Security Mortgage
FUNDING CORPORATION

LOAN PROGRAM / PRICE QUOTE

KEVIN'S FAX: (714) 939-6385
TEL: (714) 542-2090 x 105

PLEASE ALSO FAX COPY OF CREDIT REPORT

DATE: _____ TIME:_____BORROWER_____

COMPANY: _____ AGENT: _____

FAX QUOTE TO: _____ TEL: _____

SALE PRICE/VALUE: _____ LOAN AMOUNT: _____

LTV/CLTV: _____ FUNDS AVAILABLE: _____

PLEASE CIRCLE ALL APPLICABLE ITEMS

SFR PUD CONDO UNITS _____ OTHER_____

WAGE EARNER SELF-EMPLOYED RETIRED/ FIXED INCOME

OWNER NON-OWNER 2nd HOME PURCHASE R&T C/O $ _____

I. SUPRIME PRODUCTS: 1ST 2ND INTEREST ONLY

A. DOC TYPE: FULL DOC / BK STATEMENTS (BUS. or PERS.) STATED INCOME

B. PROGRAM TYPE: 2/28 3/27 30YR

II. PRIME PRODUCTS: 1ST 2ND INTEREST ONLY

A. DOC TYPE: FULL DOC REDUCED DOC (3 Mo. PITI Res.) NO RATIO (3 Mo. PITI Res.)

SISA (STATED INCOME STATED ASSET) NINA (NO INCOME NO ASSET)

B. PROGRAM TYPE:

FIXED: 30 YEAR 15 YEAR 20 YEAR 40/30 YEAR

ARM: 3/1 5/1 7/1 10/1 OTHER _____

PAY OPTION HELOC 1 MONTH 6 MONTH 1YR

PRIMARY INCOME EARNER FICO SCORE: _____ CO-BORR.: _____

TIME ON CURRENT JOB: _____ IF SELF EMPLOYED HOW LONG: _____

IS CO-BORROWER EMPLOYED: YES NO

* **FOR REFINANCE ONLY** TIME ON TITLE IN CURRENT PROPERTY: _____

PREPAYMENT ON EXISTING LOAN ? N Y $ _____ IMPOUNDS Y N

CURRENT RATE: _____ FIXED ARM NEG AM BALLOON

APPROX. DATE OF LAST REFI: _____ (NO MORE THAN 2 REFINANCES IN 1YR)

PROGRAM/ PRICE QUOTE: (To Be Completed by SMFC)

_____

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