



6047 Tampa Ave., Suite 301
Tarzana CA 91356

INFORMATION NEEDED TO OPEN A REFINANCE ESCROW

Borrower Name: _____

Property Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Estimated Close Date: _____

Borrower Social Security number (S): #1 _____ #2 _____
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Open Title With: _____ NEW: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd or; <input type="checkbox"/> Piggyback Order # _____ New Loan amount: _____ Piggyback 2 nd amount: _____ Property Located in _____ County APN # _____

Existing Loans To Be Paid Off
FIRST LOAN: Lender Name: _____ Address: _____ Phone: _____ Loan Number: _____ Approximate balance \$ _____ <input type="checkbox"/> Order demand OR ; <input type="checkbox"/> Subordinate SECOND LOAN: Lender Name: _____ Address: _____ Phone: _____ Loan Number: _____ Approximate balance \$ _____ <input type="checkbox"/> Order demand OR ; <input type="checkbox"/> Subordinate

Homeowners Insurance
Insurance Company: _____ Agent: _____ Address: _____ Phone: _____ Fax: _____