

FORM FILL

Please **FILL IN THE BLANKS BELOW** before printing
your information will carry over to the other forms

BORROWER: (List Vet as Borrower for VA Loans)

Name: First Middle Last Birthday:

Place of Birth: Social Security No:

Address:
Street City State Zip

Borrower Phone:

DL#

Borrower Email:

CO-BORROWER:

Name: (First, Middle, Last) Birthday: SSN:

Address:
Street City State Zip

Co-Borrower Phone:

DL#

Co-Borrower Email:

Once printed you may DISCARD this page

Below this Line for Lender Use Only - (electronic disclosure opt out info)

Lender Name: Phone:
Address: Email:

LO ph:

LO nmls

npn

Date:

SSA-89 Agent:

Secondary:



CO NMLS# 1015993

COVER PAGE

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Please sign & return IMMEDIATELY



LETTER OF INSTRUCTION

Thank you for allowing me the opportunity to gather information and research what can be done for you by way of a residential loan. Outlined below is a **Three Step Process** needed to make loan application, as well as a description of potential out of pocket expenses you may incur. The more information you can provide upfront, the more timely and successful our process will be and the more accurate my feedback. Please be open and forthcoming with me about your special needs and circumstances. Your help and cooperation is greatly appreciated.

Three Step Process

STEP ONE: CREDIT AND APPLICATION (skip if already done)

First, we need to complete an application and pull your credit. This can be done by phone at **801.979.1247** OR online at www.LoansByLance.com. Click "Get Started" and follow the online instructions.

STEP TWO: CHECKLIST

Attached is a checklist of documents required to complete your file and process your loan application. **This is a generic list so ignore items that do not apply.** You'll notice I have tried to be thorough so I can get as much information upfront as possible. Supplying us with the listed information upfront reduces loan processing time and improves your ability to obtain loan approval. **Please promptly fax/email documents.**

STEP THREE: AUTHORIZATIONS - **PLEASE RETURN IMMEDIATELY**

Please sign and return the attached forms. In most cases these are the only signatures I need until closing.

Special Notices

Team Roster: Also attached is a "Team Roster" containing contact information for my staff and I. It is important to me that a member of my staff is available to you. Please call me or one of my Team Members with questions or status update requests.

Out of Pocket Expenses: While most expenses are included in your loan or paid for by the Seller (with purchases), you may expect certain out of pocket expenses. Some of these if paid upfront may be reimbursed to you when your loan closes. **As your Loan Officer, I know which apply in your specific circumstance and will go over this with you in more detail.** "Out of Pocket" expenses **MAY** include:

- Credit Report
- Appraisal
- Earnest Money (purchase transactions) – amount negotiated between Buyer and Seller
- Down Payment (purchase transactions) – determined by loan program
- Closing Costs/Other – Typically included in the loan or paid for by Seller. Reports and costs NOT included in the loan balance or paid for by the Seller must be paid for upfront.

VIRTUA FUNDING LLC

19730 SOUTH 700 EAST STE #111 | SANDY UT 84070 | MAIN 801.206.9354 | FAX 801.206.0081 | CO. NMLS: # 1015993





VIRTUA FUNDING LLC (NMLS#1015993)

LANCE WILLSON (NMLS#317642)

9730 S 700 E Ste 111, Sandy, UT 84070

Cell: 801-979-1247 Fax: 801-206-0081

www.LoansByLance.com

REFINANCE CHECKLIST

NOTICE: You are NOT required to provide any of the information below prior to making application OR prior to receiving mortgage related disclosures including but not limited to a LOAN ESTIMATE.

Authorizations:

- ☐ Sign and Return Authorization Forms **IMMEDIATELY**.

Property Information:

- ☐ Homeowners insurance agent contact information
- ☐ Mortgage NOTE & First Payment Letter from previous closing
- ☐ Recent Mortgage Payment Coupon for ALL mortgages
- ☐ HOA management contact information (if applicable)

Income and Assets: (Provide ALL evidence of income whether or not listed below)

- ☐ Pay Stubs (most recent 30 Days)
- ☐ W2's and tax returns with all schedules & attachments (**LAST TWO YEARS**)
- ☐ Employment Information (name, address, phone number, and contact to verify employment)
- ☐ Bank Statements (most recent two months checking and/or savings account(s). Be sure to include **all pages**. Statement must include name and acct #. For online statements name, acct #, and the name of the bank/credit union etc..to be plainly visible)
- ☐ Quarterly Statement (most recent quarterly statement for any 401K's including terms of withdrawal, IRA's, Individual Investment Accounts, Mutual Funds, Stocks or other Retirement Account(s).)

Personal Information

- ☐ Copy of Driver's License & Social Security Card
- ☐ Permanent Resident Card (if applicable)

Other (If applicable)

- ☐ SSI, Disability, Retirement, and evidence will continue
- ☐ Divorce Decree, Child Support & Alimony Orders (evidence received last 3 months)
- ☐ Bankruptcy Discharge Papers
- ☐ VA: provide Certificate of Eligibility or Sign VA request forms (DD 180 & 26-1180)
- ☐ Social Security or Disability Award Letters
- ☐ Lease Agreements on rental properties
- ☐ Landlord name, address, & phone (12 months cancelled checks if paid to private party)

FAX: 801.206.0081 • EMAIL: Processing@LoansByLance.com



VIRTUA FUNDING LLC

(NMLS#1015993)

YOUR TEAM ROSTER

Duties & Contact Information



LANCE WILLSON NMLS#317642

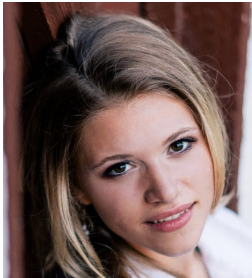
PHONE: (801) 979-1247

Loan Officer / Ops Manager:

EMAIL: Lance@LoansByLance.com

- Leads & Referrals
- Loan Pre-Qualification
- Loan Program Questions
- LO & Operations Support

- Loan Origination & Applications
- Rates / Closing Costs, etc...
- Questions on Home Financing
- Client & File Resolutions



KRYSTIN WILLSON

PHONE: (801) 784-8793

Assistant LO & Coordinator:

EMAIL: Help@LoansByLance.com

- Appointment Scheduling
- Processing & LO Assistance
- Marketing

- Loan / Project Status Updates
- Status Updates
-



ROB WINWARD nmls#1326358

PHONE: (801) 649-9556

Contract Loan Processor:

EMAIL: Processing@LoansByLance.com

- Provide Loan Status Updates
- Gather Infor & Order Reports (Income/Credit/Asset/ Property)
- Assist with File Resolutions

- Process paperwork & Secure Loan Approval (Coordinates w/ Underwriter)
- Resolve ANY financing Conditions
- **Direct Fax: 801.206.0081**



JENNIFER WILLSON PHONE: (801) 784-8793 OR (801) 449-1224

Bridal Registry Coordinator:

EMAIL: Bridal@LoansByLance.com

- Bridal Registry Support
- Outside Consultant

- Bridal Marketing Coordinator
-



LoansByLance.com

www.LoansByLance.com

TEAM FAX: (801) 206-0081



Scan for Lance's VCard



Welcome to Virtua Funding LLC

Who We Are

Virtua Funding (VF) was established as an alternative financing option for Home Owners. Here at VF we know what it takes to succeed in today's financial market, hard work, sacrifice, and dedication to our customers. We help educate our clients about the best loan products available in the market, helping them make an informed decision. Our loan consultants are experienced and make the loan process easy.

Our Philosophy: Clients for Life

The phrase "Clients for Life" is our most fundamental philosophy and guiding principal. It is our core belief that incorporating this philosophy with honesty & integrity into the loan qualifying and loan closing processes is the cornerstone key to our success. We want YOU as a "Client for Life."

Array of Products

VF has established relationships with some of the nation's leading service providers in order to provide a wide range of residential, rural, business and commercial loans to the clients we serve.

Experience Counts

What do our customers receive when they work with one of our mortgage experts? Stability and peace-of-mind. This is achieved because our experience and knowledge create a foundation of confidence that sets us apart from the competition. When making what could be the largest purchase of your life, you want to feel confident that you are working with a competent and experienced professional. VF's staff has been serving home buyers for more than 18 years. VF is a full-service mortgage provider with a vast array of loan products to fit your ever-changing needs.

Service

We pride ourselves on not only having great rates and a full spectrum of mortgage products, but on your satisfaction. By effectively communicating your options and the progress of your loan, you will have less stress and a great experience while we serve you.



R. Lance Willson

NMLS # 317642

Originations / Operations & QC / Finance / Underwriter

- ◆ 20 plus years of management & financial experience
- ◆ FHA DE Underwriter (BU52)
- ◆ Has taken loans from Origination through Secondary
- ◆ Construction loan origination, underwriting, & servicing
- ◆ Business Plan Development, USDA grant writing, Sales
- ◆ Bi-lingual (English/Spanish)

Lance has originated mortgages since 1995. His current responsibilities include Originations, Operations, and Promotional marketing of residential mortgages. In his career he has originated and underwritten government, conventional, and construction loans; and has experience with construction loan servicing. **Having experience as an underwriter provides Lance with insight on loan structuring that most Loan Officers don't have.**

Mr. Willson has taken loans from origination to purchase on secondary markets, headed up construction servicing, and has over fifteen years of management and financial experience.

Management experience includes Branch Manager, Corporate Officer, and Board Member. He has written business plans, USDA grant applications, created pro forma, financial reports, policies, and procedures for startup businesses. In an effort to expand funding options, Lance helped a local Credit Union increase their credit lines by over 30 million.

At Security National Mortgage Company (SNMC) Lance has received the President's Award, the Chairman Award, and Awarded Outstanding Retail Manager for his contribution towards a combined company volume of over 2.5 Billion in originations.

Lance centers his values and ethics upon the principles of honesty, integrity, and industrious service. He has expertise in project management, creating compliance policies and procedures, developing strong business and client relationships, and demonstrates an ability to secure favorable terms and agreements while guiding teams through multi-component transactions.

His first love (next to his wife & children) is helping clients buy and/or refinance homes.



www.LoansByLance.com



Scan for Lance's VCard

AUTHORIZATION FORMS

PLEASE SIGN WHERE MARKED then:

FAX: 801.206.0081 or

EMAIL: Processing@LoansByLance.com

forms MUST be signed and returned ASAP

ELECTION TO RECEIVE ELECTRONIC DISCLOSURES

_____ (hereafter "the Lender") IS REQUIRED BY LAW TO PROVIDE YOU WITH CERTAIN DISCLOSURES AND INFORMATION ABOUT YOUR MORTGAGE LOAN APPLICATION. WITH YOUR CONSENT, THE LENDER CAN DELIVER THE LOAN DISCLOSURES TO YOU QUICKLY AND CONVENIENTLY BY ELECTRONIC DELIVERY IN ACCORDANCE WITH THE FEDERAL ELECTRONIC SIGNATURE IN GLOBAL AND NATIONAL COMMERCE ACT (E-SIGN). THIS NOTICE CONTAINS IMPORTANT INFORMATION THAT YOU ARE ENTITLED TO RECEIVE BEFORE YOU CONSENT TO ELECTRONIC DELIVERY OF REQUIRED INFORMATION. YOUR CONSENT ALSO PERMITS THE GENERAL USE OF ELECTRONIC RECORDS AND APPLICATION. PLEASE READ THIS NOTICE CAREFULLY AND PRINT OR DOWNLOAD A COPY FOR YOUR FILES. AFTER YOU HAVE READ THIS INFORMATION, IF YOU AGREE TO RECEIVE LOAN DISCLOSURES FROM the Lender ELECTRONICALLY, AND IF YOU AGREE TO THE GENERAL USE OF ELECTRONIC RECORDS AND ELECTRONIC SIGNATURES IN CONNECTION WITH YOUR RELATIONSHIP WITH the Lender, PLEASE PROVIDE YOUR CONSENT BY REPLYING TO THIS E-MAIL GRANTING US PERMISSION TO SEND YOUR LOAN DISCLOSURES TO YOU ELECTRONICALLY.

Scope of Communications to be provided in Electronic Form: By giving us your consent, you agree to receive electronically any loan disclosures pertaining to your mortgage loan application, including but not limited to: Good Faith Estimates, Truth in Lending Disclosure Statements, Fair Lending Notices, Privacy Policies, etc. Your consent will not apply to any closing or loan settlement documents.

Consent to Electronic Records: Your consent to receive electronic loan disclosures from us will only be valid for your current loan applications and will expire upon loan closing, settlement, withdrawal, or denial of your loan unless you withdraw consent prior to any of the events listed above.

Method of Providing Disclosures to You in Electronic Form: All loan disclosures that we provide to you in electronic form will be provided either (1) via e-mail or (2) by access to a web site that we will designate in an email notice we send to you at the time the information is available.

Withdrawal of Consent: You may withdraw your consent to receive electronic loan disclosures by notifying us by email at _____ by phone at _____; or in writing at _____, Attn: Compliance Department, _____. Any withdrawal of consent to receive electronic loan disclosures will be effective after a reasonable period of time has elapsed since our receipt of the withdrawal. There is no fee to withdraw consent and the withdrawal of consent will not result in any termination of your loan process.

Requesting Paper Copies: We will provide paper copies of any electronic loan disclosures only upon request; the request must be made within a reasonable time frame after we first provided the loan disclosures to you electronically. You may contact us in any of the ways described in the preceding paragraph to request paper copies of any disclosures. We may charge a reasonable service fee for the delivery of paper copies of any loan disclosures provided to you electronically pursuant to this authorization. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any loan disclosures that you have authorized us to provide electronically.

How to Update Records: To ensure that we are able to provide the loan disclosures to you and that our records remain accurate; you must notify us promptly of any change in your e-mail address. You may contact us by any method listed above.

Mark the box next to the preferred email:

☐ Borrower Email: _____

☐ Co-Borrower Email: _____

Borrower

Date

Co-Borrower

Date

DISCLOSURE OF LICENSURE & AFFILIATION

Please be advised that in addition to being a licensed mortgage loan officer (nmls# _____), I am also a licensed insurance agent (nln# _____) with Smart Way Insurance Agency (SWIA - nls#17232743). As such I may be able to obtain insurance quotes on your behalf. Because of my relationship with SWIA I may receive financial or other benefits from your referral. Although home owner's insurance will be required as part of your loan approval, you may use the insurance provider of your choice. There is no obligation to use SWIA or me as your insurance agent, and your choice will have NO impact or bearing on your loan approval.

If you request a quote for insurance in a field that I am not licensed or qualified, I will forward your information to someone who is licensed or enlist the aid of one who is most qualified.

QUOTE REQUEST

Please obtain an insurance quote on my behalf for the following (mark ALL that apply):

- ☐ **YES, Home Owners ONLY**
- ☐ **YES, Home Owner's and Auto** (discounts are often available by bundling a home owner's policy with auto)
- ☐ **YES, Health Insurance** (Major Health, Dental, Vision, Accidental)
- ☐ **YES, Life Insurance** (Life Insurance policies are often used to pay off mortgage balances at time of death)
- ☐ **YES, Final Expense** (only covers expenses relative to funeral & burial services)
- ☐ **YES, Retirement** (provide information relative to preparing for retirement)
- ☐ **NO, Please do NOT provide me with any insurance quotes at this time.**

STATEMENT OF NON-COERCION

The lender can impose certain criteria regarding your insurance coverage such as deductible limits and minimum coverages, and may also require that the insurance provider meet a minimum standards rating. Additionally your insurance premium amount may have an impact on loan approval as the premium is part of an affordability test used as part of the loan approval process. However, in accordance with insurance laws the lender may NOT force, coerce, or require that you use a specific insurance agent or company. You, the applicant, subjected to the rules adopted by the Insurance Commissioner, have the right to have the insurance placed with an insurance agent or company of your choice, provided the 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.

Having read the foregoing statements and disclosure, or the rules of the Insurance Commissioner relative hereto, I understand my rights and privileges and those of the lender relative to the placing of such insurance.

Furthermore, I hereby attest and certify that I have not been coerced to use Smart Way Insurance Agency (SWIA). If I have requested insurance from SWIA I have done so of my own free will and without coercion or a promise of better loan terms or loan approval in exchange for insurance.

Applicant:

Date

Applicant:

Date

Quotes may also be obtained by visiting: www.SmartWayAgent.com

Request for Transcript of Tax Return

OMB No. 1545-1872

► Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
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.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 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. A tax return transcript does not reflect changes made to the account after the return is processed. 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 provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. 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. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2010, filed in 2011, will not be available from the IRS until 2012. 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. _____

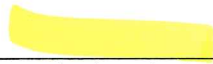
Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return ☐

Caution. Do not sign this form unless all applicable lines have been completed.

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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

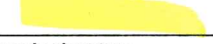
Phone number of taxpayer on line 1a or 2a _____

Sign
Here

X 
Signature (see instructions)

Date _____

X 
Title (if line 1a above is a corporation, partnership, estate, or trust)

X 
Spouse's signature

Date _____

Borrowers' Certification and Authorization

CERTIFICATION



The Undersigned certify the following:

1. I/We have applied for a mortgage loan through _____. 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 the assets and liabilities. I/We certify that all of the information is true and complete. I/We make no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that _____ reserves the right to change the mortgage loan review process 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 crime punishable by 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 _____, As part of the application process, _____ and the mortgage guaranty insurer (if any), may verify information contained in my/our loan 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 to _____ and to any investor to whom _____ may sell my mortgage, 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. _____ or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

Borrower

Date

Co-Borrower

Date

SSN: _____

SSN: _____

Credit Card Authorization Form

Lender / Phone: Security National Mortgage Co / 801.915.0818

Purposes/Costs: Credit Report up to \$55, Employment Verifs up to \$30, AUS up to \$35, and Appraisal up to \$500 on Primary Residence and \$750 on Rental Properties.

Property Information:

Address **City** **State** **Zip**

Credit Card Information:

Card Type: (Circle One): American Express Master Card Visa Discover			
Card Owner Info: _____			
Exact Name on Card		Phone	Email
Card Number: _____ - _____ - _____ - _____			
Expiration Date: _____ - _____		Security Code (3 digits on back): _____	
Credit Card Billing Address:			

Address		City	State Zip

Contact for Entry:

Name **Phone** **Alt Phone** **Email**

It is understood that once the appraisal inspection has been made or other reports ordered, the fee has been earned and is non-refundable.

I authorize the above named Lender to charge my credit card the amount shown above for the above purposes in connection with processing a mortgage loan.

Credit Card Holder's Signature:  _____ **Date:** _____

NOTE: You MAY be required to pay for an appraisal upfront. If so, we will need your credit card information and authorization. Depending on transaction factors, we can often reimburse this cost at closing. However, we may be required to collect the payment upfront before the appraisal is performed. **Please at least sign and return this form even if you leave the Credit Card information blank.** The card info can be gathered by phone if necessary.

IMPOUND AUTHORIZATION

Note: You may be required to have an escrow account to pay for your taxes and insurance if you apply for a government loan or if your loan is above 80% of property value.

If I have the opportunity to choose I would prefer:
(mark one and sign)

☐ **YES**, include taxes and insurance with my monthly payment

☐ **NO**, do NOT include taxes and insurance in my payment. I will pay these separate.

X

Borrower

Date

X

CO-Borrower

Date

Borrower

SOCIAL SECURITY NUMBER CERTIFICATION

I, _____ do not have proof of my Social Security Number as provided originally in the form of a card, but I hereby certify that my Social Security Number is _____ and is the same number listed on my _____, which I have submitted as part of my loan application.

The information the lender obtains is only to be used in the processing of my mortgage loan application.

X 

Borrower

Date

WARNING: Section 1010 of Title 18 U.S.C. Federal Housing Administration states "Whoever, for purposes of influencing in any way the action of such Administration...makes, passes, or publishing any statement, knowing the same to be false, shall be fined not more than \$5,000.00 or imprisoned not more than two years or both."

Co-Borrower

SOCIAL SECURITY NUMBER CERTIFICATION

I, _____ do not have proof of my Social Security Number as provided originally in the form of a card, but I hereby certify that my Social Security Number is _____ and is the same number listed on my _____, which I have submitted as part of my loan application.

The information the lender obtains is only to be used in the processing of my mortgage loan application.

X 

Borrower

Date

WARNING: Section 1010 of Title 18 U.S.C. Federal Housing Administration states "Whoever, for purposes of influencing in any way the action of such Administration...makes, passes, or publishing any statement, knowing the same to be false, shall be fined not more than \$5,000.00 or imprisoned not more than two years or both."

Borrower

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name _____ Date of Birth _____ SSN _____

I want this information released because I am conducting the following business transaction:

Seeking a Mortgage

Reason(s) for using CBSV: (Please select all that apply)

☒ Mortgage Service

☐ Banking Service

☐ Background Check

☐ License Requirement

☐ Credit Check

☐ Other

with the following company ("the Company"):

Company Name: _____

Company Address: _____

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent (if applicable) is:

Name

Address

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

X Signature _____ Date Signed _____

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address: _____ City/State/Zip: _____

Phone Number: _____

Privacy Act Statement – SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552A). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or the Company's Agent's appropriate use of the SSN verification service.

Paperwork Reduction Act Statement – This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. *Send to this address only comments relating to our time estimate, not the completed form.*

TEAR OFF

NOTICE TO NUMBER HOLDER – The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/modelAgreement11309.pdf>.

CO-Borrower

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name _____ Date of Birth _____ SSN _____

I want this information released because I am conducting the following business transaction:

Seeking a Mortgage

Reason(s) for using CBSV: (Please select all that apply)

☒ Mortgage Service

☐ Banking Service

☐ Background Check

☐ License Requirement

☐ Credit Check

☐ Other

with the following company ("the Company"):

Company Name: _____

Company Address: _____

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent (if applicable) is:

Name

Address

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

X Signature _____ Date Signed _____

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address: _____ City/State/Zip: _____

Phone Number: _____

Privacy Act Statement – SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552A). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or the Company's Agent's appropriate use of the SSN verification service.

Paperwork Reduction Act Statement – This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. *Send to this address only comments relating to our time estimate, not the completed form.*

.....TEAR OFF

NOTICE TO NUMBER HOLDER – The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/modelAgreement11309.pdf>.

Borrower Waiver of HVCC Appraisal Report Delivery 3 Day Requirement

Loan Identification Information

Loan Number:

Date:

Borrower(s):

Subject Property Address:

Agreement to Waive HVCC Appraisal Report Delivery 3 Day Requirement

I/We, the undersigned, do understand and acknowledge that the requirements of the Home Valuation Code of Conduct ("HVCC") entitle me/us to receive a copy of any appraisal report concerning the value of the property securing this loan at no additional cost to me/us.

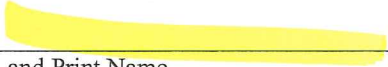
I/We further understand and acknowledge that the HVCC requires that a copy of any such appraisal report be delivered to me/us promptly upon its completion and, in any event, no less than three (3) business days prior to the closing of the loan.

I/We further understand and acknowledge that provisions of the HVCC also permit me/us to agree to waive the aforementioned three (3) day requirement.

I/We do hereby agree to waive the three (3) day requirement and so signify by affixing my/our signature(s) below.

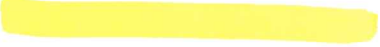
Acknowledgement Signatures

I/We the undersigned hereby acknowledge that I/We have read and understand this disclosure.

X 

Sign and Print Name

Date

X 

Sign and Print Name

Date

Sign and Print Name

Date

Electronic Signature Agreement

This Agreement is entered into between _____, hereafter referred to as “the Company”, and the parties identified on the attached Signature Card, hereafter, individually and collectively, referred to as “Borrowers”.

The E-SIGN Act defines electronic signatures as “any electronic sound, symbol, or process attached to or logically associated with a contract or record and executed or adopted by a person with the intent to sign the record.” (E-SIGN §106(_5_)) Electronic signatures shall also include digital signatures as a subset.

Borrowers hereby authorize the use of electronic signatures as described below for the purpose of applying for and acquiring mortgage financing or loan modification. Borrowers understand that electronic signatures may be an electronic version or copy of their signature provided on the attached “Signature Card” or may be a typed version or some other electronic version as approved, created, or adopted by Borrowers.

Each Signor may approve or withdraw approval independent of any other Signor. Nothing in this Agreement affects who is authorized to sign any specific document.

Borrowers hereby acknowledge and/or certify that:

- Use of electronic signatures is voluntary;
- Signing the Signature Card signifies acceptance of the terms contained herein. If you don’t agree with these terms do not sign the Signature Card;
- Borrowers have personally signed the Signature Card and that the signature therein is their own valid signature;
- Borrowers have received and agree to the terms of the Election to Receive Electronic Disclosures and Company’s Privacy Policy;
- Borrowers have received and reviewed the initial loan application, authorizations, disclosures, letters, and other documents if created to date for the referenced mortgage transaction; and for their own convenience Borrowers hereby authorize an electronic copy of their signature on the attached Signature Card to be copied onto those documents as well as any other forms, documents, and/or letters first approved by Borrowers.
- With each authorized use of electronic signatures Borrowers certify the associated document(s) as true, accurate, and correct at the time signed.
- Borrowers have executed and/or adopted the use of each electronic signature with the intent to sign the intended documents as if Borrowers had signed them with handwritten signatures. Each electronic signature shall be treated the same as an original handwritten signature and that the “signed” documents shall have the same binding affect as if signed by a handwritten signature.
- Electronic signatures may be used on any and ALL mortgage related documents and authorizations EXCEPT a mortgage Note of a HECHM loan, including but not limited to: initial and subsequent loan applications, addendum to loan applications, disclosures and authorizations, form 4506T, form SSA-89, form SSA-3288, Borrower Authorization Form, Broker Agreement Forms, Credit and Credit Inquiry Explanation Letters, Income Explanation Letters, Verification Request Forms for income, credit, and/or assets, and any other letter, form, authorization, record, Affidavit, disclosure, or document deemed necessary by the Company to successfully originate, process, close, and/or sell to secondary markets the requested mortgage, collectively referred to as “documents”.
- Borrowers understand that the Company, its Lenders, and Investors must rely on statements, information, and documents provided by and authenticated by Borrowers and that the falsification of such shall constitute a breach of trust and shall be construed as and reported as loan fraud.
- Name, Date of Birth, Social Security Number, Driver’s License Number, and all other information used to authenticate my identity as listed herein are all accurate and true. Providing this information to the Company is part of the Attribution Process, which is the process of associating the identity of an individual with his or her signature. Therefore, Borrowers further certify that the Company may reasonably rely on the identity information provided in establishing attribution and my identity and signing authority.

- User names and passwords provided to Borrowers shall be safeguarded by Borrowers

Presentation of Documents:

Documents will be presented electronically, physically, or by oral dictation, prior to each use of electronic signature. Permission of use on a specific document may be given by email, text, verbally, or some other authorized or approved mechanism. Borrowers will be given a copy of each document electronically signed and gives permission for those documents to be delivered via email to the email Borrowers have provided, or by any other means of Company's choice. Borrowers electronic signature shall be attached to, or logically associated with each document electronically signed.

Intent to Use:

Intent to use an electronic signature may be established by, but is not limited to:

- Any electronic medium including but not limited to email, text, fax, website delivery methods, downloading, etc.
- An online dialog box or alert advising the borrower that continuing the process will result in an electronic signature,
- An online dialog box or alert indicating that an electronic signature has just been created and giving the borrower an opportunity to confirm or cancel the signature, or
- A click-through agreement advising the borrower that continuing the process will result in an electronic signature
- By physically or electronically signing a cover document listing or detailing attached documents to be electronically signed
- Verbally acknowledging receipt of, acceptance of, and authentication of each document to be electronically signed and giving verbal authorization for the use of and placement of an electronic signature of the same. Sellers give the Company permission to record said verbal authentication and authorization without further notice
- In-person physical presentation and inspection

Withdrawal of Consent and Termination:

Borrowers may withdraw consent to use electronic signatures and elect to discontinue future use of electronic signatures, effectively terminating this Agreement, at any time. However, authorization of use on documents previously signed may NOT be revoked or withdrawn. You may withdraw your consent by notifying us by sending an email to: _____, or in writing by sending your request to: Compliance Department, _____.

Any withdrawal of consent will be effective after a reasonable period of time has elapsed (no less than 3 days if received electronically and no less than 7 days if received by mail) since our receipt of the withdrawal. There is no fee to withdraw consent and the withdrawal of consent will not result in any termination of your loan process.

Agents, Investors, and Employees:

Rights, Permissions, and Protections given to the Company by this Agreement are extended to third party vendors, Investors, Lenders, Agents, and/or Employees of the Company.

Security, Third Party Vendors, & Links:

The Company may use software or Third-Party vendors in the creation of or use of electronic signatures. Borrowers agree to abide by terms of third party vendors. Further there may be links that make it easier for Borrowers to connect to third party sites that are not under the control of the Company, and the Company is not responsible for the contents of any linked site or any link contained in such a linked site. Existence of links to other third party sites is not an endorsement in favor of such site or the products or services contained in any linked site. If you choose to access a third party website linked on the Company's website, you do so entirely at your own risk. Borrower agrees to hold the Company harmless of any privacy breach that occurs via its Third Party Vendors, Lenders, or Investors that happen at no fault of the Company, or are caused by the negligence of Borrowers, including Borrower's failure to safeguard user names and passwords.

Document Retention:

While the Company agrees to retain documents electronically signed, Borrowers should NOT rely on the Company or its Third-Party vendors as the sole source of documents retention. Borrowers should print or download documents and store them in a safe environment. Most third-party vendors typically only keep documents on their server for 90 days. Also, the Company may be relying electronic means for retention, which can fail, or become corrupted, or destroyed at no fault of the Company. Borrowers agree to retain their own copy of signed documents and agree to hold Company harmless for loss or deletion of documents that occurs at no fault of the Company.

Other Governing Documents, Policies, and/or Agreements:

The Company's Privacy Policy, and Election to receive Electronic Disclosures also apply and are contained elsewhere and are available upon request.

Siting Applicable Laws and Regulations:

- The Electronic Signatures in Global and National Commerce (ESIGN) Act Pub. L. 106-229, § 1 (June 30, 2000), 114 Stat. 464, codified at 15 U.S.C. §§ 7001-7006.
- ML 95-50; ML 01-01; ML 10-14; HUD Handbook 4155.1 1.B.1.k, *Policy on Use of Electronic Signatures on Third Party Documents*, and ML 14-03.
- Utah Code Title 46, Chapter 4

Governing Law; Jurisdiction and Venue:

This Agreement shall be construed with and governed by the laws of the State of Utah without giving effect to any choice of law rule that would cause the laws of any jurisdiction other than the laws of the State of Utah to apply to the rights and duties of the parties. All parties submit to the jurisdiction, and waive any right to contest the venue (including forum non conveniens), of courts in Utah and further agree that any claim or cause of action, whether in contract, tort, warranty, negligence, strict liability, product liability, fiduciary, statutory liability, indemnity or otherwise, arising out of, related to or in connection with this Agreement shall be brought in the Third District Court in Salt Lake County, Utah. The prevailing party(ies) in any such action or proceeding shall be entitled to attorney fees and other costs incurred in that action or proceeding, in addition to any other relief to which it or they may be entitled and the court shall provide.

Construction:

Any rule of law or legal decision that would require interpretation of any ambiguities in this Agreement against the party that has drafted it is not applicable and is waived to the fullest extent allowed by law. The provisions of this Agreement shall be interpreted in a reasonable manner to affect the purpose of the parties and this Agreement.

Severance & Waiver:

If any provision of this Agreement is held to be unenforceable, in whole or in part, the unenforceable portion of such provision shall be struck and the applicability of the remaining portions of such provision together with all other provisions shall not be affected and shall remain in tact. No waiver of any term of this Agreement shall be deemed a continuing waiver of such term or any other term.

Entire Agreement:

This Agreement together with other Agreements and Policies referenced herein whether displayed in an electronic format or printed out on paper, sets forth the entire understanding and agreement, and supersedes any prior or contemporaneous understanding or agreement. The Company reserves the right, at Company's sole and absolute discretion, to amend or modify this and any other referenced agreements and/or policies (including, without limitation, by adding new provisions of the same or a different nature as the existing provisions of this Agreement, or by deleting provisions of this Agreement) at any time and without notice by posting the amended Agreements and Policies on the Company's authorized website, and all amended terms shall automatically be effective immediately after they are initially posted. A printout or copy of this Agreement, if and as amended, shall be acceptable as an original document to prove the contents hereof for all purposes relating to this Agreement.

Authorized Website(s): www.LoansByLance.com

SIGNATURE CARD

My signature below certifies that I have received, read, understand, and accept the terms of the Electronic Signature Agreement.

Borrower

Borrower Name

Date of Birth

SSN

Diver's License No.

Initials

Signature

A square box for initials. A blue arrow points to the left side of the box.A large rectangular box for a signature. A blue arrow points to the left side of the box.

(Keep initials & signatures within the above box without crossing or touching lines)

Co-Borrower

Co-Borrower Name

Date of Birth

SSN

Diver's License No.

Initials

Signature

A square box for initials. A blue arrow points to the left side of the box.A large rectangular box for a signature. A blue arrow points to the left side of the box.

(Keep initials & signatures within the above box without crossing or touching lines)

_____, its Lenders, Investors, & its successors and/or assigns, hereafter collectively referred to as, "the Company"

FACTS

What Does the Company Do With Your Personal Information?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also required us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none">• Social Security Number <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons the Company chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does the Company Mortgage share?	Can you limit this sharing?
For our everyday business purposes -- such as to process your transactions, maintain your account(s), responds to court orders and legal investigations, or report to credit bureaus	No	We Don't Share
For our marketing purposes -- to offer our products and services to you	No	We Don't Share
For joint marketing with other financial companies	No	We Don't Share
For our affiliates' everyday business purposes -- information about your transactions and experiences	No	We Don't Share
For our affiliates' everyday business purposes -- information about your creditworthiness	No	We Don't Share
For our affiliates to market to you	No	We Don't Share
For nonaffiliates to market to you	No	We Don't Share

Questions?	
-------------------	--

Who we are	
Who is providing this notice?	
What we do	
How does the Company protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does the Company collect my personal information?	We collect your personal information, for example, when you
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes - information about your creditworthiness • affiliates from using your information to market to you • sharing for non-affiliates to market to you <p>State Laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

VA LOANS

(Excluding VA to VA Streamline refinances)

For VA Loans, provide Certificate of Eligibility (COE)

OR

Sign the following forms two request forms

These forms are for VA Loans only

All other loans – SKIP

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☐ **DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): _____
If more than one period of service was performed, even in the same branch, there may be more than one DD214.
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214. ☐
The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- ☐ **All Documents in Official Military Personnel File (OMPF)**
- ☐ **Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission **must** be provided: _____
- ☐ **Other (Specify):** _____

2. **PURPOSE:** (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- ☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal
☐ Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- ☐ Military service member or veteran identified in Section I, above
☐ Next of kin of deceased veteran: _____

(Relationship)

- ☐ Legal guardian (Must submit copy of court appointment.)
☐ Other (specify) _____

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.



2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE WHEN REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

X

Name		Signature Required - Do not print		Date
Street		Daytime phone		Fax Number
City		Email address		
State	Zip Code			

 Department of Veterans Affairs		FOR VA USE ONLY	MAIL COMPLETED APPLICATION TO: Department of Veterans Affairs Eligibility Center P. O. Box 20729 Winston-Salem, NC 27120				
		COE REF. NO.					
REQUEST FOR CERTIFICATE OF ELIGIBILITY							
NOTE: Please read information on reverse before completing this form. If additional space is required, attach a separate sheet.							
1. NAME OF VETERAN (First, Middle, Last)		2. DATE OF BIRTH		3. SOCIAL SECURITY NUMBER			
4A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Item 4B)		4B. NAME(S) USED DURING MILITARY SERVICE (IF DIFFERENT FROM NAME IN ITEM 1)					
5. DAYTIME TELEPHONE NUMBER		6. E-MAIL ADDRESS (If applicable)					
7A. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)		7B. MAIL CERTIFICATE OF ELIGIBILITY TO: (Complete <u>ONLY</u> if the Certificate is to be mailed to an address different from the one listed in Item 7A)					
8A. WERE YOU DISCHARGED, RETIRED, OR SEPARATED FROM SERVICE BECAUSE OF DISABILITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8B. VA CLAIM NUMBER (If known)					
MILITARY SERVICE (SEE INSTRUCTIONS FOR PROOF OF SERVICE ON THE NEXT PAGE)							
9A. ARE YOU CURRENTLY ON ACTIVE DUTY? (If you are currently serving on active duty, leave the "Date Separated" field blank) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IMPORTANT: Please provide your dates of service. In many cases eligibility can be established based on data in VA systems. However, it is recommended that proof of service be provided, if readily available. Proof of service is required for persons who entered service after September 7, 1980 and were discharged after serving less than 2 years.		BRANCH OF SERVICE		DATE ENTERED	DATE SEPARATED	OFFICER OR ENLISTED	SERVICE NUMBER (If different from Social Security Number)
9B. ACTIVE SERVICE - Do not include any periods of Active Duty for Training or Active Guard Reserve service. Do include any activation for duty under Title 10 U.S.C (e.g. Reserve or Guard unit mobilized)							
9C. RESERVE OR NATIONAL GUARD SERVICE Include any periods of Active Duty for Training (ADT) or Active Guard Reserve service. Do not include any activation for duty under Title 10 U.S.C. (e.g. Reserve or Guard unit mobilized)							
PREVIOUS VA LOANS (SEE INSTRUCTIONS ON THE NEXT PAGE - Attach a separate sheet if information for all homes will not fit in Item 10)							
10A. DO YOU NOW OWN ANY HOMES(S) PURCHASED OR REFINANCED WITH A VA-GUARANTEED LOAN? <input type="checkbox"/> YES (If "Yes," complete Items 10B thru 10D) <input checked="" type="checkbox"/> NO (If No, skip to Item 14) <input type="checkbox"/> NOT APPLICABLE (NA) - I HAVE NEVER OBTAINED A VA-GUARANTEED HOME LOAN (If "NA," skip to Item 14)		10B. DATE OF LOAN (Month and Year)		10C. STREET ADDRESS		10D. CITY AND STATE	
11A. ARE YOU APPLYING FOR THE ONE-TIME ONLY RESTORATION OF ENTITLEMENT TO PURCHASE ANOTHER HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 11B thru 11D)		11B. DATE OF LOAN (Month and Year)		11C. STREET ADDRESS		11D. CITY AND STATE	
12A. ARE YOU APPLYING FOR A RESTORATION OF ENTITLEMENT TO OBTAIN A REGULAR (CASH-OUT) REFINANCE ON YOUR CURRENT HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 12B thru 12D)		12B. DATE OF LOAN (Month and Year)		12C. STREET ADDRESS		12D. CITY AND STATE	
13A. ARE YOU REFINANCING AN EXISTING VA LOAN TO OBTAIN A LOWER INTEREST RATE WITHOUT RECEIVING ANY CASH PROCEEDS (IRRRL)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 13B thru 13D)		13B. DATE OF LOAN (Month and Year)		13C. STREET ADDRESS		13D. CITY AND STATE	
I CERTIFY THAT the statements in this document are true and complete to the best of my knowledge.							
14A. SIGNATURE OF VETERAN (Do NOT print) 						14B. DATE SIGNED	
FEDERAL STATUTES PROVIDE SEVERE PENALTIES FOR FRAUD, INTENTIONAL MISREPRESENTATION, CRIMINAL CONNIVANCE OR CONSPIRACY PURPOSED TO INFLUENCE THE ISSUANCE OF ANY GUARANTY OR INSURANCE BY THE SECRETARY OF VETERANS							
FOR VA USE ONLY (Please do not write below this line)						DATE RETURNED	
REASON(S) FOR RETURN							