



RATE AND FEE LOCK FORM

(Lock Cut Off time is 3:30 pm)

Email Lock Request To: lock.requests@ahecorp.com

Lock Fax Number 866-461-9622

BROKER: _____ Person completing form: _____

Contact Phone: _____ Fax: _____ Email: _____

Account Manager: _____ AHE Loan No.: _____

Borrower Name: _____ SS#: _____

Co-Borrower Name: _____ SS#: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Loan Amount: \$ _____ Sales Price: \$ _____ Appraised Value: \$ _____

LTV: _____% CLTV: _____%

Qualifying FICO Score: Borrower: _____ Co-Borrower: _____ Debt Ratio: _____%

Program:	Conv	FHA	Type:	ARM	FIXED						
Loan Term:	40	30	25	20	15	10	ARM Type:	3/1	5/1	7/1	10/1
Property:	SFR	PUD	Condo>4 stories	Condo<4 stories	Units#	_____	Occupancy	O/O	N/OO	2nd Home	
Purpose:	Purchase	Rate/Term Refi	Cash/Out Refi	Amount of Cash Out	\$	_____					
Temporary Buydown:	YES	NO	Buydown Type:	2/1	1/0						
Interest Only:	YES	NO	Impound Account?:	YES	NO						

AHE Rate Sheet Program Code: _____ Lock Days (circle one) 10 12 25

CAPS: First Adjustment Cap: _____% Periodic Cap: _____% Life Cap: _____%

Interest Rate: _____% Margin: _____% Rebate/Cost: _____%

Projected Funding Date: _____

Comments: _____