



**Starcrest Escrow, Inc.**

12235 Beach Boulevard, Suite 100 • Stanton, CA 90680  
(714) 622-1570 • Fax (714) 622-1577

**Request to Open Refinance Escrow**

**FAX REQUEST TO:714-622-1577**

Broker Name: \_\_\_\_\_

Broker Phone #: \_\_\_\_\_

Date \_\_\_\_\_ Escrow#: \_\_\_\_\_

**BORROWER(S) INFO**

Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Borrowers Mailing Address (if different from situs):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SITUS ADDRESS INFO**

\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Park Name: \_\_\_\_\_

Park Phone #: \_\_\_\_\_

**HOME INFO**

Decal #: \_\_\_\_\_

Serial #: \_\_\_\_\_

HUD/Insignia #: \_\_\_\_\_

Make/Manufacturer: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Year: \_\_\_\_\_

Size (W x L): \_\_\_\_\_

**EXISTING LIENHOLDER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Acct./File #: \_\_\_\_\_

**NEW LIENHOLDER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Acct./File #: \_\_\_\_\_

Adding/Deleting Anyone From Title? Yes ! No !  
(Note: If yes, escrow must order tax clearance, which may result in pre-collection of property taxes through escrow)

\*\*\*Debt consolidation requires copies of statements **OR** a list of the payee name, address, account number, and amount to be paid.

**SPECIAL INSTRUCTIONS/COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>LOAN INFORMATION</b>	
\$ _____	Lender Payoff Thru _____
\$ _____	Payoff Per Diem _____
\$ _____	Cash to Customer _____
\$ _____	Debt Consolidation *** _____
\$ _____	Base Loan Amount _____
\$ _____	DOH/HCD Titling Fee _____
\$ _____	Escrow Fee _____
\$ _____	Loan Fee _____
\$ _____	Flood Fee _____
\$ _____	Document Fee _____
\$ _____	Lender Disc./Points _____
\$ _____	Broker Fee _____
\$ _____	Principal Balance of Loan _____