

Mortgage Insurance Application/Transmittal

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

Borrower-Paid

⁽¹⁾This info is provided to the FFIEC. It is not used for U/W.

Coverage _____ %	Premium Plan Options:			
	<input type="checkbox"/> ZOMP! <input type="checkbox"/> Monthly Premium Refund Option <input type="checkbox"/> Constant <input type="checkbox"/> Declining	<input type="checkbox"/> One-Time MI If One-Time MI is financed, Premium Financed \$ _____ Total Mortgage Loan Amt \$ _____	Split Premium Upfront <input type="checkbox"/> .75% <input type="checkbox"/> 1.50% <input type="checkbox"/> 1.00% <input type="checkbox"/> 1.75% <input type="checkbox"/> 1.25% <input type="checkbox"/> 2.00%	<input type="checkbox"/> Level Annual <input type="checkbox"/> Standard Annual

Lender-Paid⁽²⁾

⁽²⁾ Subject to proper disclosure under HPA.

Coverage _____ %	Premium Plan Options: <input type="checkbox"/> Lender-Paid Singles	<input type="checkbox"/> Lender-Paid Monthly
------------------	--	--

FICO Credit Score

Brwr/Co Brwr _____ / _____

Brwr 3/Brwr 4 _____ / _____

DU[®] OR LP[®] - If Applicable

Fannie Mae Desktop Underwriter [®]	<input type="checkbox"/> Refer w/Caution ⁽³⁾ _____ <input type="checkbox"/> Approve <input type="checkbox"/> Refer <input type="checkbox"/> Expanded Approval ⁽³⁾ _____	DU [®] or LP [®]
Freddie Mac Loan Prospector [®]	<input type="checkbox"/> 500 A-Minus ⁽³⁾ _____ <input type="checkbox"/> Accept <input type="checkbox"/> Caution <small>⁽³⁾ Expanded Criteria Rates Apply</small>	<input type="checkbox"/> Eligible <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> N	If submitting the FNMA 1003/FHLMC 65: Appraised Value \$ _____ Property <input type="checkbox"/> Detached <input type="checkbox"/> Attached Project Name _____ Manufactured Home <input type="checkbox"/> Y <input type="checkbox"/> N
--	---

ARM/Temporary Buydown/Interest-Only - If Applicable

<input type="checkbox"/> ARM Index _____ Margin _____ <input type="checkbox"/> Temporary Buydown _____ % <input type="checkbox"/> Annual Adj. <input type="checkbox"/> 6-Mo. Adj. <input type="checkbox"/> Interest-Only I/O Term _____ <input type="checkbox"/> 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
--	---	--

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. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or files a claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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