

Please complete all applicable fields and email this form and supporting documentation to EZQUAL@BROKERSCHOICEMTG.COM. Please allow 24 hours for a response.

I. BROKER CONTACT INFORMATION

Broker Company _____ Requester Name _____
Requester Email _____ Requester Phone _____
BCM Account Executive _____

II. APPLICANT INFORMATION

APPLICANT 1 FULL NAME _____ Last 4 Digits of SSN _____
Business Name _____ Business Type _____
Percent Ownership _____ Minimum 1 Year Self-employed ☐ Yes ☐ No

III. INCOME ANALYSIS

Submit the following documentation for income analysis (self-employed only).

☐ 12 or ☐ 3 Months Bank Statements, which are ☐ Personal or ☐ Business or ☐ Co-mingled
☐ Product ☐ Service or ☐ RE Property Investor/Flipper/Developer Business # of Employees/Contractors _____

IV. LOAN STRUCTURE DESK

Submit the following additional information if you need assistance with credit grade and loan structuring.

☐ 2 Years Tax Returns ☐ Credit Report(s)
☐ Assets ☐ Lease Agreements (DSCR/No-ratio Loans)
☐ Business Narrative ☐

V. EXCEPTION REQUEST

If applicable, let us know if you are requesting a guideline exception and explain those details here.

VI. BROKER COMMENTS

Please share any information you believe will help us structure your loan, including any compensating factors, credit LOE, etc., so we may better serve you.

VII. LENDER RESPONSE