



1 Orchard Road, Suite 235 Lake Forest, CA 92630
Phone: (877) 256-0948 – Website: condolitigation.com

Submission Stacking Order

- Submission Sheet
- Borrower's E-Mail Address (Disclosure Tracking/Compliance)
- Fannie Mae 3.4 File (**PLEASE REMOVE ESTIMATED VALUE FOR SUBJECT PROPERTY**)
- Contract UW Form Contract UW Form (**Required for NOO transactions OR LTV>80%**)
- HVCC Appraisal Credit Card Authorization Form/Appraisal Order Form
 - Please be sure that you obtain a copy of the credit card being used to pay for the appraisal (front/back). Also please be sure the client initials for the possible appraisal review charge and ***fills in an authorized amount to charge.***

- Turn-time Advisory Policy
- Escrow Info/Authorization form - **REFINANCE ONLY**
- Signed Borrower's Certification and Authorization (COAST 2 COAST FORM)
- Signed 4506-C (COAST 2 COAST FORM)
- Signed form SSA-89
- Transmittal Summary/1008
- Typed 1003
- Tri-Merge Credit Report (dated within 45 days)

- Income Documentation/Verification*
 - 30 days most recent consecutive paystubs
 - 2 years W2s
 - 2 years personal 1040s (***REMOVE STATE TAX RETURN***)
 - Should the borrower(s) receive bonus, commission, overtime, etc., please obtain the 2 most recent year-end paystubs.

- Asset Documentation/Verification*
 - Most recent 60 days statement(s). Complete statement for all accounts to be used for closing and accounts used for escrow (EMD) deposit.
 - Include detailed LOE from borrower stating the intended accounts to be used for closing and indicate the amount from each account.
 - EMD Documentation – Escrow Receipt & copy of wire or canceled check

- PITI Documentation
 - Mortgage statements for each mortgage owed by borrower(s) or spouse.
 - Homeowners insurance policies that reflect an annual premium
 - HOA statements for all properties with HOA dues.
 - Property tax statement for each property owned by borrower(s) or spouse.

- Escrow/Closing Instructions with Vesting (Escrow & Title to be ordered by C2CFG for refinance transactions)
- Executed Sales/Purchase Contracts with All Addendums ***AND PAGE 16 FULLY COMPLETED. NO BLANK LINES****
ESCROW SECTION COMPLETE WITH SETTLEMENT AGENTS LICENSE NUMBER/CONTACT INFO + LISTING AND SELLING AGENTS INFO COMPLETE.
- Combined Seller/Buyer closing statement with all cost & prorations for all parties
- Preliminary Title Report
- 2 Forms of ID(s)
 - Social Security Card and Drivers License. Should the borrower not be able to locate their social security card, please provide a 2nd form of ID and the form SSA-89 completed (COAST 2 COAST FORM) (signed) and Copy of Permanent Resident Alien Card (if applicable) –

Scanned or original PDF documents only. NO PHOTOS.



1 Orchard Road, Suite 235 Lake Forest, CA 92630
 Phone: (949) 273-8990 – Website: www.coast2coastfundinggroup.com

Loan Submission Sheet

Important Dates

Submission (P):	Lock Expiration:	Earliest Doc.:
Submission (U):	Application & Credit:	Close of Escrow:

Contact Information

Contact:	Loan Officer:
Contact Phone:	Loan Processor:
Contact Fax:	Additional Contact Information:
Contact E-Mail:	

Borrower Information

Borrower:	2nd Borrower (Pair):
Co-Borrower:	2nd Co-Borrower (Pair):

Credit Score for Decision Making:

Property Information

Subject Property Address:		
Occupancy: O/O <input type="checkbox"/> 2 nd Home <input type="checkbox"/> <input type="checkbox"/> N/O/O <input type="checkbox"/>	Appraised Value: \$	Purchase Price: \$
Property Type: SFR <input type="checkbox"/> PUD <input type="checkbox"/> Condo: <= 4 Stories <input type="checkbox"/> >=4 Stories <input type="checkbox"/> Units: 2 <input type="checkbox"/> - 3 <input type="checkbox"/> - 4 <input type="checkbox"/>		
Non-Warrantable Condo/PUD/HOA: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Loan Information

Loan Purpose:	Doc Type: Full Documentation
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1st Mortgage Information

Loan Amount 1st: \$	Prepayment Penalty: None <input checked="" type="checkbox"/> All loans have a six month early payoff restriction. See disclosure for details.	LTV: %	CLTV: %
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Product:
 Fannie Mae Fixed Rate - Freddie Mac Fixed Rate - Freddie Mac A-Minus - Freddie Mac Alt 95 - Fannie Mae Flexible 97
 Fannie Mae Flexible With Subordinate Financing - Fannie Mae My Community Mortgage
 Fannie Mae Expanded Approval Program - Fannie Mae Interest Only - Fannie Mae LIBOR ARMs (Standard)
 Freddie Mac Interest Only - Freddie Mac Home Possible - Fannie Mae High Balance - Freddie Mac Super Conforming
 Fannie Mae Home Path - Fannie Mae Multiple Property Program - Fannie Mae DU Refinance Plus
 Freddie Mac Relief Refinance - Freddie Mac Relief Open Access
 Fannie Mae Home Style Renovation - Fannie Mae Home Path Renovation - Super Jumbo

Additional Products : FHA/Government - Reverse Mortgage - Hard Money - **These Products Are Not Offered To Everyone.**

Product Series: Gold (10) - Onyx (23) - Copper (19) - Iron (24)

Transaction Terms:

Fixed: 30 Year Fixed - 25 Year Fixed - 20 Year Fixed - 15 Year Fixed - 10 Year Fixed
ARMs (30 Year Amortization): 5 Year LIBOR - 7 Year LIBOR - 10 Year LIBOR
Impounds: Yes No (Required > 80% LTV, If Borrower Is Currently Delinquent On Property Taxes, FICO < 620, Property is Non-Warrantable, Occupancy is Investment Property)
Borrower Paid Mortgage Insurance: Yes No - **Lender Paid Mortgage Insurance:** Yes No

Transaction Notes

Coast 2 Coast Funding Group Information

Standard Fees Underwriting: \$1095.00 Express Mail Fee: \$95.00 Quality Control-Compliance: \$95.00 Verifications: \$25.00 Credit Report: \$44.00 FHA/Government \$1095.00 Processing Hard Money Fees Vary Depending On Levels Of Risk/Investor	Lender Processing Services \$450.00 Additional Fees May Apply: BPO/Appraisal Review Range: \$125.00 - \$1,300.00	Insurance Loss Payee Coast 2 Coast Funding Group Its Successors And/Or Assigns 1 Orchard Road, Suite 235 Lake Forest, CA 92630-8315 Must Include Loan Number	Closing Protection Letter First Tennessee Warehouse Lending Its Successors and/or Assigns 7640 Poplar Ave., Suite 210 Germantown, TN 38138-3927 Must Include Borrower's Last Name Transactional Loan Number
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Submission Requirement – Must Be Completed

This Mortgage loan application may be reviewed by Coast 2 Coast Funding Group to assist in processing the application of the above named borrower(s). I hereby authorize, and have been granted authority per verbal consent from the above named borrower(s), to submit this application on their behalf, and for Coast 2 Coast Funding Group to obtain copies of their credit reports and any other information required to process their application, such as employment, income, asset and liability, and other information about them to assess and improve the effectiveness and accuracy of their underwriting procedures and requirements. I agree that this consent is authorized and that we shall bear full burden of proof shall this be otherwise contested.

Signature Of Representative: _____
Printed Name Of Representative:
Position / Title:
Dated:



1 Orchard Road, Suite 235 Lake Forest, CA 92630
Phone: (619) 573-3081 – Website: www.condoligitigation.com

Turntime Advisory Policy

Closing Date

Coast 2 Coast Funding Group and our team members will not issue estimates of a closing date at anytime during the loan process. However, we issue a turn-time procedure guideline which explains each step in our loan process and provides an expected turn-time for each individual step. All interested parties may use our turn-times posted to our website in order to formulate and update their own estimates as our team members will not make estimations beyond the current loan milestone.

Removing Loan Contingencies

Much like the policy surrounding closing dates we also do not provide guidance on the removal of loan contingencies. Discretion is left to the borrower to review the loan approval and to make judgement based upon the current loan conditions and with the knowledge that new conditions can be added at anytime. We do not issue a "final approval", so the policy is maintained through the closing of the loan and neither the company nor team members will make a real or implied commitment to lend at anytime.

"No Rush" Policy

Underwriting will not entertain any requests to "rush" or otherwise expedite files under any circumstance at anytime during the transaction. Also, no updates will be provided until the expiration of the posted turn-time for each milestone.

Acknowledgment of Policy

By signing below you acknowledge this policy with the understanding that any disruption of Coast 2 Coast Funding Group staff that is in contradiction of this policy will result in further delay or cancellation of the associated loan at the discretion of senior management.

Thank you for your cooperation.

Printed Name & Signature

ONLY required for investment properties or LTV>80%



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Contract Underwriting Authorization Form

The Contract Underwriting Fee is a non-refundable fee and is in addition to our normal underwriting fees paid at the close of escrow. For further clarification we advise that the fee is non-refundable in the case of cancelation by any party and also in the case of loan denial. The payment of the Contract Underwriting fee is required on loan transactions that are investment properties, Loan-To-Value greater than 80% or refinance transactions where the property was purchased less than 6 months ago. (Delayed Financing).

By signing this form I understand that the **Contract Underwriting Fee is non-refundable and not a guarantee loan approval and is additional to the regular underwriting fees that are paid at close of escrow.**

Card Type: _____ (Visa, MasterCard, Discover, American Express)
Credit Card Number: _____
CCVC: _____
Expiration Date Month/Year: ____ / ____
Card Holder Name (as appears on card): _____
Billing Address: _____
City / State / Zip Code: _____, _____ - ____
Billing Telephone Number: _____
Signature of Card Holder: x _____

Amount authorized to charge: \$ 995.00

Please include a copy (front and back) of the credit card and a copy (front and back) of a **PHOTO** ID of the cardholder. Cardholder's signature must be on both documents (Credit Card & **PHOTO** ID).



Loan Number #: _____

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HVCC APPRAISAL ORDER FORM
BORROWER/TRANSACTION INFORMATION

Borrower(s): _____

Property Address: _____

Property Type: SFR: Condo: 2-Unit: 3-Unit: 4-Unit:

Occupancy: Owner Occupied: Non-Owner Occupied: Second Home:

Sales Price: _____ **Seller Concessions:** _____

Purchase: Refinance:

Additional Forms:

216 (Operating Income Statement) (Required On All 2-4 Unit Properties & SFR/Condo Non-Owner Occupied Properties)

1007 (Rent Schedule) (Required On All Non-Owner Occupied SFR/Condo)

ENTRY INFORMATION

Contact:

Work Phone Number: _____

Home Phone Number: _____

Mobile Phone Number: _____

AMC STANDARD FEE "ESTIMATES"
California Pricing ONLY (Other States Pricing Varies)

THE FOLLOWING FEE SCHEDULE IS NOT ABSOLUTE. APPRAISALS REQUIRING EXTENSIVE RESEARCH AND WRITE-UP ARE SUBJECT TO NEGOTIATION AND ARE GENERALLY BILLED ON AN HOURLY BASIS.

SINGLE FAMILY RESIDENTIAL/CONDOMINIUM (CONFORMING/NON COMPLEX)	
SINGLE FAMILY RESIDENCE / PUD / CONDOMINIUM:	\$450.00
PROPERTIES VALUED OVER \$1,000,000.00 CALL FOR QUOTATION	
RESIDENTIAL 2 4 UNIT PROPERTIES (CONFORMING/NON COMPLEX)	
DUPLEX (2 UNITS)	\$600.00
TRIPLEX (3 UNITS)	\$650.00
QUADRUPLEX (4 UNITS)	\$700.00
PROPERTIES VALUED OVER \$750,000.00 CALL FOR QUOTATION	

MISCELLANEOUS FORMS:

RECERTIFICATION OF VALUE LETTER & COMPS.	\$150.00-\$250.00
OPERATING INCOME STATEMENT (FORM 216)	\$75.00
RENTAL SURVEY WITH PHOTOS (FORM 1007)	\$175.00
CANCELLATION AFTER INSPECTION	50% OF FEE
CANCELLATION AFTER SUBMISSION OF THIS FORM	25% OF FEE
APPRAISAL REVIEW FEE (varies desk / field)	\$125.00-\$650.00
DRIVE-BY APPRAISAL (FORM 2055)	\$325.00
MISCELLANEOUS TRAVEL FEE	\$50.00+

I hereby preauthorize Coast 2 Coast Funding Group, Inc to charge my credit card in the event that an appraisal review is necessary up to the total of \$125.00.

****If the appraisal review cost is greater than \$125.00 you will be contacted for an additional authorization****

Initials

PAYMENT

CREDIT CARD AUTHORIZATION

Card Type (Visa, MasterCard, Discover, American Express): _____

Credit Card Number: _____

CCVC: _____ Expiration Date Month/Year: _____

Card Holder Name (as appears on card): _____

Billing Address: _____

City / State / Zip Code: _____

Billing Telephone Number: _____

Signature of Cardholder: x _____

Amount authorized to charge for appraisal only (not including appraisal review): \$ _____

ALL CREDIT CARD TRANSACTIONS MUST BE PAID BY A BORROWER ON THE LOAN. ANY PAYMENT FROM A PERSON NOT ON THE LOAN MUST BE MADE BY CASHIERS CHECK AND RECEIVED BY COAST 2 COAST FUNDING GROUP PRIOR TO THE APPRAISAL BEING ORDERED. MANDATORY

Please include a copy (front and back) of the credit card and a copy (front and back) of a **PHOTO ID** of the cardholder. Cardholder's signature must be on both documents (Credit Card & **PHOTO ID**). **MANDATORY**



By signing this form, you are authorizing Coast 2 Coast Funding Group, Inc. ISAOA to charge your credit card the full amount indicated above. A \$75.00 service fee will be charged if cancellation is requested after payment has been submitted and the appraisal order has been processed. No refunds will be given if cancelled after the inspection and/or report has been completed. The cardholder will be responsible for the full appraisal fee. All requests for cancellation must be submitted in writing to Coast 2 Coast Funding Group, Inc. ISAOA and signed by all parties involved.

Signature of Cardholder/Borrower: _____

Please print name clearly: _____

By signing this form you acknowledge you have thoroughly read and understand/agree to all the terms outlined in this document

Important Note: Standard appraisal charges will report to your credit card billing statement as Montgomery & Associates or a third party appraisal management company (for further details contact your loan officer). All appraisal review charges will report to your credit card billing statement as Coast 2 Coast Funding Group, Inc.

Loan Number:

NOTICE TO BORROWER EARLY LOAN PAYOFF RESTRICTION

In the event that you refinance or sell your home you may incur an early payoff fee/expense. This Document restricts your ability to refinance or sell your home for the next six (6) months without incurring a penalty.

Whereas, the undersigned borrower(s) has/have been given a loan, and whereas

which acts as lender/broker/banker is penalized for loans that pay off in a short period of time, borrower agrees not to pay off the loan received from Coast 2 Coast Funding Group, Inc. for a period of six (6) months.

THIS DOCUMENT SUPERCEDES ALL OTHER NOTES AND AGREEMENTS

BORROWER'S RIGHT TO PRE-PAY

This document does not restrict a principal pay down of my/our loan. I/We do, however, agree to not pay off my/our loan in its entirety for six (6) months from the date of this document. **Should we do so we agree to pay a fee to Coast 2 Coast Funding Group, Inc.**

of 2% of the original principal balance or the actual amount of loss on the origination of the loan, and/or the actual amount of the penalty incurred by

by its assigns, whichever is less,

but in either case not to exceed 2% of the original principal balance. Beware, if a payoff of your loan occurs, this fee may not be shown on the payoff/demand statement issued and provided by the

assignee lender. Therefore, this obligation is in force regardless of the assignee lender's payoff request. Your loan may also have a prepayment rider and addendum that will be in force for the period so stated in those documents, and unrelated to this document.

AGREEMENT TO PAY

If within six (6) months from the date of execution of this document I/we payoff the loan, I/we will pay as stated in the above paragraph to cover any and all fees and expenses and/or any early payoff invoices billed to by its assignees.

Borrower Date

Borrower Date

Borrower Date

Borrower Date

Borrower Date

Borrower Date

BORROWER'S CERTIFICATION & AUTHORIZATION

Certification

The undersigned certify the following:

1. I/We have applied for a mortgage loan from **Coast 2 Coast Funding Group, Inc.**

("Lender").

In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.

2. I/We understand and agree that Lender 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 from Lender. As part of the application process, Lender 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 Lender and to any investor to whom Lender may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Lender or any investor that purchases the mortgage or the mortgage guaranty insurer (if any) may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Lender, the investor that purchased the mortgage, or the mortgage guaranty insurer (if any) is appreciated.
6. Mortgage guaranty insurer (if any): **To Be Determined**

VA, FHA and USDA Loans

This is notice to you as required by the Right to Financial Privacy Act of 1978 that:

 N/A Department of Veterans Affairs (VA)
 N/A Department of Housing and Urban Development
 N/A Department of Agriculture (USDA)

has a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to the agency indicated above without further notice or authorization, but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law. You are authorizing such disclosure for a period of time not in excess of three months. Prior to the time that your financial records are disclosed, you may revoke this authorization at any time; however, your refusal to provide the information may cause your application to be delayed or rejected. If you believe that your financial records have been disclosed improperly, you may have legal rights under the Right to Financial Privacy Act of 1978 [12 USCS Sections 3401 et seq.].

DATE

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

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

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

- | | |
|---|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> 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 is:

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. 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.)

Signature:	Date Signed:
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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 Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

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/SampleUserAgreement.pdf>.

IVES Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Name shown on tax return (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID
Informative Research, 13030 Euclid St, GG CA 92843 PN:0000301295 MB:cortney123 Fax:800-800-0451

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

7. **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 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

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.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)
 _____ / _____ / _____

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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	Print/Type name		

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

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

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

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
 Tax Forms and Publications Division
 1111 Constitution Ave. NW, IR-6526
 Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



140 Newport Center Drive, Suite 150
Newport Beach; CA 92660
Tel: (949) 359-8383
Fax: (949) 359-8390

RE: FULL Property Address: _____

PROPERTY INFORMATION AND AUTHORIZATION

In order for us to obtain required statements and information from your existing lender(s), owner's association(s) and others, please provide us with the following information. Regulation requires written authorization from you before a lender can release any payoff information to an escrow holder. Please fill out this form accurately and completely, and return it to our office as soon as possible.

EXISTING LOAN INFORMATION:

1st Trust Deed Lender Name: _____ **Appx. Balance \$** _____
Address _____ Phone No: _____
Loan Number _____ Circle Loan Type: Conventional Line of Credit* Private Party
Borrower SSN _____ Is there a Prepayment Penalty? [] Yes [] No

2nd Trust Deed Lender Name: _____ **Appx. Balance \$** _____
Address _____ Phone No: _____
Loan Number _____ Circle Loan Type: Conventional Line of Credit* Private Party
Borrower SSN _____ Is there a Prepayment Penalty? [] Yes [] No

Unless prepayment penalties have been specifically noted above, the undersigned Borrower represents to Generations Escrow Corporation that no prepayment penalties exist.

***Regarding the Line of Credit indicated above, I hereby authorize this account to be closed and certify that:**
(1) There are no pending draws against this account; **(2)** The last check used, if any, has cleared; **(3)** I will make no further draws against this account; **(4)** I hereby indemnify and hold Escrow Holder and Title Company harmless from any and all claims or losses incurred through presentation of any outstanding check or withdrawal after payoff of said loan.

Owner Initials: _____

SOLAR POWER INFORMATION: Is the property affected by an installed solar system? [] Yes [] No

Solar Company Name: _____

Address: _____

Phone: _____ Account No: _____

Regular Pymt: \$ _____ per _____ Approx. Balance Due: \$ _____

[] Leased [] Owned Is this a HERO loan? [] Yes [] No

Additional information regarding solar: _____

PROPERTY INFORMATION AND AUTHORIZATION, Continued

RE: FULL Property Address: _____

OWNERS ASSOCIATION(S) INFORMATION (if applicable):

Check if applicable: Fire Insurance is paid as a portion of Homeowners Association dues.

Assn. Name: _____ Assn. Name: _____

Management Co: _____ Management Co: _____

Address: _____ Address: _____

Phone: () _____ Phone: () _____

Account No: _____ Account No: _____

Regular Dues: \$ _____ per _____ Regular Dues: \$ _____ per _____

Special Assessmt: \$ _____ per _____ Special Assessmt: \$ _____ per _____

Fire Insurance is paid as a portion of Homeowners Association dues

Fire Insurance is carried separately for this property through:

Insurance Agency	Telephone	Policy Number
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If there is other information affecting the subject property not covered by this document which the owner believes the escrow holder will need to complete this transaction (such as **Club Memberships, Water Stock or Pier Transfer**, owner is directed to contact the escrow officer named above in order that its potential effect(s) may be determined.

Our signatures below authorize Generations Escrow to obtain statements and documents from the herein named companies, to comply with the requirements stated in such statements and documents, and to pay the associated fees from the funds accruing to the undersigned through this transaction.

Date: _____

BORROWER

Print Name

Sign Name

Print Name

Sign Name

Print Name

Sign Name

Print Name

Sign Name