



FHA CASE NUMBER ASSIGNMENT REQUEST FORM

* Required Property Address *

House#	Unit	Prefix	Street Name	Type		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
City			State	Zip Code	County	Code
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Required Borrower Data *

Borrower Name (Last, First MI)	SSN/TIN	Date of Birth (MM_DD_YYYY)
B1 <input type="text"/>	<input type="text"/>	<input type="text"/>
B2 <input type="text"/>	SSN/TIN <input type="text"/>	Date of Birth (MM_DD_YYYY) <input type="text"/>
B3 <input type="text"/>	SSN/TIN <input type="text"/>	Date of Birth (MM_DD_YYYY) <input type="text"/>
B4 <input type="text"/>	SSN/TIN <input type="text"/>	Date of Birth (MM_DD_YYYY) <input type="text"/>

* Required Info *

Is this a Sponsored Originator Case?

Sponsored Originator EIN:

Loan Officer Name: First Name: MI: Last Name:

Loan Officer NMLS ID: Construction Code: Existing New ADP Code

Loan Term

Amortization Type: Fixed ARM Housing Program Property Type

Type of Case:

If Purchase: Was this case previously sold as Real Estate Owner (previously sold by HUD)? Y N

If Refinance: Specify type of refinance:

All Refinances: (a) Select streamline refinance type: NOT STREAMLINED

(b) Is this a Cash-out Refinance: Y N

Prior FHA and prior REO cases: Enter case number of previous case:

Month/Year Completed:

Projected Closing Date:

Contact Name:

Contact Phone:

Contact email: