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Generic HELOC Questionnaire

<i>Internal Use Only:</i>	Completed By: _____
Date Received: _____	Customer Notified: _____

It is your responsibility to review the terms of the documents to ensure that these work with your program.¹ Please complete this questionnaire and return to compliance@docmagic.com or call 800-649-1362.

Account Number: _____ Date: _____

Company Name: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

To process a free sample loan package, enter "SAMPLE" as the borrower's last name. Available in all states except for Texas.

Plan Code	Draw (Years)	Repay (Years)	Teaser (Months)	Credit Card	Minimum Payment	
					Draw	Repay
HELOC1	5, 10, 15	0, 5, 10, 15, 20	0	Y	Greater of i) \$100 or ii) Interest	1/[months in Repayment Period] plus interest
HELOC2	5, 10, 15	0, 5, 10, 15, 20	3	Y		
HELOC3	5, 10, 15	0, 5, 10, 15, 20	0	N		
HELOC4	5, 10, 15	0, 5, 10, 15, 20	3	N		
HELOC5	5, 10, 15	0, 5, 10, 15, 20	0	Y	Interest	
HELOC6	5, 10, 15	0, 5, 10, 15, 20	3	Y		
HELOC7	5, 10, 15	0, 5, 10, 15, 20	0	N		
HELOC8	5, 10, 15	0, 5, 10, 15, 20	3	N		

1) **Plan Codes** - Which of the above HELOC Plan Codes would you like to include in your package?

If you would like a HELOC plan code with a different value than stated in the table above, please list the Plan Code, above, and list only your requested changes below (if all values are above, please leave this section blank):

a) Draw Period Years/Months: _____ (min. 5 yrs)

b) Repay Period Years Months _____

c) Teaser Months: _____ (maximum 12 months)

d) **(HELOC1 - HELOC4 only)** Minimum Payment during Draw Period: Greater of i) \$_____ or ii) Interest.

¹ Pursuant to the License and User Agreement, these documents are defined as GENERIC HELOCS. Your use of these documents is governed according to this License and User Agreement.

2) Fees. Default fees are listed below (also see HELOC fee matrix for state specific information). If you would like to change one of these values to a lower amount, please enter the desired value or "\$0.00". If you do not wish to make a change, please leave the section blank.

- a) Annual fee = \$100 (if Annual Fee button checked in the worksheet) \$ _____
- b) Returned Check Fee= \$25 (subject to state limitations) \$ _____
- c) Over Limit Fee = \$20 (subject to state limitations) \$ _____
- d) Stop Payment Fee = \$20 (subject to state limitations) \$ _____
- e) Early Termination Fee = \$350 \$ _____
- f) Other Fees (please list) *customer is responsible for state-specific compliance for below fees:*
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

The following fee may not be changed:

Late Days & Fee = 10 days, 5% (subject to state limitations – see late fee matrix) (no changes)

3) Terms - if you would like to change any of the below default values, please enter the desired value.

- Index – Prime Rate as published in the Wall Street Journal _____
- Initial Advance – N/A (audit) _____
- Minimum Advance – N/A _____
- Minimum Balance – N/A _____

The below items may not be changed:

- APR Change Date – First Day of the Billing Cycle
- Billing Cycle – Monthly
- Rounding - There is no rounding for either the dollar payment or APR

4) Audits

- 1) Draw (months) + Repay (months) must equal the Term and Amortization periods. (Fatal audit).
- 2) Draw Period must equal 5, 10, or 15 years. (Fatal audit). ** Minimum Draw is 5 yrs.
- 3) Repayment Period must equal 0, 5, 10, 15, or 20 years. (Fatal audit).
- 4) If Teaser Months = Zero, then the Current Index plus the Margin must equal the Start Rate. (Fatal Audit).
- 5) If prepayment = Y, then months value must be entered.
- 6) Texas – These documents are not yet available. (Fatal Audit)
- 7) WV – Plans with credit cards are not permitted in this state.
- 8) Annual Fee audits where not permitted per state matrix.
- 9) Ceiling Rate must = 18% (NC is 16%)
- 10) Annual Fee audit (see fee matrix)

Other Information:

I agree and understand that it is my responsibility to review the terms of the documents to ensure that these work with my program. DocMagic does not guarantee that these documents will match your particular loan program. The use of these documents signifies that I have reviewed and approved these documents.

 Signature of Contact

 Date