FHA Case Number Assignment Request Form

FCM Loan Number	FHA Case Number
SELLER INFORMATION	
Company Name:	Date/Time of Request:
Contact Name:	EIN:
Contact Phone Number:	Contact Email:
Loan Officer Name:	LO NMLS ID:
BORROWER INFORMATION	
BORROWER 1:	CAIVRS Number:
First Name Middle Initial	Last Name:
Social Security Number:	Date of Birth:
BORROWER 2:	CAIVRS Number:
First Name Middle Initial	Last Name:
Social Security Number:	Date of Birth:
PROPERTY INFORMATION (must include complete address with prefix/post directions, if applicable)	
House Number: Unit: Month/Year Property Built:	
Complete Address: City:	State: Zip:
County: Lot: (if new construction)	Number of Units: Loan Term:
TYPE OF CASE:	
ADP Code: 703 734 (condo)	
Type of Case: Forward Purchase Forward Refinance:	
Construction Code: Existing New (less than one year)	
If Refinance, Specify Type of Refinance: Not a Refinance Prior FHA Prior Conventional	
Cash-out Refinance? YesNo Streamline Refinance? YesNo With Appraisal? Yes No	
If Purchase, was this case previously sold as real estate owned (HUD previously sold)? Yes No	
Processing Type: N/A HUD REO with appraisal HUD REO without appraisal	
Prior FHA or Prior REO Case Number:	
Is this property a condo? Yes No Condo project approved? Yes No FHA Project ID:	

Comments: