



CAPITAL ALLIANCE ADVISORS, INC.

Rate Lock Form

(LOCK CUT-OFF TIME 3:00 P.M.)

Account Exec: _____

Borrower Information		Company Information	
Borrower:		Broker/Company Name:	
Borrower SSN#:		Contact:	
Co-Borrower:		E-Mail:	
Co-Borrower SSN#:		Address:	
Property Address:		City, State, Zip:	
City, State, Zip:		Phone:	Fax:
Doc Type:	Occupancy:	Property Type:	Loan Purpose:
<ul style="list-style-type: none"> • Full 24 <input type="checkbox"/> • Full 12 <input type="checkbox"/> • 24 (Bank Stmts.) <input type="checkbox"/> • 12 (Bank Stmts.) <input type="checkbox"/> • 6 (Bank Stmts.) <input type="checkbox"/> • Stated / Verified Assets <input type="checkbox"/> • Stated / Stated Assets <input type="checkbox"/> • No Ratio <input type="checkbox"/> • No Doc <input type="checkbox"/> 	<ul style="list-style-type: none"> • Prim. Residence <input type="checkbox"/> • 2nd Home <input type="checkbox"/> • Investment <input type="checkbox"/> 	<ul style="list-style-type: none"> • SFR <input type="checkbox"/> • 2 Units <input type="checkbox"/> • 3-4 Units <input type="checkbox"/> • High Rise Condo <input type="checkbox"/> • Low Rise Condo <input type="checkbox"/> • Modular <input type="checkbox"/> • 5+ Units <input type="checkbox"/> • Other _____ <input type="checkbox"/> 	<ul style="list-style-type: none"> • Purchase <input type="checkbox"/> • Refinance <input type="checkbox"/> • Cashout/Refi <input type="checkbox"/> \$ Amount: _____ • Constr/Rehab <input type="checkbox"/>
		Debt to Income:	
		• DTI = _____%	
1 st Mortgage		2 nd Mortgage	
<input type="checkbox"/> Alt A <input type="checkbox"/> Alt A-Flex <input type="checkbox"/> Enhanced 500+		<input type="checkbox"/> Piggyback <input type="checkbox"/> Stand Alone	
<input type="checkbox"/> Option Arm (12 MAT) <input type="checkbox"/> Portfolio		<input type="checkbox"/> HELOC (I/O) 10 yr draw/ 10 yr repayment =20 yr term	
<input type="checkbox"/> 6 mo L <input type="checkbox"/> 2/6 L <input type="checkbox"/> 3/6 L <input type="checkbox"/> 5/6 L <input type="checkbox"/> 7/6 L		<input type="checkbox"/> Closed End <input type="checkbox"/> Portfolio	
<input type="checkbox"/> 10/6 L <input type="checkbox"/> 30 Fix <input type="checkbox"/> 15 Fix <input type="checkbox"/> Other		Term: <input type="checkbox"/> 30/15 <input type="checkbox"/> 20/20 <input type="checkbox"/> 15/15	
Impounds: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other:	
Interest Only: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prepay: <input type="checkbox"/> Yes #Yrs. _____ <input type="checkbox"/> No		Prepay: <input type="checkbox"/> Yes #Yrs. _____ <input type="checkbox"/> No	
Loan Amount: \$ LTV:		Loan Amount: \$ CLTV:	
Rate: Margin: Rebate:		Rate: Margin: Rebate:	
Rate Lock Period: 21 Day <input type="checkbox"/> (today's rate) 30 Day <input type="checkbox"/> (add 0.125 to today's rate) 45 Day <input type="checkbox"/> (add 0.25 to today's rate)			
Rate Lock Extension: 15 Day <input type="checkbox"/> 30 Day <input type="checkbox"/> (Add 0.125 to rate for additional 15 days. Max 30 days from original lock.)			
<i>Notes:</i>			
Broker Confirmation		Rate Lock Confirmation <i>For CAFC use only</i>	
Broker Signature of Authorization: _____		Rate: _____ Margin: _____	
Date of Request: _____ Time of Request: _____		Authorized By: _____	
License Number: _____		Rebate: _____ Date: _____	
		Rate Lock Extended to: _____	

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Conditions Fax: 415-962-4155 • Conditions E-mail: conditions@calliance.com