Borrower Signature Authorization

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Part I - General Inform	ation			
1. Borrower(s)		2. Name and addres ALL STATE LENDE 2088 US HWY 130, Monmouth Junctio	ERS CORP. SUITE 100	
	T	TEL: 732-951-0333	3 FAX: 732-951-0311	
3. Date	4. Loan Number			
Part II - Borrower Auth	orization			
holdings, and any othe the Lender/Broker to omortgage and landlord	Lender/Broker to verify my past a er asset balances that are need order a consumer credit report d references. It is understood ender/Broker obtains is only to be	ed to process my more and verify other credit that a copy of this fo	tgage loan application. I information, including porm will also serve as	further authorize ast and present s authorization.
Borrower			Date	-
Borrower			Date	-

Borrowers' Certification and Authorization

CERTIFICATION

The	e Undersigned certify the following:		
1.	I/We have applied for a mortgage loan thro	ough ALL STATE LENDERS CORP.	In applying
	for the loan, I/We completed a loan application, the amount and source of the down parand liabilities. I/We certify that all of misrepresentations in the loan application information.	ayment, employment and income information is true and comp	mation, and the assets lete. I/We made no
2.	I/We understand and agree that ALL STATE L change the mortgage loan review processes the information provided on the application with	to a full documentation program. This	may include verifying
3.	I/We fully understand that it is a Federal knowingly make any false statements who provisions of Title 18, United States Code, Second	en applying for this mortgage, as	
	<u>AUTHORIZATION T</u>	TO RELEASE INFORMATION	
То	Whom It May Concern:		
1.	I/We have applied for a mortgage loan th	rough ALL STATE LENDERS CORP.	. As part of
1.	the application process, _ALL STATE LENDER	_	•
	(if any), may verify information contained in		
	connection with the loan, either before the loan	* **	•
2.	I/We authorize you to provide to ALLS		= =
	whom ALL STATE LENDERS CORP.	may sell my mortgage, any ar	nd all information and
	documentation that they request. Such infor	mation includes, but is not limited to	o, employment history
	and income; bank, money market and similar	r account balances; credit history; and	copies of income tax
	returns.		
3.		or any investor that purchases the i	mortgage may address
	this authorization to any party named in the loa	**	
4.	A copy of this authorization may be accepted a	s an original.	
Borrow	ver Signature	Co-Borrower Signature	
SSN:	Date:	SSN:	Date:

DISCLOSURE NOTICES

Date:						
Property Address:						
OCCUPANCY						
g title to the real property described above, their occupancy						
days of classing						
Primary Residence - Occupied by Applicant(s) within 30 days of closing. Secondary Residence - To be occupied by Applicant(s) at least 15 days yearly, as second home (vacation, etc.),						
while maintaining principal residence elsewhere. [Please check this box if you plan to establish it as your primary residence at a future date (e.g., retirement)].						
an investment to be held or rented.						
The Applicant(s) acknowledge it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statement concerning this loan application as applicable under the provisions of Title 18, United States Code, Section 1014.						
CO-APPLICANT SIGNATURE						
N STATEMENT						
may not require the applicant to take insurance through any						
ged property. The applicant, subjected to the rules adopted by nee placed with an insurance agent or company of his choice, r. The lender has the right to designate reasonable financial						
surance Commissioner relative hereto, and understand my rights urance. e property described above:						
Agent						
Ageni						
Agent's Telephone Number						
CO-APPLICANT SIGNATURE						
EPORTING ACT						
ndividuals seeking credit in this application. The nature and scope of made within a reasonable period of time. In the event of credit ed of the identity of the Consumer Reporting Agency making such son for the adverse action, pursuant to provisions of section 615(b)						
CO-APPLICANT SIGNATURE						
NO ONLY						
NS ONLY AR INSTALLMENT DATE, YOU MAY BE ASSESSED INTEREST						
T LOANS ONLY						
you as required by the Right to Financial Privacy Act of 1978 that the erans Affairs has a right of access to financial records held by a financial assistance to you. Financial records involving your transaction will be epartment of Veterans Affairs without further notice or authorization but intended to the partment without your consent except as required or permitted by law.						
CO-APPLICANT SIGNATURE						

EQUAL CREDIT OPPORTUNITY ACT

APPLICATION NO:							
PROPERTY ADDRESS:							
The Federal Equal Credit Operapplicants on the basis of race the applicant has the capacitapplicant's income derives from good faith exercised any right	ce, color, ity to ent m any pu	religion, n er into a iblic assist	ational or binding ance pro	igin, sex, contract); gram; or t	marital sta because ecause th	atus, age (p all or part ne applicant	rovide of th has
We are required to disclose to or separate maintenance paym					e from alir	mony, child	suppo
Having made this disclosure t	o you, we	are pern	nitted to i	nguire if a	inv of the	income sho	own d
your application is derived fr payment as we do with any ir	rom such	a source	and to	consider	the likelih	nood of cor	nsiste
your application is derived from payment as we do with any in are applying.	rom such	a source	and to	consider	the likelih	nood of cor	nsiste
your application is derived fr payment as we do with any ir	rom such	a source	and to	consider	the likelih	nood of cor	nsiste
your application is derived fr payment as we do with any ir	rom such	a source	and to	consider	the likelih	nood of cor	nsiste
your application is derived fr payment as we do with any ir	rom such	a source	and to	consider	the likelih	nood of cor	nsiste
your application is derived fr payment as we do with any ir	rom such	a source which you	and to	consider	the likelih	nood of cor loan for wh	nsiste
your application is derived fr payment as we do with any ir	rom such	a source	and to	consider	the likelih	nood of cor	nsiste

MORTGAGE LOAN ORIGINATION AGREEMENT

(Warning to Broker: The content of this form may vary depending upon the state in which it is used.)

You	agree	to	enter	into	this	Mortgage	Loan	Origina	ation
Agreement with ALL STATE LENDERS CORP.			as a	ın ind	epen	dent contra	ctor to	apply fo	or a
residential mortgage loan from a participating le	nder with	whi	ch we	from	ı tim	e to time of	contract	t upon s	such
terms and conditions as you may request or a lend	der may re	quii	re. Yo	u inqı	iired	into mortg	age fin	ancing	with
ALL STATE LENDERS CORP.	on								

We are licensed as a "Mortgage Broker" under

SECTION 1. NATURE OF RELATIONSHIP. In connection with this mortgage loan:

- * We are acting as an independent contractor and not as your agent.
- * We will enter into separate independent contractor agreements with various lenders.
- * While we seek to assist you in meeting your financial needs, we do not distribute the products of all lenders or investors in the market and cannot guarantee the lowest price or best terms available in the market.

SECTION 2. OUR COMPENSATION. The lenders whose loan products we distribute generally provide their loan products to us at a wholesale rate.

- * The retail price we offer you your interest rate, total points and fees will include our compensation.
- * In some cases, we may be paid all of our compensation by either you or the lender.
- * Alternatively, we may be paid a portion of our compensation by both you and the lender. For example, in some cases, if you would rather pay a lower interest rate, you may pay higher up-front points and fees.
- * Also, in some cases, if you would rather pay less up front, you may be able to pay some or all of our compensation indirectly through a higher interest rate in which case we will be paid directly by the lender.

We also may be paid by the lender based on (i) the value of the Mortgage Loan or related servicing rights in the market place or (ii) other services, goods or facilities performed or provided by us to the lender.

By signing below, the mortgage loan originator and mortgage loan applicant(s) acknowledge receipt of a copy of this signed Agreement.

MORTGAGE LOAN ORIGIN	ATOR	APPLICANT(S)	
ALL STATE LENDERS CORP.			
Company Name		Applicant Name(s)	
2088 US HWY 130, SUITE 100			
Address		Address	
Monmouth Junction, NJ 08852			
City, State, Zip		City, State, Zip	
732-951-0333 / 732-951-0311			
Phone/Fax		Borrower Signature	Date
Broker or Authorized Agent Signature	Date	Co-Borrower Signature	Date

PATRIOT ACT INFORMATION DISCLOSURE

Applicant Name			
Co-Applicant Name			
Present Address			
Mailing Address			
	fight the funding of terrorism rify, and record information th	-	activities, Federal law requires all financia on who opens an account.
			ur name, address, date of birth, and othe er's license or other identifying documents
I/we acknowledge that	I/we received a copy of this	disclosure.	
Applicant		Date	
Applicant		Date	

Customer Identification Documentation Patriot Act

The USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies every customer. Completion of this documentation is required in order to comply with the USA Patriot Act. A completed copy of this information must be retained with the loan file.

Application Number	Date	
Name of Applicant		
Social Security #	Date of Birth	
Present Address		
Mailing Address		
Primary Identification Documentation		
Document Type	Other Document Type	
Document Number		
	Expiration Date	
Issued by		
Secondary Identification Documentation		
Document Type	Other Document Type	
Document Number		
	Expiration Date	
Issued by		
Discrepancies and Resolution		
·		
Completed by		

Calyx Form (4/04) BRWIDDoc.frm

Customer Identification Documentation Patriot Act

The USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies every customer. Completion of this documentation is required in order to comply with the USA Patriot Act. A completed copy of this information must be retained with the loan file.

Application Number	Date
Name of Applicant	
Social Security #	Date of Birth
Present Address	
Primary Identification Documentation	
•	Other Document Type
Document Number Issue Date	Expiration Date
,	
Secondary Identification Documentation	
Document Type	Other Document Type
Document Number	
	Expiration Date
Issued by	
Discrepancies and Resolution	
Completed by	
. ,	

Calyx Form (4/04) CoBRWIDDoc.frm

SERVICING DISCLOSURE STATEMENT

Lender:			Date:
	RESPA gives you cer	tain rights under Fede	element Procedures Act (RESPA) ral law. This statement describes ervicer.
	ements, tracking acco	ount balances, and han	nents, if any, as well as sending dling other aspects of your loan.
☐ We may assign, sell or t	ransfer the servicing o	f your loan while the loa	n is outstanding.
We do not service morto transfer the servicing of			Ve intend to assign, sell, or s due.
☐ The loan for which you to sell, transfer, or assig			al institution and we do not intend
Acknowledgment of Mortgaç	ge Loan Applicant(s)		
I/We have read and understoo			sure is a required part of the
mortgage application as evider	nced by my/our signatur	e(s) below;	
Applicant	Date	Applicant	Date
Applicant	Date	_ Applicant	 Date

Request for Transcript of Tax Return

(Rev. January 2010)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1872

	Use Form 4506-T to order a transcript or other return information free of charge. Set a transcript. If you need a copy of your return, use Form 4506, Request for Copy	
1a	Name shown on tax return. If a joint return, enter the name shown first.	First social security number on tax return or employer identification number (see instructions)
2a	If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3	Current name, address (including apt., room, or suite no.), city, state, and ZIP co	de
4	Previous address shown on the last return filed if different from line 3	
5	If the transcript or tax information is to be mailed to a third party (such as a rand telephone number. The IRS has no control over what the third party does	nortgage company), enter the third party's name, address, with the tax information.
	tion: If the transcript is being mailed to a third party, ensure that you have filled in these lines. Completing these steps helps to protect your privacy.	n line 6 and line 9 before signing. Sign and date the form once
6	Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.	and check the appropriate box below. Enter only one tax
а	form number per request. Return Transcript, which includes most of the line items of a tax return as the changes made to the account after the return is processed. Transcripts are compared to the account after the return is processed.	•
	Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1 and returns processed during the prior 3 processing years. Most requests will be	20S. Return transcripts are available for the current year
b	Account Transcript, which contains information on the financial status of the assessments, and adjustments made by you or the IRS after the return was filed and estimated tax payments. Account transcripts are available for most returns. N	d. Return information is limited to items such as tax liability
С	Record of Account, which is a combination of line item information and late 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 retu June 15th. There are no availability restrictions on prior year requests. Most reque	, , , , , , , , , , , , , , , , , , , ,
8	Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transet these information returns. State or local information is not included with the Form W information for up to 10 years. Information for the current year is generally not avail W-2 information for 2007, filed in 2008, will not be available from the IRS until 200 should contact the Social Security Administration at 1-800-772-1213. Most requests we	2 information. The IRS may be able to provide this transcript lable until the year after it is filed with the IRS. For example, 19. If you need W-2 information for retirement purposes, you
Caut	tion: If you need a copy of Form W-2 or Form 1099, you should first contact with your return, you must use Form 4506 and request a copy of your return,	
9	Year or period requested. Enter the ending date of the year or period, using years or periods, you must attach another Form 4506-T. For requests relating to each quarter or tax period separately.	
inform matte	nature of taxpayer(s). I declare that I am either the taxpayer whose name is sl mation requested. If the request applies to a joint return, either husband or wife ers partner, executor, receiver, administrator, trustee, or party other than to 4506-T on behalf of the taxpayer. Note. For transcripts being sent to a third party	must sign. If signed by a corporate officer, partner, guardian, tax ne taxpayer, I certify that I have the authority to execute
Ci~	Signature (see instructions)	Date
Sig He		
For	Spouse's signature Privacy Act and Paperwork Reduction Act Notice, see page 2.	Cat. No. 37667N Form 4506-T (Rev. 1-2010)
1 01	i iivady mol aliu papelwolk iveuudiidii Mul Nuliue, 3ee baue 4.	Oal, NO. 37007N FUIII TOUU T I (Rev. 1-2010)

Form 4506-T (Rev. 1-2010) Page **2**

General Instructions

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

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

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

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

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

and Form W-2)	
If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina,	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
	770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a	RAIVS Team Stop 6716 AUSC Austin, TX 73301
foreign country, or A.P.O. or F.P.O. address	512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah,	RAIVS Team Stop 37106 Fresno, CA 93888
Washington, Wisconsin, Wyoming	559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts,	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

Chart for all other transcripts

If you lived in or your business was in: Mail or fax to the "Internal Revenue Service" at:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or

F.P.O. address

RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

O. or 801-620-6922

Connecticut,
Delaware, District of
Columbia, Georgia,
Illinois, Indiana,
Kentucky, Maine,
Maryland,
Massachusetts,
Michigan, New
Hampshire, New
Jersey, New York,
North Carolina,
Ohio, Pennsylvania,
Rhode Island, South
Carolina, Vermont,
Virginia, West Virginia,

RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

Wisconsin

859-669-3592

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

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. 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, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP,1111 Constitution Ave. NW, IR-6526, Washinton, DC 20224. Do not send the form to this address. Instead see *Where to file* on this page.

Rhode Island, Vermont, 816-292-6102

Missouri, New

Hampshire, New

Jersey, New York,

Ohio, Pennsylvania,

Virginia, West Virginia