



NONQM EXCEPTION REQUEST FORM

Contact Details			
Loan Number:		Date:	
Correspondent Name:		Contact Person:	
Contact Phone:		Contact Email:	

Borrower Information			
Borrower 1 FICO:		Borrower 1 Time in Employment:	
Borrower 2 FICO:		Borrower 2 Time in Employment:	
Borrower 3 FICO:		Borrower 3 Time in Employment:	
Borrower 4 FICO:		Borrower 4 Time in Employment:	

Property Information			
Property City:		Property State:	
Property County:		Property Type:	
Occupancy:		If Condo, Warrantable?	

Transaction Information			
Transaction Type:		Loan Amount:	
Appraised Value:		Purchase Price:	
Loan To Value:		Combined Loan to Value:	
Cash out Amount:		Cash out Purpose:	
Occupant HTI:		Occupant DTI:	
Overall HTI:		Overall DTI:	
Doc Type:		Loan Type:	
Proposed Rents(if ICF):		DSCR:	

Exception Request Details		
Type	Check Applicable	Describe relative to guideline
Loan Amount	<input type="checkbox"/>	
LTV	<input type="checkbox"/>	
CLTV	<input type="checkbox"/>	
Debt Ratio	<input type="checkbox"/>	
Collateral	<input type="checkbox"/>	
Credit Score	<input type="checkbox"/>	
Credit History	<input type="checkbox"/>	
Documentation	<input type="checkbox"/>	
Assets/Reserves	<input type="checkbox"/>	
Other (describe below):		





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Compensating Factors	
Type	Check Applicable
Loan To Value 10% or more under requirement	<input type="checkbox"/>
FICO 20 points or more above requirement	<input type="checkbox"/>
Total Debt 10% or more under requirement	<input type="checkbox"/>
Reserves 12+ months more than requirement	<input type="checkbox"/>
Residual Income \$3k or more	<input type="checkbox"/>
Long Term Employment (>5 years)	<input type="checkbox"/>
Long Term Homeownership (>5 years)	<input type="checkbox"/>
Minimal Consumer Debt	<input type="checkbox"/>
Reduction in housing/mortgage payment	<input type="checkbox"/>
Provided 24 months bank statements	<input type="checkbox"/>
DSCR 1.25 or greater	<input type="checkbox"/>

Requestor Comments

Compensating Factors		
Approved <input type="checkbox"/>	Countered <input type="checkbox"/>	Denied <input type="checkbox"/>

Credit Risk Comments

Pricing Impact

Senior Underwriter: _____ Date: _____

