

**STATE OF MARYLAND
 COMMISSIONER OF FINANCIAL REGULATION
 500 North Calvert Street, Suite 402
 Baltimore, Maryland 21202**

Net Tangible Benefit Worksheet

Loan #:

This Net Tangible Benefit Worksheet has been prescribed by the Commissioner of Financial Regulation in conformity with COMAR 09.03.06.20 and COMAR 09.03.09.04 (Duty of Care). Persons complying with these regulations shall use a form substantially similar to this form.

All information must be typed or printed.
 This form shall be maintained in the broker/lender licensee's loan files pursuant to COMAR 09.03.06.04 "Records".

Name of Borrower(s): _____

Mortgage Originator Name:			
Employer:			
MD License #:			
Business Address:			
City:	State:	Zip code:	
Direct Tel #:	Toll Free #:		
Fax:	Email:		

Lender Name:			
MD License #:			
Business Address:			
City:	State:	Zip code:	
Direct Tel #:	Toll Free #:		
Fax:	Email:		

Broker Name:			
MD License #:			
Business Address:			
City:	State:	Zip code:	
Direct Tel #:	Toll Free #:		
Fax:	Email:		

I/We, the undersigned borrower(s), plan to enter into a transaction which refinances one or more existing mortgage loans with a new mortgage loan secured by my/our home located at:

Address _____
City _____ **State** _____ **Zip code** _____

I/we acknowledge that:



