



Broker Name: _____
 Phone Number: _____ Ext: _____
 Cell: _____ Fax: _____
 Email: _____

Borrower's SSN: _____ - _____ - _____
 Co-Borrower's SSN: _____ - _____ - _____

Account Executive _____
 Telephone _____
 Email _____

Fax Number	
Prequals:	714.200.0198
Submission:	714.955.5995
Lock:	714.200.0627
Underwriting/Conditions/Docs:	714.200.0198
Funding:	714.200.0627

WHOLESALE LOAN SUBMISSION FORM

Borrower: _____
 Last Name, First Name, Middle Name
 Co-Borrower: _____
 Last Name, First Name, Middle Name
 Property Address: _____
 City: _____ State: _____ Zip Code: _____

Date of Rate Sheet: _____ Rate Sheet Name: _____
 Proposed Loan Program: _____ Proposed Interest Rate: _____ %
 Qualifying Fico Score: _____ DTI: _____ % Proposed Start Rate: _____ %

Loan Purpose: Purchase R/T C/O Debt Consolidation Construction to Perm
 Product Type/Term: Prime Expanded Premiere Select Other _____

Non-Prime	Option ARMs	Alt-A	Niche	Combos
<u>Platinum Series</u> ___ 2/28 ___ 3/27 ___ 5/25 ___ 40/30 Balloon ___ 50/30 Balloon ___ 3 YR ARM ___ I/O	<u>Freedom Series</u> ___ 1 month MTA ___ 3 month MTA ___ 5 Year Fixed ___ 3 Year Fixed Hybrid ___ 5 Year Fixed Hybrid ___ 7 Year Fixed Hybrid	<u>Gold Series</u> ___ 30 Yrs Fixed/ARM ___ 15 Yrs Fixed/ARM ___ 20 Yrs Fixed/ARM ___ 10 Yrs Fixed/ARM ___ 40 Yrs Fixed ___ 2 Yr ARM ___ 3 YR ARM ___ 5 YR ARM ___ 7 YR ARM ___ 10 YR ARM ___ 6 mo Libor ___ I/O	<u>Silver Series</u> ___ 30 Yrs Fixed/ARM ___ 15 Yrs Fixed/ARM ___ 40/30 Balloon ___ 50/30 Balloon ___ 2 Yr ARM ___ 3 YR ARM ___ 5 YR ARM ___ 7 YR ARM ___ 10 YR ARM ___ I/O	<u>Combo</u> ___ Silver ___ Freedom ___ Gold <u>2nd Lien Term</u> ___ 30 yr ___ 15 yr ___ 30/15 ___ Heloc ___ I/O

Prepayment Period: None 4 mo/6 mo 1 Yrs 2 Yrs 3 Yrs 4 Yrs 5 Yrs
 Type: Hard 1st Yr Hard – Remaining Soft Soft

Occupancy: O/O 2nd Home N/O/O
 Property Type: SFR PUD Condo (Attached/Detached) High Rise Condo
 Units (# of Units ___) Rural Condotel Low Rise Condo

Doc Type: Full Doc SIVA SISA Express Doc (1 yr employment)
 Alt Doc (**Bank Statements**) # mo _____ VISA NINA NIVA Expanded No Ratio
 Escrow Impounds: Yes No
 Mortgage Insurance: Not Required To Be Determined Impounds: Tax/Ins

PROPERTY INFORMATION

Appraised Value: _____ Sale Price: _____
 Loan Amount: _____ Loan Amount 2nd: _____ LTV: _____ CLTV: _____

BROKER'S SIGNATURE: _____ **DATE:** _____
AE SIGNATURE: _____ **DATE:** _____

3 IMPERIAL PROMENADE SUITES 120, SANTA ANA, CA. 92707 **TEL: 714.955.5550** FAX: 714.955.5995

Broker Acknowledgement: Please note: Any changes to the above information will require an updated Submission Form to be faxed immediately to Lexington Capital Corporation before loan documents will be released. The terms and conditions of the loan approval have been discussed with and accepted by the borrower(s). Lock must be confirmed to be valid. I am requesting that Lexington to issue loan approval. Revised: 4/25/2007