

Mortgage Insurance Application/Transmittal

Lender Name				MGIC ID Number			
TPO Loan Y N		Third Party Originator (TPO) Name, City & State			TPO MGIC ID Number		
Borrower Name				Co-Borrower Name			
First-Time Homebuyer Y N		Self-Employed Y N		Race/Gender Codes ⁽¹⁾ Race ____ Gender ____		First-Time Homebuyer Y N	
						Self-Employed Y N	
						Race/Gender Codes ⁽¹⁾ Race ____ Gender ____	
If refinance, is current loan insured by MGIC? Y N MGIC # _____							

Borrower-Paid		⁽¹⁾ This info is provided to the FFIEC. It is not used for U/W.					
Coverage ____ %		Premium Plan Options:					
Renewal Option Constant Declining		ZOMP! Monthly Premium Refund Option Refund No Refund		One-Time MI If One-Time MI is financed, Premium Financed \$ _____ Total Mortgage Loan Amt \$ _____		Split Premium Upfront .75% 1.50% 1.00% 1.75% 1.25% 2.00%	
						Level Annual	

Lender-Paid⁽²⁾		⁽²⁾ Subject to proper disclosure under HPA.					
Coverage ____ %		Premium Plan Options: Lender-Paid Singles Lender-Paid Monthly					

FICO Credit Score	
Brwr/Co Brwr ____ / ____	
Brwr 3/Brwr 4 ____ / ____	

DU[®] OR LP[®] - If Applicable			
Fannie Mae Desktop Underwriter [®]		Refer w/Caution ⁽³⁾ ____	
Approve	Refer	Expanded Approval ⁽³⁾ ____	
Freddie Mac Loan Prospector [®]		500 A-Minus ⁽³⁾	
Accept	Caution	⁽³⁾ Expanded Criteria Rates Apply	
		DU [®] or LP [®] Eligible Ineligible	

Lender AU System	
AU System ____	
Rating ____	

Submission Information (This information must be completed as applicable.)		
If submitting the FNMA 1008/FHLMC 1077: Borrower's Own Funds \$ _____ Gift \$ _____ Other \$ _____ Seller Contributions \$ _____ Manufactured Home Y N	Additional Information	If submitting the FNMA 1003/FHLMC 65: Appraised Value \$ _____ Property Detached Attached Project Name _____ Manufactured Home Y N

ARM/Temporary Buydown/Interest-Only - If Applicable		
ARM Index _____ Margin _____ Temporary Buydown ____ % Annual Adj. 6-Mo. Adj. Interest-Only I/O Term ____ Other _____	For ARMs complete the following: ____ Mos. to 1st Interest Rate Adjustment ____ Interest Rate Cap for 1st Adjustment ____ Mos. Between Subsequent Int. Rate Adj. ____ Interest Rate Cap for Subsequent Adj. ____ Life Cap	For GPM and other types of nonfixed payment loans, complete the following: ____ Months to First Payment Adjustment ____ Months Between Payment Adjustments ____ Payment Cap Per Adjustment ____ No. of Payment Adjustments

This application may be used for Mortgage Guaranty Insurance Corporation and MGIC Indemnity Corporation (each, MGIC). Coverage will be assigned by MGIC to the appropriate writing company.

Lender, by its authorized representative, represents that the information provided to MGIC on this form and all additional documentation and information provided to MGIC, whether prepared or submitted by the Lender, originator (if different from Lender), borrower, appraiser or any other person or entity, is true, correct and complete. This representation is relied upon by MGIC in insuring this loan.

Person to Contact (please print)	Email Telephone #	Signature of Lender's Authorized Representative Date ____ / ____ / ____
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