



AFFILIATED MORTGAGE COMPANY

Wholesale / Mini Correspondent

AUS/Manual Pre-Qualification Request

Send this completed form as cover with the following:

- a) Transmittal (1008/92900LT/VA Loan Analysis Worksheet)
- b) 1003 (completed in its entirety)
- c) Credit Report
- d) Signed/Dated Borrower's Authorization

Send to: submissions@affiliatedtpo.com

Borrower:	FICO:
Broker:	Contact:
Phone:	Fax:
E-mail Address:	AE:

<input type="checkbox"/> FNMA/FHLMC	<input type="checkbox"/> MCM	<input type="checkbox"/> DU RefiPlus
<input type="checkbox"/> FHA	<input type="checkbox"/> TX VLB	<input type="checkbox"/> VA

<input type="checkbox"/> Purchase	<input type="checkbox"/> Rate/Term	<input type="checkbox"/> Cash-Out \$ _____
<input type="checkbox"/> Refinance		Owned: <input type="checkbox"/> < 6 mos <input type="checkbox"/> > 6 mos <input type="checkbox"/> > 12 mos
LTV Needed: _____%		CLTV Needed: _____%
Estimated closing date: _____		Rural Property: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sales Price: \$ _____		Loan Amount: \$ _____
Loan Term: _____ Years		Lien Position: <input type="checkbox"/> First

<u>Occupancy</u>	<u>Property Type</u>	<u>Employment</u>
<input type="checkbox"/> O/O	<input type="checkbox"/> Det SFR	<input type="checkbox"/> Wage Earner
	<input type="checkbox"/> Att SFR	
<input type="checkbox"/> N/O/O	<input type="checkbox"/> Low-rise condo	<input type="checkbox"/> Self-employed
	# of stories _____	
<input type="checkbox"/> Second Home	<input type="checkbox"/> 2 units <input type="checkbox"/> 3-4 units	
	<input type="checkbox"/> High-rise condo	