



WHOLESALE DIVISION

*DOC/Closing Preparation Checklist
1st Mortgage*

Please FAX completed form to: _____

Date: _____ DOC Delivery Date: _____ Disbursement Date: _____
 Greystone Loan #: _____ Lock Expiration Date: _____
 Broker: _____ Contact: _____
 Tel: _____ FAX: _____ E-mail: _____

Borrower Name(s): _____
 Loan Amount: _____ Loan Type: _____ Pre-Pay? _____
 Term: _____ Interest Rate: _____ Appraised Value/Purch Price: _____

Closing Agent: _____ Contact: _____
 Closing Agent Telephone: _____ Closing Agent Fax: _____
 Closing Agent Address: _____

Closing DOC's Delivered Via: e-mail Title Company Pickup Airborne/Fed Ex Acct.# _____
 Will the borrower(s) be signing with a Power of Attorney: Yes No
 Escrow / Impounds: Yes No
 Escrow E-mail Address: _____
 Vesting: _____

Closing Fees	Payable To	Amount	POC	Buyer	Seller
Administrative Fee	Greystone	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
Discount Fee _____ %	Greystone	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
HELP Program (FHA Only)	Greystone	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
Yield Spread Premium _____ %	Broker by Greystone	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
Origination Fee _____ %		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
Broker Fee		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
Appraisal Fee		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Inspection Fee		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Report Fee		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application Fee		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing Fee		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
Flood Cert		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
Wire Fee		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
MIP or PMI Fee	Amt Financed: \$ _____	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
Other Fee: _____		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>
Other Fee: _____		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>

Loss Payee Clause: **Greystone Financial Group**
ISAOA/ATIMA
8925 So Pecos Road Suite #16-A
Henderson, NV 89074

*DOC's subject to ALL Prior to DOC
 Conditions being reviewed & signed off by
 Underwriting or Corporate Review*