



## Closing Disclosure (CD) Request Form

|                          |                      |
|--------------------------|----------------------|
| <b>Loan Number:</b>      | <b>Closing Date:</b> |
| <b>Subject Property:</b> |                      |
| <b>Borrower's Name:</b>  |                      |

|                               |   |  |   |  |
|-------------------------------|---|--|---|--|
| CD REQUEST FORM               | <input type="checkbox"/> <b>Most Updated Fee Sheet</b>  |  |   |  |
|                               | Interest Credit Closing:  | <input type="checkbox"/> YES <input type="checkbox"/> NO | First Payment Date:                     |  |
|                               | Escrowed:   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Flood Zone:                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                               | Title Only Person:  | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |  |
|                               | Name:   |  |   |  |
|                               | SSN:  |  | Email:                                  |  |
|                               | <b>*POA – Must be approved by Underwriter, and please make sure name on license matches the POA</b> |  |   |  |
|                               | Lock Expiration Date:   |  | Agent/Other Credit:                     | \$   |
|                               | EMD Amount:   | \$   | Gift on CD:                             | \$   |
|                               | Seller Credit:  | \$   | Verified Fund<br>(Excluding Gift on CD) | \$   |
|                               | <input type="checkbox"/> <b>Property Tax Info Available in BytePro and Matches Info Below</b>       |  |   |  |
|                               | <i>Property</i>   | <i>City</i>  | <i>School</i>                           |  |
|                               | \$  | \$   | \$                                      |  |
|                               | <input type="checkbox"/> <b>Invoices uploaded for each item listed below to BytePro</b>             |  |   |  |
|                               | <b>Listing Agent:</b>   |  |   | <input type="checkbox"/> NOT APPLICABLE                  |
|                               | Listing Agent Company Name:   |  | Company License:                        |  |
|                               | Listing Agent Name:   |  | Agent License:                          |  |
|                               | Address:  |  |   |  |
|                               | Phone:  |  | Email:                                  |  |
|                               | <b>Selling Agent:</b>   |  |   | <input type="checkbox"/> NOT APPLICABLE                  |
|                               | Selling Agent Company Name:   |  | Company License:                        |  |
|                               | Selling Agent Name:   |  | Agent License:                          |  |
|                               | Address:  |  |   |  |
|                               | Phone:  |  | Email:                                  |  |
|                               | <b>Sellers Name and Address:</b>  |  |   | <input type="checkbox"/> NOT APPLICABLE                  |
| Name:                         |   | Email:   |   |  |
| Address:                      |   |  |   |  |
| <b>Title Company:</b>         |   |  |   |  |
| Title Company Name:           |   | Company License:   |   |  |
| Title Officer Name:           |   |  |   |  |
| Address:                      |   |  |   |  |
| Phone:                        |   | Email:   |   |  |
| <b>Settlement Company:</b>    |   |  |   |  |
| Settlement Company Name:      |   | Company License:   |   |  |
| Settlement Agent Name:        |   |  |   |  |
| Address:                      |   |  |   |  |
| Phone:                        |   | Email:   |   |  |
| <b>Vesting:</b>               |   |  |   |  |
| Vesting Type:                 |   |  |   |  |
| Details:                      |   |  |   |  |
| Comments:                     |   |  |   |  |
| <b>Requestor Information:</b> |   |  |   |  |
| Company Name:                 |   |  |   |  |
| Street Address                |   |  |   |  |
| City, State, and Zip          |   |  |   |  |
| Phone:                        |   | Email:   |   |  |
| Requested By:                 |   |  |   |  |

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_