



LOAN SUBMISSION FORM

This form can be submitted:
By email: wholesale@alpinebanker.com
By fax: (201) 488-8819

Broker _____
Broker Contact _____
Broker Address _____

Alpine AE: _____
Broker ID# _____
Phone # _____
Fax # _____
Email _____

BORROWER INFORMATION

Borrower _____
Co-Borrower _____

SS# _____
SS# _____

PROPERTY INFORMATION

Address _____
State _____

City _____
Zip _____

Property Type Single Family Twnhse/Low-Rise Condo High-Rise Condo Multi-Family: 2 3 4
Occupancy Primary Residence Second/Vacation Home Investment Property

LOAN/PRODUCT DETAILS

Loan Purpose Purchase Rate/Term Refinance Cash-Out Refinance
Doc Type Full Doc Stated No Ratio NINA Stated/Stated No Doc
Loan Amount _____ Value _____ LTV/CLTV _____
Credit Scores Borrower Mid Score _____ Co-Borrower Mid Score _____
Mtg History 1X30 1X60 1X90 1X120 In Foreclosure
Bankruptcy Yes No Discharge Date _____
Notes _____

BROKER AUTHORIZATION

Signature _____

Date _____