

# CLOSING PREP SHEET

PGS SENT \_\_\_\_\_

*Mortgage Associated Services, Inc.*

## PROCESSING CLOSING

14153 CLAYTON RD, TOWN & COUNTRY, MO 63017  
 (636) 391-2200 / (800) 391-2340  
 FAX (636) 391-8890

PLEASE FAX US THE FOLLOWING INFORMATION:

1. LOAN APPROVAL FROM \_\_\_\_\_ (INVESTOR)  
 PURCHASE \_\_\_\_\_ REFINANCE \_\_\_\_\_  
 O/O \_\_\_\_\_ NON O/O \_\_\_\_\_ INVESTMENT \_\_\_\_\_ 2<sup>ND</sup> HOME \_\_\_\_\_
2. TYPED 1003 (WITH FINAL RATE/TERM AND LOAN AMOUNT)
3. TITLE COMMITMENT (BE SURE LEGIBLE & INCLUDES TAX INFO)
4. PMI CERTIFICATE (IF APPLICABLE)
5. HOMEOWNERS INSURANCE INFO: CO. NAME \_\_\_\_\_  
 PHONE # \_\_\_\_\_ PREMIUM \$ \_\_\_\_\_ RENEWAL DATE \_\_\_\_\_  
 DWELLING COVERAGE \_\_\_\_\_

BORROWERS NAME: \_\_\_\_\_  
 PROPERTY ADDRESS: \_\_\_\_\_  
 CLOSING TITLE CO: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DISB DATE: \_\_\_\_\_ 1<sup>ST</sup> PAYMENT \_\_\_\_\_  
 POA \_\_\_\_\_ MARITAL WVR: \_\_\_\_\_ MERS \_\_\_\_\_  
 SPOUSES NAME: \_\_\_\_\_ LOAN # \_\_\_\_\_

LOAN TYPE: \_\_\_\_\_ TERM: \_\_\_\_\_ /YRS RATE \_\_\_\_\_ %  
 DISCOUNT: \_\_\_\_\_ % YIELD SPREAD: \_\_\_\_\_ % SRP: \_\_\_\_\_ %  
 ARM INFO: INDEX \_\_\_\_\_ MARGIN \_\_\_\_\_ CAPS \_\_\_\_\_

PMI: \_\_\_\_\_ ESCROWS: \_\_\_\_\_ CONDO: \_\_\_\_\_  
 PUD: \_\_\_\_\_ FLOOD INS.: \_\_\_\_\_ BALLOON: \_\_\_\_\_

LOAN AMOUNT \$	Pct%	Byr Amt	APPRAISED VALUE \$	Sel Amt	POC	
801 Loan Orig	_____	_____	_____	_____	_____	TO: _____
802 Loan Disc	_____	_____	_____	_____	_____	TO: _____
803 Appraisal	_____	_____	_____	_____	_____	TO: _____
804 Credit Report	_____	_____	_____	_____	_____	TO: _____
805 Lender Inspect	_____	_____	_____	_____	_____	TO: _____
808 Underwriting	_____	_____	_____	_____	_____	TO: _____
809 Commitment Fee	_____	_____	_____	_____	_____	TO: _____
810 Escrow Waiver Fee	_____	_____	_____	_____	_____	TO: _____
811 Processing or Application	_____	_____	_____	_____	_____	TO: _____
Doc Preparation	_____	_____	_____	_____	_____	TO: _____
Tax Service Fee	_____	_____	_____	_____	_____	TO: _____
Courier Fee	_____	_____	_____	_____	_____	TO: _____
Title Co. Charges	_____	_____	_____	_____	_____	TO: _____
_____	_____	_____	_____	_____	_____	TO: _____
_____	_____	_____	_____	_____	_____	TO: _____
_____	_____	_____	_____	_____	_____	TO: _____
_____	_____	_____	_____	_____	_____	TO: _____

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BROKER: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_