

Mortgage Accountability Association

*An Association of Real Estate Attorneys and Mortgage Professionals
Dedicated to Keeping the Mortgage Industry Accountable.*

LOAN REVIEW REQUEST FORM

After completing this form, please fax, email OR mail it to MAA at any of the following:

If by Fax	If by Email	If by Mail
FAX: (619) 270-9856 ATTN: Loan Review Department	docs@helpma.org	MAA ATTN: Loan Review Department 2820 Villas Way San Diego, CA 92108

LOAN DETAILS

Anticipated Close Date: _____ Refinance – or – Purchase (circle one) Property
Anticipated Date _____ Property Address: _____
YOU will Receive Loan Docs: _____
Escrow #: _____
Loan #: _____

Borrower's Information

Name: _____ (P): () -
Address: _____ (F): () -

(E): _____
Preferred Method of Receiving Your MAA LOAN REVIEW: _____

Mortgage Broker's -OR- Lender's Information [check one]

Mortgage Co.: _____ Officer: _____ (P): () -
Address: _____ (F): () -

(E): _____

Escrow / Closing Agent Information

Escrow Co.: _____ Officer: _____ (P): () -
Address: _____ (F): () -

(E): _____

Credit Card Information

1 Visa 1 Mastercard 1 Discover 1 Amex Pay Through Escrow? 1 Yes 1 No
Name on Card _____ Card # _____ - _____ - _____ - _____
Billing Address _____ Security ID # _____ (on back of card)
Expiration Date: _____

Amount Authorized to be charged: \$395

By signing below, you represent that either (1) you are the cardholder; or (2) you have been authorized by the cardholder to charge \$395 to the above-referenced credit card. MAA expressly disclaims any liability arising out of misrepresentations concerning such authorization.

Card Holder's Signature: _____ **Date:** _____

If MAA is paid through escrow (or reimbursed by the broker or lender), MAA will immediately refund payment to your credit card.