	C		< 1.15
LPMI		Leverage Investor DTI			
FNMA DU Home Ready		Leverage Investor DSCR			

*AUS must be released and finalized to Royal Pacific Funding Corporation



DOCUMENTS REQUIRED BEFORE ISSUING DISCLOSURES

Initial LE (must be signed by borrower) and if applicable broker Change of Circumstance Form and Revised LE (required if locked prior to submission)	
Intent to Proceed	
Privacy Disclosure	
Settlement Servicers Provider List	
Homeownership Counseling Notice	
Housing Counselors Near You	
Social Security Administration Authorization Form	
4506 T (Signed and dated)	
Borrower Authorization	
ECOA / Fair Lending	
Fair Credit Reporting Act (FCRA)	
Any and All State Required Disclosures	
IF FHA	IF VA
FHA – Important Notice to Home Buyer 92900B	VA – Signed 1802-A
FHA – Notice Regarding Assumption	VA – Request for Certificate of Eligibility
FHA – Informed Consumer Choice Notice	VA – Nearest Living Relative Form
FHA – For Your Protection: Home Inspection	VA – Child Care Statement
FHA – Important Notice to Home Buyer 92900B	VA – COE-Certificate of Eligibility
FHA – Informed Consumer Choice Notice	VA – DD214



REQUIRED DOCUMENTS BY PRODUCT

CONVENTIONAL /PORTFOLIO CHOICE AND LEVERAGE PROGRAM REQUIREMENTS

<p>This Submission Package (8 pages)</p> <p>Fannie Mae 3.2 File</p> <p>1008</p> <p>1003 signed and dated by borrower/LO</p> <p>DU/LP Findings (if available)</p> <p>Credit Report</p> <p>Borrower Authorization</p>	<p>Income Documentation</p> <p>Asset Documentation</p> <p>Gift Letter (if applicable)</p> <p>Purchase Contract (if applicable)</p> <p>Copy of Canceled EMD Check (if applicable)</p> <p>Title Commitment</p>
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FHA REQUIREMENTS

<p>This Submission Package (8 pages)</p> <p>Fannie Mae 3.2 File</p> <p>HUD/VA Addendum to URLA (92900-A) signed by borrowers</p> <p>Loan Transmittal Summary (92900LT)</p> <p>1003 signed and dated by borrower/LO</p> <p>Case # Printout</p> <p>CAIVRS, FHA case transfer</p> <p>AUS Findings (if available)</p> <p>Credit Report</p> <p>Income Documentation</p> <p>Borrower Authorization</p>	<p>Asset Documentation</p> <p>Gift Letter (if applicable)</p> <p>Purchase Contract (if applicable)</p> <p>Copy of Canceled EMD Check (if applicable) Title Commitment</p> <p>Evidence of Social Security Number and Photo ID</p> <p>Hazard Insurance</p> <p>Payoff Demand (streamlines)</p> <p>Note and DOT for current mortgage (streamlines)</p> <p>Fee itemization sheet (streamlines)</p>
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VA REQUIREMENTS

<p>This Submission Package (8 pages)</p> <p>Fannie Mae 3.2 File</p> <p>CAIVRS</p> <p>Fee itemization sheet</p> <p>Income (Documentation)</p> <p>1003 signed and dated by borrower/LO</p>	<p>COE</p> <p>AUS findings</p> <p>Credit Report</p> <p>Borrower Authorization</p>	<p>Most recent bank statement</p> <p>Completed 26-1880, DD214</p> <p>Completed Verification of VA Benefits</p> <p>Nearest living relative</p> <p>Purchase Contract (if applicable)</p>	<p>Title Commitment</p> <p>Payoff Demand</p> <p>Hazard Insurance</p>
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IRRL (VA STREAMLINE) REQUIREMENTS

<p>This Submission Package (8 pages)</p> <p>Fannie Mae 3.2 File</p> <p>New IRRL assignment # to Royal Pacific Funding Corp</p> <p>1003 signed and dated by borrower/LO</p> <p>CAIVRS</p> <p>Current VA note and last recorded DOT</p> <p>Fee itemization sheet</p> <p>Current Payoff Demand</p>	<p>Credit Report</p> <p>Nearest living relative</p> <p>Completed 26-1880</p> <p>Completed Verification of VA Benefits</p> <p>Hazard Insurance</p> <p>Borrower Authorization</p>
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Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:
Seeking a mortgage from the Company.

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service Banking Service
- Background Check License Requirement
- Credit Check Other

with the following company ("the Company"):

Company Name: Royal Pacific Funding Corporation

Company Address: 3070 BRISTOL ST., SUITE 400, COSTA MESA, CA 92626

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Credit Plus Inc. 31550 Winter Place Parkway Salisbury, MD 21804 800-258-3488

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature _____ Date Signed _____

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____

Privacy Act Statement

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.

.....TEAR OFF

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>

Anti Steering Safe Harbor Disclosure – Fixed Rate Loans

Date:
Prepared by:

Prepared for:

Originator ID:
License #:
Phone:

Origination Company ID:
Origination Company License #:

Phone:
Fax:

We checked a significant number of creditors with which we normally do business. The following table summarizes the loans with an annual percentage rate which may increase after consummation which we think you likely qualify for:

	Lowest Interest Rate	Lowest Origination Fees/Discount Points	Lowest Rate with No Risky Features	Our recommended loan
Description				
Loan amount	\$	\$	\$	\$
Initial interest rate	%	%	%	%
Origination Fees/Discount Fees	\$	\$	\$	\$

* The risky features that are part of this loan include negative amortization, prepayment penalty, interest-only payments, a balloon payment in the first 7 years of the loans, a demand feature, shared equity, and/or shared appreciation. Please let us know if you are unclear about any of these features.

Our recommendation was made for the following reason(s):

- This is the loan with the lowest rate
- This is the loan with the lowest rate without risky* features
- This is the loan with the lowest closing costs
- Other

Other options may be available. Please ask if these options here do not fit your needs.

Borrower Print Name Date

Borrower Print Name Date

Originator Date

HOMEOWNERSHIP COUNSELING NOTICE

Loan Number:

Date:

Provided By:

Borrower(s):

Property Address:

Housing counseling agencies approved by the U.S. Department of Housing and Urban Development (HUD) can offer independent advice about whether a particular set of mortgage loan terms is a good fit based on your objectives and circumstances, often at little or no cost.

If you are interested in contacting a HUD-approved housing counseling agency in your area, you can visit the Consumer Financial Protection Bureau's (CFPB) website, www.consumerfinance.gov/find-a-housing-counselor, and enter your zip code.

You can also access HUD's housing counseling agency website via www.consumerfinance.gov/mortgagehelp.

For additional assistance with locating a housing counseling agency, call the CFPB at 1-855-411-CFPB (2372).

By signing below, I/we acknowledge that I/we have read and received a copy of this document.

Borrower Date

Acknowledgement of Intent to Proceed

Borrower(s):

Loan Number:

Property Address:

Lender: **Royal Pacific Funding Corp.**

Loan Originator:

License #: 01403107
NMLS #:320004

License #:
NMLS #:

The undersigned applicants hereby indicate their intention to proceed with the transaction identified in the Loan Estimate dated XXXX XX, XXXX provided by **Royal Pacific Funding Corp.**

By signing below, I hereby acknowledge reading and understanding all of the information disclosed above, and receiving a copy of this disclosure on the date indicated below.

BORROWER

DATE

CO-BORROWER

DATE