

Lender Specific Mortgage Questionnaire Request

Notes:
All Forms are processed in 5 business days from the date this form is received with payment.

Provide the following information which is required to process a Lender Questionnaire from our office. Note FirstService Residential offers our own forms online; there are three options to choose from. Samples of our online forms may be viewed and purchased online at www.fsresidential.com (click on "Order Documents & Certificates"). Please ask your underwriter to review the online options to see if you may utilize one of our online forms at a discounted rate.

The cost for processing the lender form is \$250.00. The questionnaire must be mailed together with the request form and payment (checks only) to the address listed below. Processing will not begin until payment is received. All lender forms are processed within five business days.

Mail this form with your check made payable to FirstService Residential to:
FirstService Residential, Resale and Lender Processing, 21 Christopher Way, Eatontown, NJ 07724.

Please note that if the Questionnaire is needed for refinance purposes, you may also need to order an Account Verification Letters, which can be obtained on our website at www.fsresidential.com and clicking on the Refinance Account Verification button.

Section A - Requesting Company Information:

Requester's Name: <input style="width: 90%;" type="text"/>			
Phone #:	<input style="width: 200px;" type="text"/>	Ext. <input style="width: 50px;" type="text"/>	Fax #: <input style="width: 150px;" type="text"/>
E-mail:	<input style="width: 300px;" type="text"/>		Additional E-mail: <input style="width: 150px;" type="text"/>

Section B - Property Information:

Association Name: <input style="width: 90%;" type="text"/>	
Property Address: <small>(Street, City, State, Zip)</small>	<input style="width: 95%; height: 40px;" type="text"/>
Homeowner's Name / Borrower's Name: <input style="width: 90%;" type="text"/>	

Section C - Delivery Information:

<input type="checkbox"/>	Fax	<input type="text"/>	<input type="checkbox"/>	E-mail	<input type="text"/>
Comments: <div style="border: 1px solid black; height: 100px; width: 95%; margin-top: 5px;"></div>					