

Loan Re-Work Request Form

CONTACT INFORMATION							
Consumer Direct: Date:			NON-LICENSED ORIGINATOR:				
Acra Lending Loan #: Acra Lending LO:							
Borrower Name(s):							_
LOAN INFORMATION							
Requested Loan Amount: LTV:		LTV:	CLTV:				
Estimated Value:		Purchase Price:		FICO:			
Non-Prime Income Type:	Purpose:	Misc:		Property Type:			
☐ Full Doc W-2 or 1040s*	□ Purch	☐ Foreign National*		☐ Non-Warrantable Co	ndo*	□ PudTel*	
☐ 24 Months Bank Stmts*	☐ R&T Refi	☐ ITIN* ☐ Close in Entity*		□ Condo/PUD □ Short Term Rent			Rental
☐ 12 Months Bank Stmts*	☐ Cash-Out Refi	☐ TX 50(a)(6) O/O HM-		☐ 2-4 Units* ☐ SFR (2-4 unit 2nd Home are not ☐ SFR/PUD			
☐ 3 Months Bank Stmts*		Equity-C/O TX 50(f)(2) O/O HM-		permitted on Jumbo Prime)	□ Rural	
☐ Net Rents*	Occupancy:	Equity To R/T		□ Condoter			
☐ Asset Depletion*	□ 0/0	Term:		Jumbo Prime Only: Full Doc Required □ 30 Year Fixed			
☐ ATR in Full*	□ N/O/O	☐ 5/1 ARM (Std) ☐ 5/1 ARM with IO					
☐ Investor Cash Flow / NOO DSCR+ – NON-TRID*	□ 2nd	☐ 7/1 ARM		(No prepay allowed)			
(business purpose)		☐ 7/1 ARM with IO		Rate: Price	e:		
□ NOO DTI – NON-TRID*		☐ 30yr Fixed☐ 10/40 IO		*Not permitted on Jumbo Prime			
ACRA LENDING QUOTED GRADE							
Rate: %	Credit Grade:		PRICING				
Re-Work Request A loan CANNOT be re-worked from NON-PRIME to JUMBO-PRIME or vice versa. Re-submission will be required.						te Fee	
			Sta		Rate	F	:e
				Bank Statement AAA-B			
			Cash Out > 70%				
			Second Home				
			Close in Entity - NOO Only				
PLEASE PROVIDE THE FOLLOWING:			ATR	-in-Full			
Borrower Paid Comp (BPC):			I/O				
Origination % OR flat fee			ITIN				
Lender Paid Comp (LPC) %			Foreign National				
Appraisal Fee \$ (Must provide invoice)			Business LLC Borrower				
2 nd Appraisal Fee \$ (Must provide invoice)			FB/Mod Taken ≤ 6 MTH				
442 Fee \$ (Must provide invoice)			Loan Amount				
Credit Supplement \$ (Must provide invoice)			Non-Warrantable Condo				
List other fees to be redisclosed:							
				dotel/Pudtel			
(Fees not disclosed or under disclosed are subject to a RESPA cure)			2-4 Units				
			Rura	al			
			Prepays				
PROCESSOR MUST ALSO PROVIDE THE FOLLOWING:			Imp	ound Waiver			
 1003 reflecting the terms being requested Estimated settlement statement reflecting the terms being processed 			Rate	Extension-Buyup/Buydown			
Fully executed addendum to purchase contract IF there are changes to			DSC	CR Ratio			
purchase price, etc.			Sho	rt Term			
 Note: Additional documentation may be required New Title Prelim with amount changes 							
▼ New Title Freiiii with amount changes				It Care Facility			
				er			

Total