



SECOND TRUST LOAN REFERRAL SUBMISSION FORM

Mortgage Loan Originator Lender Email

Originator NMLS Number Lender NMLS Number

Borrower Contact Information:

Applicant Name _____

Applicant Email _____

Applicant Phone Number _____

Co-Applicant Name _____

Co-Applicant Email _____

Co-Applicant Phone Number _____

Second Trust Product:

Home Equity Line of Credit: ____30 Year term ____40 Year term

Fixed rate Home Equity – Term in years: _____

10 Year Balloon Home Equity

Loan Purpose:

Purchase

Refinance

Scheduled Closing Date: _____

Title Company Name _____

Contact person _____

Contact Email & Phone _____

Important: You will be contacted by your Loan Processor with instructions for uploading the required documents to a secure folder. You may fax documents to 703-591-4168.

A list of our required documents and current rates can be found at <https://www.nextmarkcu.org/loan-referrals/>

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