

RESIDENTIAL REAL ESTATE REFINANCE

Client/Borrower: _____

Address: _____

Phone: (Home) _____ (Bus.) _____ (Cell) _____

Email: _____

SSN. _____ and _____ and _____

Property: _____

Bank/Lender: _____

Address: _____

Contact: _____

Phone: _____ Fax: _____ Email: _____

Loan Amount: \$ _____ Interest Rate: \$ _____

Rate Lock expires: _____

Commitment received? _____ Commitment expires: _____

Payoffs of Prior Mortgages:

1st Mortgage: _____

2nd Mortgage: _____

Other: _____

Other: _____

Releases needed: _____

Using CATIC Trac? _____

Closing Date: Preferred: _____

Have previous Title Policy? _____ Refinance Quote Apply? _____

Title Search ordered with: _____ Date ordered: _____

Date requested to receive Report: _____

Homeowner's/Hazard Insurance: Company _____

Contact: _____ Phone: _____

Fax: _____ Email: _____

Actual Closing Date: _____ Time: _____ Place: _____

All Parties Notified: Client: _____ Lender: _____

Wire/funds received: _____

Recording Service required: _____ ordered with _____ for _____

Recording information: _____

Documents returned to Bank/Lender _____

Checks disbursed _____ Title Policy returned to Title Company _____

OUTSTANDING CLOSING ISSUES _____

