



**CALIBER**  
**HOME LOANS**

P.O. Box 24610  
Oklahoma City, OK 73124-0610

## **ESCROW ESTABLISHMENT**

Dear Valued Customer:

Please fill out the enclosed form with the appropriate information to request an escrow account for taxes and/or insurance on your loan with Caliber Home Loans, Inc.

To qualify for an escrow account:

- This loan must be a first mortgage.
- The loan balance must be more than \$50,000.
- Taxes and insurance must be paid current.
- You must pay any bill for tax or insurance that will be due within the next 90 days.

Return the form to us in the enclosed envelope with copies of your paid insurance and tax bills. If you have any questions, please feel free to call me at the above number.

Sincerely,

Customer Service  
800-401-6587

**ESCROW ACCOUNT REQUEST – TAX AND INSURANCE INFORMATION**

Return Completed Form To: Caliber Home Loans, Inc.  
Attn: Escrow  
P.O. Box 24610  
Oklahoma City, OK 73124  
800-772-9760 Phone  
405-608-2005 Fax

**PART I – SUMMARY INFORMATION**

Caliber Loan Number: \_\_\_\_\_  
Borrower(s): \_\_\_\_\_  
Property Address: \_\_\_\_\_

**PART II – TAXES DETAIL INFORMATION (Complete all that apply)**

**County Taxes**

Taxing Authority: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Taxes are paid: (Circle one) Quarterly Semi Annually  
Annually

Date Taxes Due (If quarterly or semi-annually, list all due dates): \_\_\_\_\_

Date Taxes Last Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Tax Year Paid For: \_\_\_\_\_ Date Taxes Delinquent: \_\_\_\_\_

**City Taxes**

Taxing Authority: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Taxes are paid: (Circle one) Quarterly Semi Annually  
Annually

Date Taxes Due (If quarterly or semi-annually, list all due dates): \_\_\_\_\_

Date Taxes Last Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Tax Year Paid For: \_\_\_\_\_ Date Taxes Delinquent: \_\_\_\_\_

**School Taxes**

Taxing Authority: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Taxes are paid: (Circle one) Quarterly Semi Annually  
Annually

Date Taxes Due (If quarterly or semi-annually, list all due dates): \_\_\_\_\_

Date Taxes Last Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Tax Year Paid For: \_\_\_\_\_ Date Taxes Delinquent: \_\_\_\_\_

**PART III – INSURANCE DETAIL INFORMATION (Complete all that apply)**

**Hazard/Homeowners Insurance**

Company: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Coverage Amount: \_\_\_\_\_

Premium: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

**Other Insurance**

Company: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Coverage Amount: \_\_\_\_\_

Premium: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

For any additional tax or insurance information, please attach a separate sheet. Thank you.