

FIRSTLINE MORTGAGE INC.
Residential, Apartment & Commercial Loans
4425 Jamboree Road #180
Newport Beach, CA 92660

Hal Compton - Sr. Loan Officer
Office (949) 502-3506
Cell (562) 706-7676
Private Fax (888) 320-0185
Hal@HalCompton.com

The items below are important to begin processing your loan application. In order to provide a timely approval, we need to receive ALL requested information. When signatures are required, please use blue ink to distinguish the signature as an original.

REC'D **PLEASE PROVIDE THE FOLLOWING:**

_____ **APPRAISAL FEE** \$_____ made payable to _____

_____ **PAYCHECK STUBS** covering wages earned over the last 30 days

_____ **PERSONAL Federal TAX RETURNS** for the past two years filed – provide all pages and schedules – **sign** signature page with **original signature(s)**

_____ **K-1's** to support Schedule E of Tax Return if applicable

_____ **W-2's** to support wages earned on the past two year's tax returns

_____ **BANK STATEMENTS** for past **2 months (all pages)** for all bank and asset accounts to support funds available for closing and reserves. Include checking/savings, 401K, IRA's, Stocks and Bonds, Mutual Funds, Life Insurance, Retirement, Annuities, Promissory Notes, etc. Also provide Social Security Award Letter if applicable.

_____ **COPY OF DRIVER'S LICENSE** for each Borrower

IF YOU ARE SELF-EMPLOYED:

_____ **CORPORATE/PARTNERSHIP/TRUSTS/LLC's FEDERAL TAX RETURNS** for the past two years filed – provide all pages and schedules – sign signature page with original signature(s) – if 2002 not filed, provide extension

_____ **BUSINESS PROFIT AND LOSS STATEMENT** Year-to-Date. We will also need a Year-End Statement if last year's Tax Return has not been filed – please sign with an original signature

IF THIS IS FOR A REFINANCE:

_____ **RENTAL AGREEMENTS** – all pages and all notices of increase

_____ **RENT ROLL** – signed

_____ **OPERATING STATEMENT** - year to date

MISCELLANEOUS: Please provide the following **if applicable**

_____ **1031 EXCHANGE** Drop Dead Date _____

_____ **1031 EXCHANGE ACCOMMODATOR STATEMENT** showing funds on deposit

_____ **ESTIMATED HUD1** for properties you are currently selling or **FINAL HUD1's** for properties sold since last tax return filed

_____ **Selling agent/ escrow information if this is a purchase.**

_____ NAME ADDRESS CITY STATE ZIP

_____ **TRUST/LLC DOCUMENTS** to include Trust Cert, Copy of Trust, LLC-1 Limited Liability Company Articles of Organization (stamped "filed"), LLC-12 Statement of Information (stamped "filed"), Operating Agreement for the LLC including Capital Contribution of Members and Percentage Interests in Net Profits and Net Losses, Tax Identification Number

Continued Next Page

BORROWER - PLEASE NOTE: Although we are asking for your past two months bank statements and/or current paycheck stubs at this time, **we will again ask for up-dated bank statements and/or paycheck stubs that are dated within 30 days prior to closing.** This is to ascertain that there have been no material changes to your financial position.

Purchases - All funds to be used for your down payment must be verified as to their source. If a gift is involved, we must have a gift letter signed by the donor (see SOURCE OF FUNDS form provided) and evidence of their ability to provide funds (copies of bank statements). Additionally, these funds must be deposited into your bank account and we must have a copy of the deposit receipt or bank statement showing where these funds have been deposited.

It is imperative that you return the above items to us as soon as possible so that we can anticipate a timely closing. If you have any questions please give me a call.

CONTACT INFORMATION: Please indicate the best way to contact you with information regarding this transaction

Borrower:

Business (____) _____ Fax (____) _____ Home (____) _____ Fax (____) _____

Cell (____) _____ Pager (____) _____ E-Mail _____

Co-Borrower:

Business (____) _____ Fax (____) _____ Home (____) _____ Fax (____) _____

Cell (____) _____ Pager (____) _____ E-Mail _____

Please sign and return with the above indicated items

X
Borrower _____ Date _____

X
Co-Borrower _____ Date _____

Credit Authorization

1. To all consumer-reporting agencies and to all creditors and depositories of the undersigned:

Please be advised that the undersigned, and each of them, has made application to:

requesting an extension of credit to the undersigned. Therefore, the undersigned, and each of them, hereby authorizes you to provide credit report and/or a disclosure to Lender or any agent or balance. The undersigned also authorizes you to disclose your deposit or credit experiences with the undersigned to Lender or to third parties.

2. In addition, the undersigned, and each of them, hereby authorizes Lender to disclose to any third party, or any agent or employee thereof, information regarding the deposit or credit experience with any of the undersigned.

3. A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature(s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

Borrower	Date	Co-Borrower	Date
----------	------	-------------	------

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

I. TYPE OF MORTGAGE AND TERMS OF LOAN

Mortgage Applied for: <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	Amortization Type: <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain): <input type="checkbox"/> GPM <input type="checkbox"/> ARM (type):

II. PROPERTY INFORMATION AND PURPOSE OF LOAN

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): <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

Complete this line if construction or construction-permanent loan.

Year Lot Acquired	Original Cost	Amount Existing Liens	(a) Present Value of Lot	(b) Cost of Improvements	Total (a+b)
	\$	\$	\$	\$	\$

Complete this line if this is a refinance loan.

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: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)
Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain)		

III. BORROWER INFORMATION

Borrower				Co-Borrower			
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)	DOB (MM/DD/YYYY)	Yrs. School
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Co-Borrower) no. ages		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Borrower) no. ages	
<input type="checkbox"/> Separated				<input type="checkbox"/> Separated			
Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.				Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.			
Mailing Address, if different from Present Address				Mailing Address, if different from Present Address			

If residing at present address for less than two years, complete the following:

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.
---	---

IV. EMPLOYMENT INFORMATION

Borrower			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)	

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:		
Total	\$	\$	\$	Total	\$	\$

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

Described 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 about 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:	\$			
List checking and savings accounts below		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	\$
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	\$
Stocks & Bonds (Company name/number & description)	\$	Acct. no.		
		Name and address of Company	\$ Payment/Months	\$
Life insurance net cash value	\$			
Face amount: \$				
Subtotal Liquid Assets	\$			
Real estate owned (enter market value from schedule of real estate owned)	\$	Acct. no.		
Vested interest in retirement fund	\$	Name and address of Company	\$ Payment/Months	\$
Net worth of business(es) owned (attach financial statement)	\$			
Automobiles owned (make and year)	\$	Acct. no.		
		Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	
Other Assets (itemize)	\$	Job-Related Expense (child care, union dues, etc.)	\$	
		Total Monthly Payments	\$	
Total Assets a.	\$	Net Worth (a minus b)	\$	Total Liabilities b.
				\$

HISTORICAL OPERATING STATEMENT

Borrower:
Property Address:
Date:

Prepared By:

Page 1 of 1

Documentation used for
Historic Information
Check Appropriate Box

Schedule E
 Owner/Seller provided schedule
 Accountant/Manager compilation

Units in Property -

	Historical 12/31/20__	Historical 12/31/20__	Year To Date As of ___/___/___		
REVENUES					
- Rents (Gross Scheduled or Actual)	\$ -	\$ -	\$ -		
- Other Income (Laundry, Vending Etc.)	\$ -	\$ -	\$ -		
- Vacancy Reserve (Forecast) @	\$ -	\$ -	\$ -		
Calculated Total Revenues	\$ -	\$ -	\$ -		
EXPENSES					
- Management (7+ unit Forecast @)	\$ -	\$ -	\$ -		
- Rental Commissions	\$ -	\$ -	\$ -		
- Advertising & Marketing	\$ -	\$ -	\$ -		
- Legal & Audit	\$ -	\$ -	\$ -		
- Other M & A	\$ -	\$ -	\$ -		
- Auto Travel	\$ -	\$ -	\$ -		
Calculated Mgt/Admin: 199: Total M & A	\$ -	\$ -	\$ -		
- Real Estate Taxes	\$ -	\$ -	\$ -		
- Other Taxes & Assessments	\$ -	\$ -	\$ -		
Calculated Tax/License: 299: Total T&L	\$ -	\$ -	\$ -		
- Combination Policy	\$ -	\$ -	\$ -		
- Other Insurance	\$ -	\$ -	\$ -		
Calculated Insurance Exp: 399: Total Ins	\$ -	\$ -	\$ -		
- Heating Energy	\$ -	\$ -	\$ -		
- Gas Other Than Fuel	\$ -	\$ -	\$ -		
- Electricity	\$ -	\$ -	\$ -		
- Water & Sewer	\$ -	\$ -	\$ -		
- Tele & Communications	\$ -	\$ -	\$ -		
- Undetailed - Combined Utilities Exp	\$ -	\$ -	\$ -		
Calculated Utilities Exp: 499: Total Util	\$ -	\$ -	\$ -		
- Master Assoc Fees	\$ -	\$ -	\$ -		
- Scavenger <input type="checkbox"/>	\$ -	\$ -	\$ -		
- Pest Control	\$ -	\$ -	\$ -		
15 - Operating Supplies	\$ -	\$ -	\$ -		
7 - Cleaning / Minor Maint (13+ units min of \$100 per unit)	\$ -	\$ -	\$ -		
- Miscellaneous	\$ -	\$ -	\$ -		
- Snow Removal	\$ -	\$ -	\$ -		
- Grounds	\$ -	\$ -	\$ -		
- Other S & S	\$ -	\$ -	\$ -		
Calculated Serv/Supplies: 599: Total S & S	\$ -	\$ -	\$ -		
- Maint Payroll	\$ -	\$ -	\$ -		
- Employee Apt. Concession & Allowances	\$ -	\$ -	\$ -		
- Indirect & Benes / Payroll Taxes	\$ -	\$ -	\$ -		
Calculated Payroll Exp: 699: Total Payroll	\$ -	\$ -	\$ -		
- Interior Paint & Decorating	\$ -	\$ -	\$ -		
- General Repairs & Major Maintenance	\$ -	\$ -	\$ -		
- Other Rep & Maint	\$ -	\$ -	\$ -		
Calculated Rep/Maint: 799: Total R & M	\$ -	\$ -	\$ -		
-	\$ -	\$ -	\$ -		
Calculated Total Expenses	\$ -	\$ -	\$ -		
Calculated Net Operating Income	\$ -	\$ -	\$ -		
-	\$ -	\$ -	\$ -		
Calculated 	\$ -	\$ -	\$ -		
Calculated Loan Amount Requested \$ -					
Calculated Interest Rate					
Calculated Amortization in Months -					
Calculated Monthly Debt Service					
Calculated Annual Debt Service (12 mos. P&I)	\$ -	\$ -	\$ -		
Calculated Debt Coverage Ratio (NOI/Annual Debt)					

CURRENT SELLER/OWNER SIGNATURE: _____ DATE: _____

CURRENT PURCHASER/BORROWER SIGNATURE: _____ DATE: _____

SCHEDULE OF REAL ESTATE OWNED



Borrower:

Proposed status changes in the near future (sale, exchange, rental composition, etc.) should be described in remarks section. If percentage of ownership in any property is less than 100%, indicate other owners and their % in remarks section.										CASH FLOW				Ownership Entity
Property Address		Property Type	% of Owrshp	Acq. Date	Market Value	Mortgage Liens	Date Loan Due	Name of Mortgage Lender	Loan Number	Monthly Rents	Monthly Mtg. Pmt	Taxes, Inc. Maintenance	Net Rental Income	Remarks
Status				Cost										
				Date	\$	1st				\$	\$	\$		
<input type="checkbox"/>	Owner Occupied			Cost		2nd				\$				
<input type="checkbox"/>	Pending Sale	<input type="checkbox"/>												
				Date	\$	1st				\$	\$	\$	\$	
<input type="checkbox"/>	Owner Occupied			Cost		2nd				\$				
<input type="checkbox"/>	Pending Sale	<input type="checkbox"/>												
				Date	\$	1st				\$	\$	\$	\$	
<input type="checkbox"/>	Owner Occupied			Cost		2nd				\$				
<input type="checkbox"/>	Pending Sale	<input type="checkbox"/>												
				Date	\$	1st				\$	\$	\$	\$	
<input type="checkbox"/>	Owner Occupied			Cost		2nd				\$				
<input type="checkbox"/>	Pending Sale	<input type="checkbox"/>												
				Date	\$	1st				\$	\$	\$	\$	
<input type="checkbox"/>	Owner Occupied			Cost		2nd				\$				
<input type="checkbox"/>	Pending Sale	<input type="checkbox"/>												
				Date	\$	1st				\$	\$	\$	\$	
<input type="checkbox"/>	Owner Occupied			Cost		2nd				\$				
<input type="checkbox"/>	Pending Sale	<input type="checkbox"/>												
					\$					\$	\$	\$	\$	

THIS SCHEDULE IS TO BE ATTACHED TO AND MADE A PART OF MY LOAN APPLICATION. SIGNED _____ DATE: __/__/__

SAMPLE

BALANCE SHEET

(Name of Business)
AS OF _____

Assets

Cash in Bank

Cash on Hand

Accounts Receivable

Inventory

Real Estate Owned (in the name of the business)

Vehicles Owned

Equipment Owned

Notes Receivable

Total Assets

Liabilities

Accounts Payable

Real Estate Loans

Vehicle Loans

Equipment Loans

Notes Payable

Total Liabilities

SAMPLE

PROFIT AND LOSS

(Name of Business)

As of _____

INCOME

Gross Receipts

Less Costs of Goods Sold

Net Income

LESS EXPENSES

Advertising

Bad Debt Expense

Commissions and Fees

Legal & Professional Services

Repairs & Maintenance

Telephone

Wages Paid

Total Expenses

NET PROFIT

Request for Transcript of Tax Return

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service

- ▶ 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 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.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

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.

Sign Here		Date	Telephone number of taxpayer on line 1a or 2a ()
	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 Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 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 P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 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 P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 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.

Broker Statement (Finance Lenders)

Borrower: _____ Property Address: _____

Lender: _____ Lender Address: _____

Lender CFL License No.: _____

You have applied for a mortgage loan from _____ to be secured by
the above Property. Lender

You represent that (please check one):

- No person has performed any act as a broker or arranger of credit in connection with your loan with the above lender.

OR

- The person identified below has acted as a broker in connection with the making of your loan.

Name of Broker: _____

Broker's Address: _____

Broker's CFL License No.: _____

Charges paid or to be paid to Broker: \$ _____

ACKNOWLEDGEMENT

I/We have read the above statement and acknowledge receiving a copy by signing and dating below. **If this document is being furnished to Borrower for application by mail, it is Borrower's responsibility to obtain machine copies before mailing the signed document back to Lender (Cal. Code Regs Tit. 10 §1950.204).**

Borrower Date

Borrower Date

PATRIOT ACT/CUSTOMER IDENTIFICATION PROGRAM

Broker: _____
 Property Address: _____

To help the federal government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or applies for a loan.

WHAT THIS MEANS FOR YOU: When you open an account or apply for a loan, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

Borrower Name:	Date of Birth	Social Security Number
Current Mailing Address: _____		

Borrower Name:	Date of Birth	Social Security Number
Current Mailing Address: _____		

Identifying Documents:

- | | |
|------------------------|---------------------|
| State Driver's License | Military ID Card |
| State ID Card | Resident Alien Card |
| Passport | |
| Other: _____ | |

 Borrower Acknowledgment Date

 Borrower Acknowledgement Date

To be signed by AMRES employee:

I have verified the identity(ies) in question and compared the names appearing in this document with the OFAC list.

Signature: _____