



AFFILIATE

LOAN SUBMISSION FORM

Date: _____

1390 Willow Pass Road, Suite 560
 Concord, CA 94520
 Telephone: 925-808-7208 /Toll Free: 888-708-2713
 Fax: 925-808-7170

Email Loan submissions to
underwriting.concord@pcmloan.com

Account Executive: _____ Loan Number: _____

Branch Submitting Information

Branch Name: _____	Processor: _____
Loan Officer: _____	Phone: _____
Phone: _____	Fax: _____
Fax: _____	Email: _____
Email: _____	

Borrower/Co-Borrower Information

Borrower Email Address: _____

Borrower: _____ Co-Borrower: _____

Property Information

Property Address: _____
 City/State/Zip: _____ County: _____

Loan Program Information

PCM Loan #: _____	Program Code: _____	Loan Amt: _____
Appraised Value: _____	Purchase Price: _____	LTV / CLTV: _____
DTI: _____		

<u>Purpose:</u>	<u>Property Type:</u>	<u>Doc Type:</u>	<u>Occupancy:</u>
Purchase	SFR	Full	Owner Occupied
Rate/Term	# Units _____	Streamline	Non-Owner Occ
Cash Out	PUD	Other: _____	2 nd Home
	Condo		
	Townhouse		
	Project Name: _____		

Program Type:

Conv	Conv w/MI	FHA	FHA with DAP	VA	Conv with MCC
	Monthly	LPMI	Split MI – Up Front _____%	Single Pay	

Rate Information

Rate: _____	Locked: Yes No	Locked Date: _____
Price: _____	Index: _____	Margin: _____
Prepay Penalty: Yes No	PP Term: _____	Impounds: Yes No

Notes to PCM Concord Staff

