

# 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:

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Place of Birth: Social Security No:

--	--

Address: Street City State Zip

--	--	--	--

Borrower Phone:

DL#

Borrower Email:

## CO-BORROWER:

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

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Address: Street City State Zip

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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:

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LO ph:

LO nmls

Ins npn

Date:

SSA-89 Agent:

Secondary:



CO NMLS# 1015993

# COVER PAGE

## TABLE OF CONTENTS

### **Letter of Instructions**

### **Checklist**

Needed Items – please gather and **email/fax**

### **Team Contact Roster**

Loan Officer and Staff Duties & Contact Information

### **About Section**

Loan Officer & Company Bios

### **Authorization Forms**

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](http://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 Suite 111, South Jordan, UT 84070

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

www.LoansByLance.com

## **PURCHASE 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:**

- ☐ Executed REPC (*Real Estate Purchase Contract Including all addenda.*)
- ☐ Homeowners insurance agent contact information
- ☐ Real estate agent contact information
- ☐ 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
- ☐ Gift Letter
- ☐ 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)
- ☐ Recent Mortgage Payment Coupon for ALL mortgages

**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](mailto: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](mailto: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](mailto: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](mailto:Bridal@LoansByLance.com)

- Bridal Registry Support
- Outside Consultant
- Bridal Marketing Coordinator



LoansByLance.com

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



Scan for Lance's VCard

# **AUTHORIZATION FORMS**

**PLEASE SIGN WHERE MARKED then:**

**FAX: 801.206.0081 or**

**EMAIL: [Processing@LoansByLance.com](mailto: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](http://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](http://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.

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

**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. \_\_\_\_\_

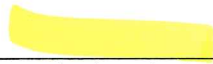
Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . . ☐

**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:**

<b>Card Type: (Circle One):</b> American Express    Master Card    Visa    Discover			
<b>Card Owner Info:</b> _____			
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.

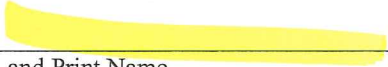
I/We further understand and acknowledge that the HVCC requires that a copy of any such appraisal report be delivered to me/us promptly upon its completion and, in any event, no less than three (3) business days prior to the closing of the loan.

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.

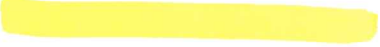
I/We do hereby agree to waive the three (3) day requirement and so signify by affixing my/our signature(s) below.

### 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](http://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 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 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?

<b>Why?</b>	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.
<b>What?</b>	<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"><li>• Social Security Number</li></ul> <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
<b>How?</b>	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?
<b>For our everyday business purposes --</b> 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
<b>For our marketing purposes --</b> to offer our products and services to you	No	We Don't Share
<b>For joint marketing with other financial companies</b>	No	We Don't Share
<b>For our affiliates' everyday business purposes --</b> information about your transactions and experiences	No	We Don't Share
<b>For our affiliates' everyday business purposes --</b> information about your creditworthiness	No	We Don't Share
<b>For our affiliates to market to you</b>	No	We Don't Share
<b>For nonaffiliates to market to you</b>	No	We Don't Share

<b>Questions?</b>	
-------------------	--



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"> <li>• sharing for affiliates' everyday business purposes - information about your creditworthiness</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for non-affiliates to market to you</li> </ul> <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			

 <b>Department of Veterans Affairs</b>		<b>FOR VA USE ONLY</b>	<b>MAIL COMPLETED APPLICATION TO:</b> Department of Veterans Affairs Eligibility Center P. O. Box 20729 Winston-Salem, NC 27120				
		<b>COE REF. NO.</b>					
<b>REQUEST FOR CERTIFICATE OF ELIGIBILITY</b>							
<b>NOTE: Please read information on reverse before completing this form. If additional space is required, attach a separate sheet.</b>							
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)					
<b>MILITARY SERVICE (SEE INSTRUCTIONS FOR PROOF OF SERVICE ON THE NEXT PAGE)</b>							
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							
<b>IMPORTANT:</b> 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)							
<b>PREVIOUS VA LOANS (SEE INSTRUCTIONS ON THE NEXT PAGE - Attach a separate sheet if information for all homes will not fit in Item 10)</b>							
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							
<b>FOR VA USE ONLY (Please do not write below this line)</b>					DATE RETURNED		
REASON(S) FOR RETURN							



# PURCHASES

If you would like to explore a 100% loan with

## RURAL HOUSING

Please sign the following form

**RURAL HOUSING ONLY**

**All other loans – SKIP**

UNITED STATES DEPARTMENT OF AGRICULTURE  
RURAL DEVELOPMENT  
RURAL HOUSING SERVICE

**REQUEST FOR SINGLE FAMILY HOUSING LOAN GUARANTEE**

Approved Lender:	Approved Lender Tax ID No.:
Contact:	Approved Lender E-Mail:
Phone Number:	Fax Number:
Third Party Originator (TPO):	TPO Tax ID No:
USDA Application Number:	Lender Loan Reference Number:

**Please issue a Conditional Commitment for Single Family Housing Loan Guarantee in the following case:**

<b>Applicant Information</b> (Please complete, circle, or mark as appropriate)	<b>Co-Applicant Information</b> (Please complete, circle, or mark as appropriate)
<b>Name:</b> _____ <b>SSN:</b> _____ <b>Date of Birth:</b> _____ <b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Permanent Resident/Qualified Alien:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> _____ <b>SSN:</b> _____ <b>Date of Birth:</b> _____ <b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Permanent Resident/Qualified Alien:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <b>First Time Homebuyer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <b>First Time Homebuyer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity:</b> (Check only One Box) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> (Check only One Box) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(Check as many boxes as applicable) <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	(Check as many boxes as applicable) <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried The applicant <input type="checkbox"/> has <input type="checkbox"/> does not have a relationship with any current Rural Development employee. Explain.	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried The co-applicant <input type="checkbox"/> has <input type="checkbox"/> does not have a relationship with any current Rural Development employee. Explain.
<b>Applicant's Credit Score:</b> <input type="checkbox"/> No Score	<b>Co-Applicant's Credit Score:</b> <input type="checkbox"/> No Score

**ANY ADDITIONAL APPLICANTS MUST BE FULLY DOCUMENTED ON A SEPARATE FORM.**

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

**City, State, Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

Is this a Refinance Loan? ☐ No ☐ Yes If Yes, refinanced loan is an RD Single Family Housing ☐ Guaranteed Loan ☐ Direct Loan

1. Number of persons in the household: \_\_\_\_\_ Number of dependants under Age 18 or Full-time Students: \_\_\_\_\_

2a. The current annual income for the household is: \$ \_\_\_\_\_ 2b. The current adjusted income for the household is: \$ \_\_\_\_\_

3. PITI ratio: \_\_\_\_\_ TOTAL DEBT ratio: \_\_\_\_\_

4. We propose to loan \$ \_\_\_\_\_ for 30 years at \_\_\_\_\_ % per annum with payments (P&I) of \$ \_\_\_\_\_ per month.

5. The interest rate is based on the ☐ Fannie Mae on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (required).

☐ The interest rate is locked in until \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

☐ The interest rate will float until loan closing (documentation of lock date will be required w/ loan closing report).

**NOTE: If the interest rate increases at loan closing, the loan must be re-underwritten and this document must be recertified.**

6. The applicant understands that Rural Development approval of guarantee is required and is subject to the availability of funds.

7. The applicant is unable to secure the necessary conventional credit without a Rural Development guarantee upon reasonable rates, terms and conditions in which the applicant could reasonably be expected to fulfill.

8. Loan funds will be used for the following purpose(s):

**Purchase / Refinance Amt:** \_\_\_\_\_ \$ \_\_\_\_\_

**Financed Loan Closing Costs:** \_\_\_\_\_ \$ \_\_\_\_\_

**Repairs/Other:** \_\_\_\_\_ \$ \_\_\_\_\_

**Guarantee Fee:** \_\_\_\_\_ \$ \_\_\_\_\_

**Total Request:** \_\_\_\_\_ \$ \_\_\_\_\_ 0.00

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0078. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Applicant: X [Redacted] Co Applicant: X [Redacted]

Certifications

Approved Lender Certification

In order to induce the Agency to issue the requested guarantee, we certify that we have originated and underwritten the loan in compliance with all Agency loan requirements. This form contains or is supplemented with all information required by 7 C.F.R. § 1980.353(c).

Lender's Authorized Representative Signature / Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Authorized Representative \_\_\_\_\_

Title/Company \_\_\_\_\_

Applicant(s) Acknowledgments and Certifications

**CERTIFICATION.** As the applicant, I certify to the best of my knowledge and belief; (1 ) I am not presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) I have not within a three year period preceding this proposal been convicted or had a civil judgment rendered against me for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) transaction or contract under a public transaction; or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statement, or receiving stolen property; (3) I do not have an outstanding judgment lien on any property for a debt in favor of the United States which was obtained in any Federal court other than the United States Tax Court; and (4) I am not delinquent on any outstanding debt to the Federal Government (excluding any Federal Tax debt).

**I (we) certify and acknowledge that if the Agency pays a loss claim on the requested loan to the lender, I (we) will reimburse the Agency for that amount. If I (we) do not, the Agency will use all remedies available to it, including those under the Debt Collection Improvement Act, to recover on the Federal debt directly from me (us). The Agency's right to collect is independent of the lender's right to collect under the guaranteed note and will not be affected by any release by the lender of my (our) obligation to repay the loan. Any Agency collection under this paragraph will not be shared with the lender.**

I AM (WE ARE) unable to provide the housing I (we) need on my (our) own account, and I am (we are) unable to secure the credit necessary for this purpose from other sources upon terms and conditions which I (we) can reasonably fulfill. I (we) certify that the statements made by me (us) in this application are true, complete and correct to the best of my (our) knowledge and belief and are made in good faith to obtain a loan.

I (we) acknowledge this loan will be subject to payment of an annual fee by the Lender. The Lender may pass this fee on to me (us). I (we) understand that the annual fee for the first year is calculated when the loan is closed based upon the loan amount. Thereafter, the annual fee is calculated every 12 months based upon the average scheduled amortized unpaid principal balance. Billing for the annual fee will begin 12 months from the closing of the loan.

Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Each of the undersigned hereby acknowledges having read page three and four of this document as it relates to information regarding the PRIVACY ACT and a NOTIFICATION TO APPLICANT ON USE OF FINANCIAL INFORMATION FROM FINANCIAL INSTITUTION.

_____	<u>X</u> <u>[Redacted]</u>	_____
Print Applicant's Name	Applicant's Signature	Date
_____	<u>X</u> <u>[Redacted]</u>	_____
Print Co-Applicant's Name	Co-Applicant's Signature	Date

## NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business Cooperative Services (RBS), Rural Utilities Service (RUS) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS or RUS.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether federal, foreign, state, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecute responsibility of the receiving entity.
2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 2701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, state, or federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or has provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity, or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of name, home address, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, when the agency determines such referral is appropriate to encourage the borrower to refinance their RHS indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471) or to assist the borrower on the sale of the property.
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations and under the authority contained in 31 U.S.C. 3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by the agency in order to collect debt under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as the agency for the purpose of the collection of the debt by Rural Development or the other lender. These loans can be under the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either the agency or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with the agency.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, state wage information collection agencies, and other federal, state, and local agencies, as well as those responsible for verifying information furnished to qualify for federal benefits, to conduct wage and benefit matching through manual or automated means, for the purpose of determining compliance with federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
17. Rural Development, in accordance with 31 U.S.C. 3711 (e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by applicant or borrower for the purpose of closing the loan.



## **NOTIFICATION TO APPLICANT ON USE OF FINANCIAL INFORMATION FROM FINANCIAL INSTITUTION**

Pursuant to Title XI, section 1113(h) of Public Law 95-630, your application for a government loan or loan guaranty authorizes the Agency, in connection with the assistance you seek, to obtain financial information about you contained in financial institutions. No further notice of subsequent access to this information shall be provided during the term of the loan or loan guaranty.

As a general rule, financial records obtained pursuant to this authority may be used only for the purpose for which they were originally obtained. However, they may be transferred to another Agency or department if the transfer is to facilitate a lawful proceeding, investigation, examination, or inspection directed at the financial institution in possession of the records (or another legal entity not a customer). The records may also be transferred and used (1) by counsel representing a government authority in a civil action arising from a government loan, loan guaranty, or loan insurance agreement; and (2) by the Government to process, service or foreclose a loan or to collect on an indebtedness to the Government resulting from a customer's default.

The Agency reserves the right to give notice of a potential civil, criminal, or regulatory violation indicated by the financial records to any other agency or department of the Government with jurisdiction over that violation. Such agency or department may then seek access to the records in any lawful manner.

# PURCHASES

If you would like to explore a 100% loan with

**UTAH HOUSING**

Please sign the following form

**UTAH HOUSING ONLY**

**All other loans – SKIP**

UTAH HOUSING CORPORATION (UHC)  
LOAN APPLICATION DISCLOSURE

UHC Loan Program: \_\_\_\_\_ (must be completed prior to requesting a UHC loan commitment)

Residence Address or Legal Description \_\_\_\_\_ Applicant \_\_\_\_\_

\_\_\_\_\_ Co-Applicant \_\_\_\_\_

\_\_\_\_\_ Lender \_\_\_\_\_

LOAN APPLICATION CERTIFICATION

The purpose of the loan application is to obtain mortgage money under the Utah Housing Corporation (“UHC”) Single Family Mortgage Program (the “Program”) for the purchase of the residence identified above (the “Residence”). Completion of the attached application or this Certification does not entitle nor ensure that the Applicant and/or Co-Applicant (individually or collectively the “Applicant”) will be granted a mortgage loan under the Program (“Mortgage Loan”) or that Program funds will be available at the rate for which application is made.

In order to obtain funds to make the Mortgage Loan, the Lender named above (the “Lender”) must request that UHC reserve funds for the Applicant, for a specific amount and for the Residence (the “Request”). When the Request is made, the Lender must deliver to UHC such documents as UHC specifies, at which time a Mortgage Purchase Agreement (“MPA”) will be issued to the Lender. Failure to deliver such documents will make the Request ineligible. Should Lender fail to deliver a closed loan file for Applicant and Residence, Lender must pay a \$400 non-delivery fee to UHC. Lender may collect this fee from Applicant at the time of Application, but must refund it when Mortgage Loan closes. UHC reserves the right to refuse changes in mortgage amount, Residence or Lender. Any Applicant for whom more than one Request is made will be deemed ineligible for a Mortgage Loan under the Program.

The UHC Final Delivery Date (interest rate lock deadline) may be extended as shown in this chart:

Initial Final Delivery Date	Additional Time	Extension Fee	Total Rate Lock Period	Total Extension Fee
One month at no cost	Additional 1 month	\$400	2 months	\$400

ANY APPLICANT, WHOSE REQUEST IS CANCELLED OR EXPIRES FOLLOWING EXECUTION OF THE MPA, WILL BE INELIGIBLE TO PARTICIPATE IN UHC PROGRAMS FOR A PERIOD OF SIX MONTHS FROM THE DATE OF CANCELLATION OR EXPIRATION

**Authorization:** I hereby authorize UHC to: (1) order one or more consumer credit reports, as needed, (2) verify other information, including but not limited to bank account and past and present employment information, and (3) Communicate with the Lender regarding the servicing and collection activities on my mortgage. This authorization will be effective until my UHC loan is paid in full. It is further understood that a copy of this form will also serve as authorization.

APPLICANT UNDERSTANDS THE MORTGAGE LOAN IS SUBJECT TO CERTAIN CONDITIONS AND THAT AFFIDAVITS MUST BE EXECUTED AT CLOSING STATING:

- Any false statements made in connection with the Mortgage Loan application or in connection with the receipt of Mortgage Loan proceeds shall constitute a default and may result in the Mortgage Loan balance becoming immediately due and payable.
- The Residence is a single-family residence located in the State of Utah to be occupied by only one household.
- The Applicant must occupy the Residence as his/her principal residence as long as the Mortgage Loan is outstanding.
- Rental of all or any portion of the Residence is prohibited as long as the Mortgage Loan is outstanding.
- Not more than 15% of the total area of the Residence may be used primarily in a trade or business.
- The Purchase Price of the Residence shall not exceed the limits for the mortgage Program as shown on the UHC website.
- Annual Qualifying Income shall not exceed the limits shown in the chart posted on the UHC website for a HomeAgain Loan and a Score Loan. Annual Qualifying Income is the income the underwriter calculates to approve the mortgage loan.
- The Mortgage Loan may not be used to refinance an existing loan (except a construction-type temporary, initial loan with a term of 24 months or less) and the Applicant may not have had any prior interest in the Residence.
- The Mortgage Loan may be assumed only under certain conditions and only with UHC’s prior written approval.
- If Applicant obtains a UHC Subordinate Mortgage the Applicant is aware that the Subordinate Mortgage will not be subordinated to any other mortgage as long as the Mortgage Loan remains unpaid. UHC does not participate in any refinance program.

For First Home Loan Program Only

A FirstHome Loan Applicant:

- May not have had an ownership interest in any principal residence (including factory built housing permanently affixed to real property) during the immediate 3 years prior to Closing.
- Current Annual Household Income shall not exceed the limits as shown in the chart posted on the UHC website for a FirstHome Loan for the twelve month period beginning either: (1) the date of Application, if Closing occurs within four months of the date of Application; or (2) the date of Closing, if Closing occurs more than four months after the date of Application.

**Recapture Summary (Reimbursement) Disclosure (FirstHome Loans only)**  
**Utah Housing will Reimburse You for Recapture Payments**

Recapture\*, a term used in connection with Utah Housing First Home loans, is often misunderstood or misrepresented. It is a federal tax that affects borrowers only **if all of the following** conditions are satisfied:

1. Your household income must rapidly increase, and
2. Your home must be sold within nine years of the closing of the Mortgage Loan, and
3. You must make a net profit on the sale of your home.

UHC has eliminated the worry of recapture tax for those borrowers who may owe this tax by reimbursing them for recapture tax paid or for the reduction in their tax refund due to recapture taxes (the “Recapture Amount”).

UHC’s reimbursement is effective for Mortgage Loans receiving UHC commitments after July 23, 2003 and is subject to the following requirements:


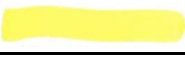
1. Your UHC Mortgage Loan must be outstanding at time of sale. If your UHC mortgage has been refinanced, no reimbursement will be made.
2. UHC will only reimburse the Recapture Amount and will not reimburse you for fees, interest, expenses or penalties incurred.
3. UHC will not calculate the Recapture Amount, if any, upon sale or disposition of the residence. If you need assistance, consult your personal tax advisor or the IRS.
4. A written request to UHC must be received by July 15<sup>th</sup> of the calendar year after the residence is sold and include the following items:
  - IRS Form 4506 (or its equivalent) completed and signed by each borrower to enable UHC to obtain a copy of each borrower’s federal tax return.
  - Copy of the signed HUD-1 Settlement Statement from the sale or disposition of the property.
  - Any other documentation UHC may need to approve the reimbursement.

\*For a complete description of Recapture and its calculation, obtain from a Participating Lender the most recent UHC Form 048 (Recapture Notice).

**For All Loan Programs:**

The undersigned Applicant(s) certifies that he/she has read and understands above requirements and has received a copy of this Loan Application Certification/Recapture Summary (Reimbursement) form. The undersigned Applicant(s) hereby authorizes the Lender to make a Request as described above.

Applicant  

Co-Applicant  

Date \_\_\_\_\_