



TFS Mortgage Corporation, Inc.

*Licensed Mortgage Banker – N.S.
New Jersey Department of Banking & Insurance*

SCENARIO REVIEW REQUEST

DATE FAXED: _____

REP NAME: _____

CLIENT NAME: _____

PROGRAM DESIRED: _____

DOCUMENTATION: FULL DOC NO-INCOME NO DOC
(CIRCLE ONE)

OCCUPANCY: OWNER SECOND HOME INVESTOR
(CIRCLE ONE)

MONTHLY INCOME: _____

ASSETS: _____

RATIOS: _____

LOAN AMOUNT: _____

LTV: _____

SCENARIO: _____

RESPONSE: _____

***Division of Tomorrow's Financial Services, Inc.
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