

EZ-REFI PROGRAM APPLICATION Puerto Rico

The EZ-Refi Program is for those loans that are currently insured by CMG Mortgage Insurance Company (CMG MI). The submitting lender must be the current originator or servicer and must have the original underwriting file. Refer to CMG MI's website at www.cmgmi.com for program requirements. If you have any questions, please contact CMG MI at 888.746.6264. **Please fax the fully completed, signed and dated CMG MI EZ-Refi Program Application, along with required documentation to 888.763.2264.**

CMG MI Master Policy #: _ _ _ _ _ - _ _ _ _ _ - _ _ CMG MI Customer Name: _____ Address: _____ _____ _____	CONTACT INFORMATION: Name: _____ Phone #: _____ Fax #: _____ Email: _____												
Current CMG MI Certificate #: _____ Current Loan #: _____ New Refinance Loan #: _____	SUBJECT PROPERTY ADDRESS: _____ _____ _____												
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Borrower Name(s)</th> <th style="text-align: left;">FICO</th> <th style="text-align: left;">Credit Source</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> Overall Loan Rep FICO: _____	Borrower Name(s)	FICO	Credit Source	_____	_____	_____	_____	_____	_____	_____	_____	_____	Appraised Value: _____ <input type="checkbox"/> New appraisal (Value is based on a new appraisal and the lender represents that the value is appropriately supported by the appraisal.) <input type="checkbox"/> Original appraisal (Value is based on the original appraisal and the lender represents that the value has not declined since the original appraisal.)
Borrower Name(s)	FICO	Credit Source											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
Provide the terms of the refinance that apply: Loan Amount: \$ _____ Premium Financed: \$ _____ Total Loan Amount: \$ _____ Interest Rate: _____ Loan Type: <input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> Other _____ Subordinate Financing: \$ _____ Amortization Term: _____ months	Adjustable Rate/Adjustable Payment Data: Initial Payment Rate: _____ % ARM 1 st /Next Interest Rate Adj: _____ / _____ mos ARM 1 st /Next Interest Rate Cap: _____ / _____ % Temporary Buydown Information: <input type="checkbox"/> 1-0% <input type="checkbox"/> 2-1% <input type="checkbox"/> 3-2-1% <input type="checkbox"/> Other _____ Frequency of Buydown Adjustments: _____ months												
MORTGAGE INSURANCE COVERAGE: Coverage: _____ % <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Renewal Type: <input type="checkbox"/> Constant <input type="checkbox"/> Amortizing Rollover Refund: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Refund Type: <input type="checkbox"/> Refund <input type="checkbox"/> No Refund </td> <td style="width: 50%;"> Payment Plan: <input type="checkbox"/> EZ MonthlySM <input type="checkbox"/> MONTHLY <input type="checkbox"/> Level Annual <input type="checkbox"/> CMG Single Premium </td> </tr> </table>		Renewal Type: <input type="checkbox"/> Constant <input type="checkbox"/> Amortizing Rollover Refund: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Refund Type: <input type="checkbox"/> Refund <input type="checkbox"/> No Refund	Payment Plan: <input type="checkbox"/> EZ Monthly SM <input type="checkbox"/> MONTHLY <input type="checkbox"/> Level Annual <input type="checkbox"/> CMG Single Premium										
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<p>Customer represents that all of the information provided in this application is true, accurate and complete and conforms to applicable CMG MI program requirements in effect at the time of application. Insurance coverage is provided by CMG MI in reliance on the representations of the applicant. Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p>													
SIGNATURE OF AUTHORIZED REPRESENTATIVE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">PRINT NAME</td> <td style="width: 50%;">DATE SIGNED</td> </tr> </table>	PRINT NAME	DATE SIGNED										
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The submitting lender must be the current originator or servicer and must be able to provide the original loan file and the refinance file to CMG MI upon request. The loan must be submitted to the Underwriting Network Office for review and approval.

Required Documentation to be submitted to CMG MI:

1. CMG MI EZ-REFI Program Application
2. Uniform Residential Loan Application (Fannie Mae1003/Freddie Mac 65)
3. Uniform Underwriting Transmittal Summary (Fannie Mae 1008/Freddie Mac 1077) with income and assets.

Fax the fully completed CMG MI EZ-REFI Application, signed and dated by an authorized representative of the Master Policyholder, along with the required documentation to:

CMG MI Underwriting Network Office Fax #: 888.763.2264

CMG MI Underwriting Network Office Phone#: 888.746.6264