



REFINANCE INFORMATION FORM

Escrow No.: _____ **Property Address:** _____

We at e-escrows, inc. are pleased to be handling this refinance escrow for you. Your completion of the information requested below will help us enormously in the processing of this transaction. This document must be completed, signed and returned concurrent with the escrow instructions to the above address.

Existing First Trust Deed Lender: _____

Payment Address: _____

Phone Number: _____

Loan Number: _____ Approximate Balance \$ _____

Type of Loan: *Please check (x)* Conventional Equity Line/Line of Credit
 FHA Other

Existing Second Trust Deed Lender: _____

Payment Address: _____

Phone Number: _____

Loan Number: _____ Approximate Balance \$ _____

Type of Loan: *Please check (x)* Conventional Equity Line/Line of Credit
 FHA Other

Is this loan being Subordinated? *Please check (x)* Yes No

Other Items to be Paid:

Description/Payor: _____

Payment Address: _____

Phone Number: _____

Loan Number: _____ Approximate Balance \$ _____

Existing Fire/Hazard Insurance Company: _____

Agent Name: _____ Telephone Number: _____

Policy No.: _____ Facsimile Number: _____

Amount of Last Premium \$ _____ Expiration Date _____

If there is a **Homeowners' Association**, please provide the following information:

Name of Association: _____

Contact Person: _____ Telephone Number: _____

Name of Management Co.: _____

Contact Person: _____ Telephone Number: _____

Payment Address: _____

Monthly Fees \$ _____ Next Payment Due: _____

Master Policy Insurance Co.: _____

Agent's Name _____ Telephone Number: _____

REFINANCE INFORMATION FORM (CONT.)

During Escrow, I/we can be reached at the following:

Name of Borrower _____
Social Security No. _____ Home Telephone No. _____
Work Telephone No. _____ Pager No. _____
Cell Number _____ Fax Number _____
Mailing Address _____
E-Mail Address _____

Name of Borrower _____
Social Security No. _____ Home Telephone No. _____
Work Telephone No. _____ Pager No. _____
Cell Number _____ Fax Number _____
Mailing Address _____
E-Mail Address _____

NOTICE: IF ANY OF THE LOANS TO BE PAID ARE “EQUITY LINE” OR “LINE OF CREDIT”, A FREEZE WILL BE PLACED ON THE ACCOUNT. YOU MAY ALSO BE REQUESTED TO SURRENDER CHECKS AND/OR CREDIT CARDS FOR THE ACCOUNT. IF PAYMENTS ON ANY OF THE LOANS ARE UNDER AN AUTOMATIC PAYMENT PLAN, THE AUTOMATIC DEDUCTION MAY BE DISCONTINUED, EVEN THOUGH PAYMENT MAY BECOME DUE PRIOR TO CLOSE OF ESCROW. ALL PAYMENTS MUST BE KEPT CURRENT DURING ESCROW.

PLEASE NOTIFY YOUR ESCROW OFFICER IMMEDIATELY IF YOU HAVE QUESTIONS REGARDING YOUR PAYMENTS OR BELIEVE THERE MAY BE A PROBLEM WITH PAYMENTS DURING ESCROW.

The undersigned borrower(s) certify that the information provided above is true and correct. In the event the undersigned should obtain any other loans, liens, encumbrances and/or judgments that are not set forth above, the undersigned are fully aware that it is their responsibility to notify e-escrows, inc., immediately of same. The undersigned borrower(s) agree to hold e-escrows, inc. harmless from any and all responsibilities, liabilities and/or costs incurred in connection with any items not disclosed to e-escrows, inc. by the undersigned.

The undersigned borrower(s) hereby authorize(s) and instruct(s) the above named Lender(s)/Lien holder(s) to issue Payoff Statements and/or other written information, which may be requested by e-escrows, inc. In addition, the undersigned hereby request the above named Lender(s)/Lien holder(s) to freeze any/all Line(s) of Credit as indicated above.

√

Signature

√

Signature

Thank you for choosing e-escrows, inc.