CASE ASSIGNMENT REQUEST

203B ONLY

(Please send request to: FHACaseAssign@gmfslending.com along with a copy of the 1003)

PROPERTY ADDRESS AS PER USPS: _____

_____

BORROWER NAME (First, Middle, Last): _____

BORROWER: SSN:_____ DOB: _____

COBORROWER NAME (F,M,L): _____

COBORROWER: SSN:_____ DOB: _____

ORIGINATING LENDER: _____

ORIGINATOR NAME: _____

ORIGINATOR ID: _____

TAX ID#: _____

PROPERTY:
____ Existing
____ Proposed
____ Existing <1year
____ # of units (1-4)

LOAN TERM:
____ 180 Months
____ 360 Months

CONDO:
____ Yes Condo ID#_____
____ No

PURPOSE:
____ Purchase
____ R/T Refi
____ C/O Refi

Prior REO? ____ YES ____ No
If yes, prior Case # _____

IF REFINANCE:
Prior FHA ____ Yes ____ No
Prior FHA Case Number _____

IF STREAMLINE:
____ With Appraisal
____ Without Appraisal

MONTH/YEAR PROPERTY COMPLETED: _____ / _____