

THIS FORM MUST BE INCLUDED WITH ALL APPLICATION SUBMISSIONS
 (ITEMS WITH A RED STAR (*) ARE REQUIRED)

Information:

| | |
|----------------------------------|----------------------------|
| Company Name* | Broker ID * |
| Office NMLS #* | |
| Broker Contact* | |
| Loan Officer NMLS #* | Loan Officer Email* |
| E-mail (for file updates) | |
| Telephone* | |
| Borrower Name* | |
| Property State* | |

REQUIRED: Loan Information *(Must check one and fill in rate)*

| | | | |
|-------------------------------|---|--------------------------|-----------------|
| Channel: | Wholesale | Correspondent | |
| Processing Type: | SNAPP | SNAPP+ | |
| Transaction Type: | Refinance | Reverse Refinance | Purchase |
| FIXED Rate (fill in): | _____ <i>(Margin and/or rate must be available)</i> | | |
| ANNUAL ARM Margin (fill in): | _____ <i>(Margin and/or rate must be available)</i> | | |
| MONTHLY ARM Margin (fill in): | _____ <i>(Margin and/or rate must be available)</i> | | |
| | Rate Cap: | 5% | 10% |

NOTE: Include re-disclosures if the product and/or margin was changed after original 1009 package/GFE were executed.

Would you like Liberty to order the following:

Title (Please complete the necessary information below)

Title Company Name: _____ (if blank we will order with our preferred vendor)

- You must ensure we can order on your company's behalf
- Contact details if not a Liberty vendor

| |
|------------------------------|
| Contact Name: |
| Contact Email: |
| Contact Phone Number: |

Appraisals (Please select one of the following choices)

Yes, Liberty will order the appraisal. (Otherwise, please skip to the next selection)

If Yes, Liberty will order credit card through Mercury. Please check appropriate options below:

- Class Valuations to contact borrower for payment
- Class Valuations to contact Liberty partner for payment

NO, Partner will order the Appraisal (If Liberty orders the appraisal, please leave this section blank)

AMC Name: _____

Contact details:

| |
|------------------------------|
| Contact Name: |
| Contact Email: |
| Contact Phone Number: |

Application Submission Requirements:

1009 Application – Monthly income, marital status, HMDA, and 1009 Addendum dated by borrower/LO (must be completed)

92900A Addendum to the Application – Must be signed and dated by borrower/LO

Evidence of Date of Birth – Must be legible

Borrower(s) SS Verification – Must be legible

Non-Borrowing Spouse DOB and SSN Verification (NBS Only)

POA/Conservator/Guardian DOB and SSN Verification (If applicable)

Counseling Certificate – Must be signed and dated by the counselor and borrower(s) prior to FHA case assignment date and any fees being incurred on behalf of borrower

Mortgage Statement (If lien is being paid off)

Income Documents – For all income to be considered for Financial Assessment (For each borrower as noted on 1009 Addendum; include for Non-Borrowing Spouse (If their income will be needed to qualify)

Hazard/Flood Insurance/Master Condo Policy Verification – Proposed coverage (from the appraisal: appraised value – site value or cost new value) and effective dates showing current coverage (must be in place a minimum of 12 months prior to the date of the initial application)

Initial Disclosure Documents – must be signed and dated by all borrowers (See Loan Disclosure Requirements)

HOA Dues/Other Assessments (Ground Rents if a leasehold) if applicable

Annuity and Advisor Disclosure – Must be signed and dated by borrower/LO

List of Counseling HUD Approved Counseling Agencies provided to borrower

Purchase Agreement and all applicable addendums – Completed and fully executed by all parties

Verification of Purchase Money Funds (See Program Guide for acceptable sources)

POA(s)/Conservator/Trustee(s) ID and SS verification (If applicable) – Only provide trustees ID and SS verification if trustee is different than the borrower. Must be legible.

POA/Conservatorship/Guardianship Document – Must have complete copy fully executed, signed and notarized, if applicable

Doctor's letter (If applicable) – Must include date of diagnosis of condition, date letter was written and must be signed by the attending physician

Death Certificate (If applicable) – Required if a deceased person is still on title and needs to be removed

Trust (If applicable) – Must have complete copy/fully executed

HECM to HECM Requirements

- **Most Recent Reverse Mortgage Statement**
- **Anti-Churning Disclosure** – Must be signed and dated by borrower/LO) original wet ink signature copy will be requested & may be forwarded by settlement agent with fully executed closed-loan package prior to funding

NOTE: Be sure to verify benefit calculations on Anti-Churning Disclosure as the FIRST anti-churning disclosure received by UW is required to be used to determine acceptability of counseling waiver (Both state counseling waiver allowance and benefit calculations meet requirements).

Notes:

Email Submissions to:

Submissions@LibertyReverse.com

NOTE: if emailing file submission, please keep file size to 10mb or less to ensure smooth delivery. You may break up the submission if needed, but please use clear subject lines, (i.e. "Smith File Email 1 of 2", "Smith File Email 2 of 2")

Thank you for your partnership with Liberty!