



LDP / GSA

Date Completed: _____

| | | Records Found | |
|-----------------|----------------------|--------------------------|--------------------------|
| | | YES | NO |
| 1 st | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 rd | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 th | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Seller(s):

| | | | |
|-----------------|----------------------|--------------------------|--------------------------|
| 1 st | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Loan Officer:

| | | |
|----------------------|--------------------------|--------------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------|--------------------------|--------------------------|

Loan Underwriter:

| | | |
|----------------------|--------------------------|--------------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------|--------------------------|--------------------------|

Processor:

| | | |
|----------------------|--------------------------|--------------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------|--------------------------|--------------------------|

Listing Agency:

Agent:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Selling Agency:

Agent:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Appraisal Company:

Appraiser:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Escrow Company:

Escrow Officer:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Title Company:

Title Officer:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Donor:

Notary:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|