



## LOAN APPLICATION CHECKLIST

### DOCUMENTS ENCLOSED AND REQUIRED

- Uniform Residential Loan Application
- Borrower Contact Certification
- Certificate of Business Purpose of loan
- Equal Credit Opportunity Act Disclosure
- Borrower(s) Certification and Authorization / Authorization to Release Information
- Certificate of Non-Owner Occupancy
- Loan Purpose Letter (Handwritten stating what the funds will be used for)
- Confidential Statement of Information
- Borrower Identification Information
- Fair Lending Notice (The Housing Financial Discrimination Act of 1977)
- Disclosure Notices
- Property Appraisal (order appraisal from approved list attached)
- Notice to Applicant(s) of Right to Receive copy of Appraisal Report
- Completed W-9 by borrower and Broker
- Request for Transcripts of Tax Returns (4506T)
- Patriot Act Information Disclosure
- Acknowledge, Representation and Warranties
- Declaration of Oral Disclosure(s)
- Provide a copy of your most current Homeowners Hazard Insurance or contact information (for new policies)
- Copy of Credit Report within three month (If older need new credit report)
- Copy of most current Bank statements for Three(3) months (all accounts and all pages)
- Copy of Federal Tax Returns (most current 2 years)
- Copy of most recent Appraisal Report (within 4 months)

### DOCUMENTS REQUIRED IF APPLICABLE

- Purchase Agreement and all Counter Offers
- Preliminary Title Report
- Copy of Rental Agreements or Lease Agreements
- Credit Explanation
- Copy of First Mortgage Lien and Mortgage Statement (for Refinance, 2<sup>nd</sup> or 3<sup>rd</sup> loans)
- Copy of TRUST
- Competency age letter from Doctor, Lawyer, or CPA (for any borrower 65 years and older)
- Corporation or LLC Documentation (Articles of Organization, By-Laws, W-9, Operating Agreement)
- Copy of Homeowner Association Documents (HOA) and Master Insurance Policy
- Rehab Estimates of Repairs (Only if this loan will be for a flip or construction)
- Investor Rehab letter of Experience (Only if the loan will be for a flip or construction)
- Contractor Information

**VESTING:** \_\_\_\_\_  
(Enter Vesting exactly as it will appear)

**BROKER TO BE PAID:** \_\_\_\_\_  
(If loan submitted by Loan Broker)

**Mail to:**  
GW Private Capital Inc.

**E-Mail to:**  
loans@gwprivatecapitalinc.com

15820 Whittier Blvd., Suite E. Whittier, CA 90603 (562) 789-1000

[www.gwprivatecapital.com](http://www.gwprivatecapital.com)

BRE #01988401

# Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower", as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when  the income or assets of a person other than the "Borrower" (including the Borrower's spouse) will be used as a basis for loan qualification or  the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

|   |                              |   |   |   |   |
|---|------------------------------|---|---|---|---|
| Borrower  | Co-Borrower                  | <b>I. TYPE OF MORTGAGE AND TERMS OF LOAN</b>                      |   |   |   |
| <b>Mortgage Applied for:</b> <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Other (explain): _____  |                              | Agency Case Number  |   | Lender Case Number  |   |
| <input type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service  |                              |   |   |   |   |
| Amount \$   | Interest Rate %              | No. of Months   | <b>Amortization Type:</b> <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain): _____<br><input type="checkbox"/> GPM <input type="checkbox"/> ARM (type): _____  |   |   |
| <b>II. PROPERTY INFORMATION AND PURPOSE OF LOAN</b>   |                              |   |   |   |   |
| Subject Property Address (street, city, state, & ZIP)   |                              |   |   |   | No. of Units  |
| Legal Description of Subject Property (attach description if necessary)   |                              |   |   |   | Year Built  |
| Purpose of Loan <input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain): _____<br><input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent |                              |   |   | Property will be: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment |   |
| <i>Complete this line if construction or construction-permanent loan.</i>   |                              |   |   |   |   |
| Year Lot Acquired   | Original Cost                | Amount Existing Liens   | (a) Present Value of Lot  | (b) Cost of Improvements  | Total (a+b)   |
|   | \$                           | \$  | \$  | \$  | \$  |
| <i>Complete this line if this is a refinance loan.</i>  |                              |   |   |   |   |
| Year Acquired   | Original Cost                | Amount Existing Liens   | Purpose of Refinance  | Describe Improvements   | <input type="checkbox"/> made <input type="checkbox"/> to be made   |
|   | \$                           | \$  |   | Cost: \$  |   |
| Title will be held in what Name(s)  |                              |   | Manner in which Title will be held  |   | Estate will be held in:<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Leasehold (show expiration date) |
| Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain)   |                              |   |   |   |   |
| <b>Borrower</b>   |                              | <b>III. BORROWER INFORMATION</b>                                  |   | <b>Co-Borrower</b>  |   |
| Borrower's Name (include Jr. or Sr. if applicable)  |                              |   | Co-Borrower's Name (include Jr. or Sr. if applicable)   |   |   |
| Social Security Number  | Home Phone (incl. area code) | DOB (mm/dd/yyyy)  | Yrs. School   | Social Security Number  | Home Phone (incl. area code)  |
|   |                              |   |   |   |   |
| <input type="checkbox"/> Married (includes registered domestic partners)<br><input type="checkbox"/> Unmarried (includes single, divorced, widowed)<br><input type="checkbox"/> Separated                                     |                              | Dependents (not listed by Co-Borrower)<br>No. _____<br>Ages _____ | <input type="checkbox"/> Married (includes registered domestic partners)<br><input type="checkbox"/> Unmarried (includes single, divorced, widowed)<br><input type="checkbox"/> Separated |   | Dependents (not listed by Borrower)<br>No. _____<br>Ages _____  |
| Present Address (street, city, state, ZIP/ country) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.   |                              |   | Present Address (street, city, state, ZIP/ country) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.   |   |   |
| Mailing Address, if different from Present Address  |                              |   | Mailing Address, if different from Present Address  |   |   |
| <i>If residing at present address for less than two years, complete the following:</i>  |                              |   |   |   |   |
| Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.   |                              |   | Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.   |   |   |
| Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.   |                              |   | Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.   |   |   |

| Borrower                        |  | IV. EMPLOYMENT INFORMATION                    |                                 | Co-Borrower                            |   |
|---------------------------------|--|---|---------------------------------|--|---|
| Name & Address of Employer      | <input type="checkbox"/> Self Employed | Yrs. on this job                              | Name & Address of Employer      | <input type="checkbox"/> Self Employed | Yrs. on this job                              |
|                                 |  | Yrs. employed in this line of work/profession |                                 |  | Yrs. employed in this line of work/profession |
| Position/Title/Type of Business |  | Business Phone (incl. area code)              | Position/Title/Type of Business |  | Business Phone (incl. area code)              |

**If employed in current position for less than two years or if currently employed in more than one position, complete the following:**

|                                 |  |                                  |                                 |  |                                  |
|---------------------------------|--|----------------------------------|---------------------------------|--|----------------------------------|
| Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  | Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  |
|                                 |  | Monthly Income \$                |                                 |  | Monthly Income \$                |
| Position/Title/Type of Business |  | Business Phone (incl. area code) | Position/Title/Type of Business |  | Business Phone (incl. area code) |
| Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  | Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  |
|                                 |  | Monthly Income \$                |                                 |  | Monthly Income \$                |
| Position/Title/Type of Business |  | Business Phone (incl. area code) | Position/Title/Type of Business |  | Business Phone (incl. area code) |
| Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  | Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  |
|                                 |  | Monthly Income \$                |                                 |  | Monthly Income \$                |
| Position/Title/Type of Business |  | Business Phone (incl. area code) | Position/Title/Type of Business |  | Business Phone (incl. area code) |
| Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  | Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  |
|                                 |  | Monthly Income \$                |                                 |  | Monthly Income \$                |
| Position/Title/Type of Business |  | Business Phone (incl. area code) | Position/Title/Type of Business |  | Business Phone (incl. area code) |
| Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  | Name & Address of Employer      | <input type="checkbox"/> Self Employed | Dates (from-to)                  |
|                                 |  | Monthly Income \$                |                                 |  | Monthly Income \$                |
| Position/Title/Type of Business |  | Business Phone (incl. area code) | Position/Title/Type of Business |  | Business Phone (incl. area code) |

**V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION**

| Gross Monthly Income  | Borrower  | Co-Borrower | Total     | Combined Monthly Housing Expense | Present   | Proposed  |
|---|-----------|-------------|-----------|----------------------------------|-----------|-----------|
| Base Empl. Income*  | \$        | \$          | \$        | Rent                             | \$        |           |
| Overtime  |           |             |           | First Mortgage (P&I)             |           | \$        |
| Bonuses   |           |             |           | Other Financing (P&I)            |           |           |
| Commissions   |           |             |           | Hazard Insurance                 |           |           |
| Dividends/Interest  |           |             |           | Real Estate Taxes                |           |           |
| Net Rental Income   |           |             |           | Mortgage Insurance               |           |           |
| Other (before completing, see the notice in "describe other income," below) |           |             |           | Homeowner Assn. Dues             |           |           |
|   |           |             |           | Other:                           |           |           |
| <b>Total</b>  | <b>\$</b> | <b>\$</b>   | <b>\$</b> | <b>Total</b>                     | <b>\$</b> | <b>\$</b> |

\* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

**Describe Other Income**      **Notice:** Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

| B/C | Monthly Amount |
|-----|----------------|
|     | \$             |
|     |                |
|     |                |

**VI. ASSETS AND LIABILITIES**

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed by that spouse or other person also.

Completed  Jointly  Not Jointly

| ASSETS  |           | Cash or Market Value | Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property. |                                      |                             |
|---|-----------|----------------------|---|--------------------------------------|-----------------------------|
| Description   |           |                      | LIABILITIES   | Monthly Payment & Months Left to Pay | Unpaid Balance              |
| Cash deposit toward purchase held by:                                     | \$        |                      | Name and address of Company   | \$ Payment/Months                    | \$                          |
| <i>List checking and savings accounts below</i>                           |           |                      |   |                                      |                             |
| Name and address of Bank, S&L, or Credit Union                            |           |                      | Acct. no.   |                                      |                             |
| Acct. no.   | \$        |                      | Name and address of Company   | \$ Payment/Months                    | \$                          |
| Name and address of Bank, S&L, or Credit Union                            |           |                      | Acct. no.   |                                      |                             |
| Acct. no.   | \$        |                      | Name and address of Company   | \$ Payment/Months                    | \$                          |
| Name and address of Bank, S&L, or Credit Union                            |           |                      | Acct. no.   |                                      |                             |
| Acct. no.   | \$        |                      | Name and address of Company   | \$ Payment/Months                    | \$                          |
| Acct. no.   | \$        |                      | Acct. no.   |                                      |                             |
| Stocks & Bonds (Company name/number description)                          | \$        |                      | Name and address of Company   | \$ Payment/Months                    | \$                          |
| Life insurance net cash value   | \$        |                      | Acct. no.   |                                      |                             |
| Face amount: \$   |           |                      | Name and address of Company   | \$ Payment/Months                    | \$                          |
| <b>Subtotal Liquid Assets</b>   | <b>\$</b> |                      | Acct. no.   |                                      |                             |
| Real estate owned (enter market value from schedule of real estate owned) | \$        |                      | Name and address of Company   | \$ Payment/Months                    | \$                          |
| Vested interest in retirement fund  | \$        |                      | Acct. no.   |                                      |                             |
| Net worth of business(es) owned (attach financial statement)              | \$        |                      | Alimony/Child Support/Separate Maintenance Payments Owed to:  | \$                                   |                             |
| Automobiles owned (make and year)   | \$        |                      | Job-Related Expense (child care, union dues, etc.)  | \$                                   |                             |
| Other Assets (itemize)  | \$        |                      | <b>Total Monthly Payments</b>   | <b>\$</b>                            |                             |
|   |           |                      |   |                                      |                             |
| <b>Total Assets a.</b>  | <b>\$</b> |                      | <b>Net Worth (a minus b)</b> =>   | <b>\$</b>                            | <b>Total Liabilities b.</b> |

**Schedule of Real Estate Owned** (if additional properties are owned, use continuation sheet)

| Property Address (enter S if sold, PS if pending sale or R if rental being held for income) | Type of Property | Present Market Value | Amount of Mortgages & Liens | Gross Rental Income | Mortgage Payments | Insurance, Maintenance, Taxes & Misc. | Net Rental Income |
|---|------------------|----------------------|-----------------------------|---------------------|-------------------|---------------------------------------|-------------------|
|   |                  | \$                   | \$                          | \$                  | \$                | \$                                    | \$                |
|   |                  |                      |                             |                     |                   |                                       |                   |
|   |                  |                      |                             |                     |                   |                                       |                   |
|   | Totals           | \$                   | \$                          | \$                  | \$                | \$                                    | \$                |

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name \_\_\_\_\_ Creditor Name \_\_\_\_\_ Account Number \_\_\_\_\_

| VII. DETAILS OF TRANSACTION                             |    | VIII. DECLARATIONS  |                          |                          |                          |                          |
|---|----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Purchase price                                       | \$ | <b>If you answer "Yes" to any questions a through i, please use continuation sheet for explanation.</b><br>a. Are there any outstanding judgments against you?<br>b. Have you been declared bankrupt within the past 7 years?<br>c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?<br>d. Are you a party to a lawsuit?<br>e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?<br><small>(This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name, and address of Lender, FHA or VA case number, if any, and reasons for the action.)</small><br>f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?<br><small>If "Yes," give details as described in the preceding question.</small><br>g. Are you obligated to pay alimony, child support, or separate maintenance?<br>h. Is any part of the down payment borrowed?<br>i. Are you a co-maker or endorser on a note?<br>-----<br>j. Are you a U. S. citizen?<br>k. Are you a permanent resident alien?<br><b>l. Do you intend to occupy the property as your primary residence?</b><br><small>If "Yes," complete question m below.</small><br>m. Have you had an ownership interest in a property in the last three years?<br>(1) What type of property did you own-principal residence (PR), second home (SH), or investment property (IP)?<br>(2) How did you hold title to the home-solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)? | Borrower                 |                          | Co-Borrower              |                          |
| b. Alterations, improvements, repairs                   |    |   | Yes                      | No                       | Yes                      | No                       |
| c. Land (if acquired separately)                        |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Refinance (incl. debts to be paid off)               |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Estimated prepaid items                              |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Estimated closing costs                              |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. PMI, MIP, Funding Fee                                |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Discount (if Borrower will pay)                      |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Total costs (add items a through h)                  |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Subordinate financing                                |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Borrower's closing costs paid by Seller              |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Other Credits (explain)                              |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Loan amount (exclude PMI, MIP, Funding Fee financed) |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. PMI, MIP, Funding Fee financed                       |    |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Loan amount (add m & n)                              |    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| p. Cash from/to Borrower (subtract j, k, l & o from i)  |    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |

**IX. ACKNOWLEDGEMENT AND AGREEMENT**

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated in this application; (6) the Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this application, whether or not the loan is approved; (7) the Lender and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors, or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

**Acknowledgement.** Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate purpose through any source, including a source named in this application or a consumer reporting agency.

|                                  |      |                                     |      |
|----------------------------------|------|-------------------------------------|------|
| Borrower's Signature<br><b>X</b> | Date | Co-Borrower's Signature<br><b>X</b> | Date |
|----------------------------------|------|-------------------------------------|------|

**X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

|  |   |
|--|---|
| <b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information<br><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino<br><b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White<br><b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male | <b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information<br><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino<br><b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White<br><b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male |
|--|---|

**To be Completed by Loan Originator:**  
 This information was provided:  
 In a face-to-face interview  By the applicant and submitted by fax or mail  
 In a telephone interview  By the applicant and submitted via e-mail or the internet

|   |  |
|---|--|
| Loan Originator's Signature<br><b>X</b> | Date   |
| Loan Originator's Name (print or type)  | Loan Originator Identifier                           |
| Loan Origination Company's Name         | Loan Origination Company Identifier                  |
|   | Loan Originator's Phone Number (including area code) |
|   | Loan Origination Company's Address                   |



**BORROWER CONTACT CERTIFICATION**

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

TRUSTOR/BORROWER 1: \_\_\_\_\_

TRUSTOR/BORROWER 2: \_\_\_\_\_

I hereby certify that the subject property for the loan located at the address indicated below, and that the correct mailing address of the Trustor(s)/Borrower(s) is also indicated below:

**ADDRESS FOR THE SUBJECT PROPERTY**

\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS OF THE BORROWER(s)**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION FOR EACH BORROWER OR SIGNATORY.**

**BORROWER/SIGNATORY 1**

**BORROWER/SIGNATORY 2**

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Trustor/Borrower

Trustor/Borrower

By signing the certification, I consent and authorize you to contact me at the numbers listed above and furthermore, I authorize you to contact me and send me information via e-mail.

**ALL INFORMATION MUST BE COMPLETED BEFORE WE ARE ABLE TO ORDER LOAN DOCUMENTS**



**CERTIFICATE OF BUSINESS PURPOSE OF LOAN**

Borrower certifies to GW Private Capital, Inc. (Originator) as follows:

1. I have applied to Originator for a trust deed loan of \$ \_\_\_\_\_ secured by the real property located at \_\_\_\_\_ (the Loan).
2. Originator has stressed to me the **importance** of knowing the primary purpose of the loan. I know that the legal responsibilities of Originator vary considerably depending upon whether the Loan is a consumer loan (for personal, household or family purposed), or a business loan.
3. I have **represented** to Originator and again **represent** to Originator that all the purpose of the Loan, exclusive of commission and loan expenses incurred to obtain the Loan are:

| <u>Purpose</u> | <u>Approximate Amount</u> |
|----------------|---------------------------|
| A. _____       | \$ _____                  |
| B. _____       | \$ _____                  |
| C. _____       | \$ _____                  |
| D. _____       | \$ _____                  |

4. The **primary** purpose of the Loan is to finance the business enterprise known as:

\_\_\_\_\_

that is in the business of

\_\_\_\_\_

5. **NO** part of the Loan proceeds are intended to be used for a nonbusiness (i.e., consumer) purpose except:

| <u>Purpose</u> | <u>Approximate Amount</u> |
|----------------|---------------------------|
| A. _____       | \$ _____                  |
| B. _____       | \$ _____                  |
| C. _____       | \$ _____                  |

The lender, broker, assignees and successors of the Originator may rely upon this certificate. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



15820 Whittier Blvd., Suite E Whittier, CA 90603 Phone (562) 789-1000 Fax (562) 309-8310

**EQUAL CREDIT OPPORTUNITY ACT DISCLOSURE**

**DATE:** \_\_\_\_\_

**Loan Amount Request \$** \_\_\_\_\_

**Loan Secured by trust deed against:** \_\_\_\_\_

**Loan Number** \_\_\_\_\_

**Loan Applicant:** \_\_\_\_\_

**Intended Creditor: GW PRIVATE CAPITAL INC.**

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program: or because the applicant has in good faith exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

Federal Trade Commission  
10877 Wilshire Blvd., Suite 700  
Los Angeles, California 90024

When adverse action is taken by a creditor regarding an application for credit, the applicant has a right to receive a statement of specific reasons why the creditor took such adverse action. Should the creditor reviewing this application for credit take adverse action regarding such applicant, you may request a statement of specific reasons why such action was taken by contacting:

GW Private Capital Inc.  
15820 Whittier Blvd., Ste E  
Whittier, California 90603

If the creditor chooses to provide the reasons orally, the applicant has a right to have them confirmed in writing within 60 days of the creditor's receipt of the applicant's written request for confirmation.

Furthermore, pursuant to 202.5(d)(2) of Title 12 of the U.S. Code of Federal Regulations, in making an application for credit. The applicant need not reveal income from alimony, child support, or separate maintenance payments if the applicant does not want the creditor to consider it in determining the applicant's creditworthiness.

\_\_\_\_\_  
Borrower Date Borrower Date





**BORROWER'S CERTIFICATION AND AUTHORIZATION**

The undersigned certify the following:

1. I/We have applied for a mortgage loan through GW Private Capital Inc. In applying for the loan I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/we certify that all the information is true and complete. I/we made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that GW Private Capital Inc. reserves the right to change the mortgage loan review processes to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal punishment by a fine or imprisonment or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States code, Section 1014.

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

1. I/We have applied for a mortgage loan through GW Private Capital, Inc. As part of the application process, GW Private Capital Inc. and the mortgage guaranty insurer (if any), may verify information contained in my/our application and in other documents required in connection with the loan either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide GW Private Capital, Inc. and to any investor to whom GW Private Capital Inc. may sell my mortgage, and to the mortgage guaranty (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. GW Private Capital, Inc. or any investor that purchases the mortgage may address this authorization to any party names in the loan application.
4. A copy of this authorization may be accepted as an original.
- 5.

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|           |      |           |      |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|



**CERTIFICATE OF NON-OWNER OCCUPANCY**

Borrower: \_\_\_\_\_ Escrow Number: \_\_\_\_\_

**Borrower certifies to GW Private Capital as follows:**

- 1. I/We have applied to GW Private Capital, for a Trust Deed loan of \$ \_\_\_\_\_

**Secured by the real property, also known as the subject property located at:**

\_\_\_\_\_

**(\*Borrower must write in the subject property address in the line above)**

- 2. Originator has stressed to me/us the importance of knowing whether the subject property or not the subject property is my/our primary residence. I/We know that the legal responsibilities of Originator vary considerably depending upon whether the Loan is secured by me/our primary residence or not.
- 3. I/We have **represented** to originator and again **represent** that the property referenced above is not my primary residence and I/we do not intend to occupy at any time soon.

**My/Our primary residence now and at the closing of this loan is:**

\_\_\_\_\_

**(\*Borrower must write in primary residence address in the line above)**

**By signing below, I/we certify that I/we will NOT be occupying the subject property we are acquiring the loan on.**

|                       |           |       |
|-----------------------|-----------|-------|
| _____                 | _____     | _____ |
| Borrower (Print Name) | Signature | Date  |
| _____                 | _____     | _____ |
| Borrower (Print Name) | Signature | Date  |



15820 Whittier Blvd., Ste E, Whittier, CA 90603 (562) 789-1000 Phone (562) 309-8310 FAX

**LOAN PURPOSE LETTER**

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

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Borrower (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL STATEMENT OF INFORMATION**

FULL NAME: \_\_\_\_\_

FORMER LAST NAME(S), IF ANY: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER LICENSE NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

I AM:  SINGLE  MARRIED  HAVE A DOMESTIC PARTNER

NAME OF CURRENT SPOUSE/ DOMESTIC PARTNER (IF DIFFERENT FROM PARTY 2): \_\_\_\_\_

NAME OF FORMER SPOUSE/ DOMESTIC PARTNER (IF NONE, WRITE "NONE"): \_\_\_\_\_

FULL NAME: \_\_\_\_\_

FORMER LAST NAME(S), IF ANY: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER LICENSE NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

I AM:  SINGLE  MARRIED  HAVE A DOMESTIC PARTNER

NAME OF CURRENT SPOUSE/ DOMESTIC PARTNER (IF DIFFERENT FROM PARTY 2): \_\_\_\_\_

NAME OF FORMER SPOUSE/ DOMESTIC PARTNER (IF NONE, WRITE "NONE"): \_\_\_\_\_

**RESIDENCES IN THE LAST 10 YEARS (NUMBER, STREET, CITY, STATE, ZIP; FROM DATE - TO DATE):**

PARTY 1: \_\_\_\_\_

\_\_\_\_\_

PARTY 2: \_\_\_\_\_

\_\_\_\_\_

**OCCUPATIONS IN THE LAST 10 YEARS: (OCCUPATION, FIRM NAME, ADDRESS, NUMBER OF YEARS):**

PARTY 1: \_\_\_\_\_

\_\_\_\_\_

PARTY 2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARTY 1 SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTY 2 SIGNATURE

\_\_\_\_\_  
DATE

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**BORROWER IDENTIFICATION INFORMATION**

Please provide the following information:

Borrower Name: \_\_\_\_\_

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

Please provide a copy of your **Driver's License** and a secondary form of indentation showing your current address.

CDL # \_\_\_\_\_ EXP. \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date



The Housing Financial Discrimination Act of 1977

Fair Lending Notice

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

Application #: \_\_\_\_\_

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

It is illegal to discriminate in the provisions of or in the availability of financial assistance because of the consideration of:

- 1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial Institute can demonstrate in the case that such consideration is required to avoid an unsafe and unsound business practice or
2. Race, Color, Religion, Sex, Martial Status, Domestic partnership, National Origin or Ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in the determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of a one-to-four unit family residence occupied by the owner and for the purpose of the home improvement of any one-to-four unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact the management of this financial institute or the Department of Real Estate at one of the following locations:

CA Department of Real Estate
2201 Broadway
Sacramento, CA 95818-2500
Tel: (916) 227-0864

CA Department of Real Estate
320 West 4th Street, Suite 350
Los Angeles, CA 90013-1105
Tel: (213) 620-2072

ACKNOWLEDGMENT OF RECEIPT

I (We) have received a copy of this notice.

Signature of Applicant Date Signature of Applicant Date



**DISCLOSURE NOTICES**

| Applicant(s) | Property Address |
|--------------|------------------|
|              |                  |

**AFFIDAVIT OF OCCUPANCY**

Applicant(s) hereby certify and acknowledge that, upon taking title to the real property described above, their occupancy status will be as follows:

\_\_\_\_ Primary Residence – Applicant(s) shall occupy, establish, and use the property as applicant(s) principal residence within 60 days after closing and shall continue to occupy the property as Applicant(s) principal residence for a least one year after the date of occupancy, unless Lender otherwise agrees in writing which consent shall not be unreasonably withheld.

\_\_\_\_ Secondary Residence – To be occupied by Applicant(s) as least 15 days yearly as second home (vacation, etc.), while maintaining principal residence elsewhere (Please check this box if you plan to establish it as your primary residence at a future date (e.g. retirement home)).

\_\_\_\_ Investment Property – Not owner occupied. Purchased as an investment to be held or rented.

The Applicant(s) acknowledge it is a Federal Crime punishable by fire or imprisonment, or both, to knowingly make any false statement concerning this loan application as applicable under the provisions of Title 18, United States Code, Section 1014.

\_\_\_\_  
Applicant Signature

\_\_\_\_  
Applicant Signature

**ANTI-COERCION STATEMENT**

The insurance laws of this state provide that the lender may not require the applicant(s) to take insurance through any particular insurance agent or company to protect the mortgaged property. The applicant(s) subjected to the rules adopted by the insurance company meets the requirement of the lender. The lender has the right to designate reasonable financial requirements as to the company and the adequacy of the coverage. I have read the foregoing statement, or the rules of the Insurance Commissioner relative hereto, and understand my rights and privileges and those of the lender relative to the placing of such insurance. I have selected the following agencies to write the insurance covering the property described above:

\_\_\_\_  
Insurance Company

\_\_\_\_  
Agent

\_\_\_\_  
Address

\_\_\_\_  
Phone Number

\_\_\_\_  
Applicant Signature

\_\_\_\_  
Applicant Signature

**FAIR CREDIT REPORTING ACT**

An investigation will be made as to the credit standing of all individuals seeking credit in this application. The nature and scope of any investigation will be furnished to you upon written request made within a reasonable period. In the event of credit denial due to an unfavorable consumer report, you will be advised of the identity of the Consumer Reporting Agency making such report and of your right to request within sixty (60) days the reason for the adverse action, pursuant to provisions of section 615b of the Fair Credit Reporting Act.

\_\_\_\_  
Applicant Signature

\_\_\_\_  
Applicant Signature

**FHA LOANS ONLY**

IF YOU PREPAY YOUR LOAN ON OTHER THAN THE REGULAR INSTALLMENT DATE, YOU MAY BE ASSESSED INTEREST CHARGES UNTIL THE END OF THAT MONTH.

**GOVERNMENT LOANS ONLY**

RIGHT TO FINANCIAL PRIVACY ACT OF 1978 – This is a notice to you as required by the Right of Financial Privacy Act of 1978 that the Department of Housing and Urban Development or Department of Veterans Affairs has a right to access to financial records held by a financial institution in connection with the consideration of administration of assistance to you. Financial records involving your transaction will be available to the Department of Housing and urban Development or Department of Veteran Affairs without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required or permitted by law.

\_\_\_\_  
Applicant Signature

\_\_\_\_  
Applicant Signature



**NOTICE TO APPLICANT OF RIGHT TO  
RECEIVE COPY OF APPRAISAL REPORT**

Borrowers Name(s) \_\_\_\_\_

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

The Equal Credit Opportunity Act (Regulation B) requires creditors to provide applicants with a copy of the appraisal report used in conjunction with their loan application.

Pursuant to the Appraiser Independence Requirements, you are entitled to receive a copy of any appraisal report that is obtained on your behalf, concerning your subject property, at least three business days prior to the closing of you loan. A copy of any and all such appraisal reports will be delivered to you, or may have already been delivered to you, allowing you at least three business days to review the appraisal prior to closing of your loan.

If you wish to proceed with loan closing, your signature will acknowledge either:

- (1) Your receipt of the appraisal report three or more business days prior to your loan closing or alternatively.
- (2) That you previously waived your right to review the appraisal report three or more days prior to the closing of your loan.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date





**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .  | THEN the payment is exempt for . . .  |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7  |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
  - I—A common trust fund as defined in section 584(a)
  - J—A bank as defined in section 581
  - K—A broker
  - L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
  - M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

| For this type of account:   | Give name and SSN of:   |
|---|---|
| 1. Individual   | The individual  |
| 2. Two or more individuals (joint account)  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)  | The minor <sup>2</sup>  |
| 4. a. The usual revocable savings trust (grantor is also trustee)<br>b. So-called trust account that is not a legal or valid trust under state law  | The grantor-trustee <sup>1</sup><br><br>The actual owner <sup>1</sup>                                   |
| 5. Sole proprietorship or disregarded entity owned by an individual   | The owner <sup>3</sup>  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))  | The grantor <sup>*</sup>  |
| For this type of account:   | Give name and EIN of:   |
| 7. Disregarded entity not owned by an individual  | The owner   |
| 8. A valid trust, estate, or pension trust  | Legal entity <sup>4</sup>   |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553   | The corporation   |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization   | The organization  |
| 11. Partnership or multi-member LLC   | The partnership   |
| 12. A broker or registered nominee  | The broker or nominee   |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity   |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))  | The trust   |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.  
<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.  
<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.  
**\*Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Form **4506-T**

(Rev. April 2006)

Department of the Treasury  
Internal Revenue Service

### Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

|   |   |
|---|---|
| <b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.  | <b>1b</b> First social security number on tax return or employer identification number (see instructions) |
| <b>2a</b> If a joint return, enter spouse's name shown on tax return  | <b>2b</b> Second social security number if joint tax return   |
| <b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code  |   |
| <b>4</b> Previous address shown on the last return filed if different from line 3   |   |
| <b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. |   |

**Caution:** If a third party requires you to complete Form 4506-T, **do not sign Form 4506-T if lines 6 and 9 are blank.**

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

|                  |  |      |   |
|------------------|--|------|---|
| <b>Sign Here</b> |  | Date | Telephone number of taxpayer on line 1a or 2a<br>(    ) |
|                  | Signature (see instructions)   |      |   |
|                  | Title (if line 1a above is a corporation, partnership, estate, or trust) |      |   |
|                  | Spouse's signature   | Date |   |

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

**Note.** If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

### Chart for individual transcripts (Form 1040 series and Form W-2)

| If you filed an individual return and lived in:  | Mail or fax to the "Internal Revenue Service" at:                                   |
|--|---|
| District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont   | RAIVS Team<br>Stop 679<br>Andover, MA 05501<br><br>978-247-9255                     |
| Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia  | RAIVS Team<br>P.O. Box 47-421<br>Stop 91<br>Doraville, GA 30362<br><br>678-530-5326 |
| Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia  | RAIVS Team<br>Stop 6716 AUSC<br>Austin, TX 73301<br><br>512-460-2272                |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming | RAIVS Team<br>Stop 38101<br>Fresno, CA 93888<br><br>559-253-4990                    |
| Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin   | RAIVS Team<br>Stop 6705-B41<br>Kansas City, MO 64999<br><br>816-823-7667            |
| New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address   | RAIVS Team<br>DP 135SE<br>Philadelphia, PA 19255-0695<br><br>215-516-2931           |

### Chart for all other transcripts

| If you lived in or your business was in:   | Mail or fax to the "Internal Revenue Service" at:  |
|--|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming | RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>801-620-6922     |
| Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin                 | RAIVS Team<br>P.O. Box 145500<br>Stop 2800 F<br>Cincinnati, OH 45250<br><br>859-669-3592 |
| A foreign country, or A.P.O. or F.P.O. address   | RAIVS Team<br>DP 135SE<br>Philadelphia, PA 19255-0695<br><br>215-516-2931                |

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



## PATRIOT ACT INFORMATION DISCLOSURE

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

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

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

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutes to obtain, verify and record information that identifies each person who opens an account.

What this means for you – When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documentation.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date







**DECLARATION OF ORAL DISCLOSURE**

Borrower(s) Name: \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_

Interest Rate: % \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Term of the Loan \_\_\_\_\_

Interest Only, Amortized, Partially Amortized \_\_\_\_\_

Prepayment Penalty \$ \_\_\_\_\_

Lender and Broker Origination Fees (not including customary title and escrow) \$ \_\_\_\_\_

Non-Owner Occupied or Owner Occupied [ ] N/O/O [ ] O/O

Negotiation of loan conducted in English [ ] YES [ ] NO

\_\_\_\_\_  
Broker (print name) & DRE Lic #      Signature      Date

\_\_\_\_\_  
Borrower(print name)      Signature      Date