

NON-QM

SUBMISSION PACKAGE

rev. 12-19-2023



EXCELERATE
CAPITAL



Frequently Asked Questions + Tips

Account Executive: Office: Cell: Email:	Account Manager: Office: Cell: Email:										
Lender Fees <table border="1"><tr><td>NonQM Products</td><td>\$1995</td></tr><tr><td>Agency Products</td><td>\$1195</td></tr><tr><td>Streamlines & IRRRL's</td><td>\$595</td></tr></table>	NonQM Products	\$1995	Agency Products	\$1195	Streamlines & IRRRL's	\$595	Sponsorship ID Numbers: <table border="1"><tr><td>FHA#:</td><td>7007900004</td></tr><tr><td>VA #:</td><td>6151810000</td></tr></table>	FHA#:	7007900004	VA #:	6151810000
NonQM Products	\$1995										
Agency Products	\$1195										
Streamlines & IRRRL's	\$595										
FHA#:	7007900004										
VA #:	6151810000										
Mortgagee Clause: Castle Mortgage Corporation d.b.a. Excelerate Capital It's Successors and/ or Assigns 19800 MacArthur Blvd, Suite 500, Irvine, CA. 92612											
Guides: New Broker Login: https://ec-tpo-com-assets.s3.us-west-2.amazonaws.com/pdf/guides/broker-login-guide.pdf											
Submissions Broker Portal https://www.exceleratecapital.com/get-approved/											
Conditions (Choose 1) ➤ Conditions Upload Guide (Option 1): https://ec-tpo-com-assets.s3.us-west-2.amazonaws.com/pdf/guides/conditions-upload-1.pdf ➤ Conditions Upload Guide (Option 2): https://ec-tpo-com-assets.s3.us-west-2.amazonaws.com/pdf/guides/conditions-upload-2.pdf											
Quick Pricer Locking Extensions Relocks ➤ Quick Pricer – Price My Loan – PML ➤ Locking - Log into Broker Portal > Select the submitted loan > Click the Pricing Tab ➤ Extensions & Relocks – Email directly to Lockdesk@exceleratecapital.com ○ Lock Desk is available Monday – Friday 8:30 – 3:30 (Pacific Standard Time) except for holidays ○ Doc Request Form - https://ec-tpo-com-assets.s3-us-west-2.amazonaws.com/pdf/forms/doc-request-form.pdf											
Appraisal Ordering > Go to https://www.ec-tpo.com/order-appraisal/ You will need to create an account with the AMC first. Once credentials are issued, you can order appraisals from here.											
CIP - Customer Identification Form > Go to https://ec-tpo-com-assets.s3-us-west-2.amazonaws.com/pdf/forms/cip-form.pdf											

MINI SUBMISSION CHECKLIST

[Complete Package for Underwriting]

IMPORTANT



Fill out Submission Form

IMPORTANT



Complete all sections of 1003- signed by borrowers and LO

IMPORTANT



SSA Validation Form (must be signed with wet signatures)

4506-C Form (must be signed with wet signatures) -if applicable-

Broker's Credit Report (if applicable, we can pull EC credit report upon request)

IMPORTANT



Income (see requirements on Submission Form)

IMPORTANT



Assets

Escrow Instructions

Prelim

Purchase Contract (if applicable)

Affiliation Initial Disclosure (if applicable)
Broker owned Escrow/Sales agent is also LO/an entity with multiple hats- max 2 per transaction

Property Tax Bills for All Properties Owned -if applicable-

Mortgage Statements for All Properties -if applicable-

BROKER / LENDER DISCLOSED SELECTION

LENDER DISCLOSED MINIMUM

Submission Form

1003 signed by LO. Must be dated within 3 days of Submission Date (does not have to be signed by borrower)

Escrow Fees Worksheet or Estimated HUD-1

Settlement Service Provider List (dated within 3 days of 1003 signing)

Credit Report (provide username & password)

BROKER DISCLOSED MINIMUM

Submission Form

Loan Estimate

1003 signed by LO and Borrower

GFE, TIL, Itemization of Amount Financed

Settlement Service Provider List

E-sign Consent

Intent to Proceed

CHARM Handbook or Receipt Disclosures (Toolkit)

CFPB Counseling Disclosure & List

CA Notice to Home Applicants

Customer Identification Notice (for OFCA only - Office of Foreign Asset Control)

SSA-89 Authorization - Wet Signed

4506-C Request - Wet Signed (if applicable)

Disclosure Notice

The Right to Receive Appraisal

Privacy Policy

Servicing Disclosures Statement

Fair Lending Notice

ECOA Notice

LOCKED LOANS ONLY:

Locked LE

AND

Change of Circumstance (COC) Form

Prior to Documentation (PTD) Items - not required by time of submission

Credit Authorization

Housing Ownership Counseling Form

Title Report (if applicable)

ACCOUNT EXECUTIVE:

BROKER DISCLOSE:

LENDER DISCLOSE:

Contact Information

Company Name:

Loan Officer:

Email:

Phone:

Loan Processor:

Email:

Phone:

Borrower Information

Last Name:

First Name:

Email:

Citizenship:

Co-Borrower Information

Last Name:

First Name:

Email:

Citizenship:

Property Information

Property Address:

Property City:

Property State:

Property Zip:

LTV:

Loan Amount:

Appraisal Value:

Purchase Price:

Loan Information

Loan Purpose:

Occupancy:

Interest Only: Yes No

Loan Term:

Property Type:

Impounds: Yes No

Investment Only Information

Estimated Monthly Rent:

Short-term Rental: Yes No

Currently Lease: Yes No

Prepayment Term:

Prepayment Structure:

Vesting in LLC: Yes No EIN#:

Report to Borrowers Credit: Yes No

Credit Information

Determining Credit Score:

Bankruptcy History:

Foreclosure History:

Deed-in-lieu:

Short Sale:

Mortgage History:

Forbearance:

Product Information

ELITE: ☐ PLUS ☐ Full/Alt Doc ☐ DSCR

SELECT (Suspended): ☐ Premium ☐ Flex ☐ DSCR

SPECIALTY: ☐ ITIN ☐ Equity Flex

CORE: ☐ Prime ☐ Excelerate ☐ DSCR ☐ MF ☐ FN

Income Doc Type:

Note Rate:

Estimated Price:

Originator Compensation

Originator Comp %:

Originator Comp Flat Fee \$:

Independent Processing Fee:

Broker Owned Escrow: Yes No

(If yes, please provide affiliation form)

Credit Order (if re-issue)

Credit Agency ID:

Username:

Password:

EC Pull Credit: Yes No

Broker Conflict of Interest Disclosure and Certification

A materially false statement willfully or fraudulently made in connection with this Certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject matter of this Certification, may result in Broker's repurchase of the subject loan from the Lender. A materially false statement willfully or fraudulently made in connection with this Certification may subject the person making the false statement to criminal charges.

Date: _____

Borrower: _____

Property Address: _____

Broker Name: _____

A Conflict of Interest can generally be described as occurring when the interest of a party could compromise the party's judgment, decisions, or actions.

A Conflict of Interest may include, **but is not limited to** the following examples: (1) the Borrower is employed by the Broker; (2) the Broker or employee of the Broker has a financial affiliation with the non-institutional owner of the mortgage being paid off by a refinance transaction; (3) the Broker is affiliated with the escrow company, title company, or other service provider for the loan; (4) the Broker or an employee of Broker is affiliated with the appraiser for the loan or AMC provider; or (5) the Broker or an employee of the Broker is affiliated with the buying or selling agent of the subject property.

No Conflict of Interest: Except as otherwise fully disclosed on the following page, the Broker affirms, to the best of its knowledge, information and belief, that no service provider, individual, or third-party involved in the lending process in relation to the above-referenced loan has any direct or indirect personal, business, or financial relationship that could represent a Conflict of Interest.

Broker of Record or Principal Officer – Print Name

Signature of Broker of Record or Principal Officer

Broker Conflict of Interest Disclosure

Please describe Broker's Conflict of Interest in relation to the above-referenced loan:

Loan Number: _____

Borrower Name: _____

BROKER / LOAN INFORMATION

Broker Name: _____

Loan Program: _____

Property Address: _____

City / State / Zip: _____

Loan Purpose: _____

Loan Amount: \$ _____

ESCROW INFORMATION

Escrow Company: _____

City / State: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Escrow Number: _____

Title, Escrow and Government Charges (including various recording fees and tax assessments) will be disclosed based on fees taken from the attached fee sheet (as indicated below). All other fees, including Broker, Lender and Third-Party Vendor fees will be disclosed based on the values shown in the section below. If these fees are repeated on the attached fee sheet, those duplicate values will not be taken into consideration.

NOTE: Do not enter Title, Escrow, or Government fees below.
Provide the following attachments: Escrow/Title Fee Sheet and Estimated HUD-1

LOAN FEE DESCRIPTION	FEE AMOUNT	SELLER CREDIT	LOAN FEE DESCRIPTION	FEE AMOUNT	SELLER CREDIT
Broker Origination ¹ (Borrower-Paid): _____ %	\$ _____	<input type="radio"/>	Interest Rate Discount (Points): _____ %	\$ _____	<input type="radio"/>
Broker Origination ^{1,2} (Lender-Paid): _____ %	\$ _____	<input type="radio"/>	Underwriting Fee (Paid to EC)	\$ <u>1,995</u>	<input type="radio"/>
Broker Report and/or Supplement Fee	\$ _____	<input type="radio"/>	Attorney Fee (Texas Only)	\$ <u>250</u>	<input type="radio"/>
Processing Fee (In-House Processor)	\$ _____	<input type="radio"/>	SELLER CREDIT (not itemized)	\$ _____	<input type="radio"/>
Processing Fee (Third-Party Processor)	\$ _____	<input type="radio"/>			
Appraisal Fee 1	\$ _____	<input type="radio"/>			
Appraisal Fee 2	\$ _____	<input type="radio"/>			
Re-Inspection Fee	\$ _____	<input type="radio"/>			
Pest Infestation Fee	\$ _____	<input type="radio"/>			

1. Broker Origination Fee is submitted as a **percentage of the loan amount**. After submission, any increase or decrease made to the loan amount prior to funding will trigger an automatic adjustment to the dollar value of the origination fee and will be disclosed on a revised LE or CD (as applicable).

2. Max flat fee: \$1,000.

DISCLAIMER

- ☐ Mortgage Broker confirms the above fees are true and correct to the best of their knowledge.
- ☐ Where a tolerance violation is caused by either the BROKER or CLOSING AGENT, that party will be held responsible for the cure amount.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____



NOTE

If income type is Bank Statements,
4506-C form is not applicable (Do Not Fill Out)

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. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name			ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)			v. City	vi. State	vii. ZIP code
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name					ii. Telephone number
iii. Street address (including apt., room, or suite no.)			iv. City	v. State	vi. ZIP code
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. 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 for line 6 transcripts					
a. Return Transcript <input type="checkbox"/> b. Account Transcript <input type="checkbox"/> c. Record of Account <input type="checkbox"/>					
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers					
Line 1a <input type="checkbox"/> Line 2a <input type="checkbox"/>					
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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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.					
<input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.					
Sign Here	Signature for Line 1a (see instructions)			Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name				
	Title (if line 1a above is a corporation, partnership, estate, or trust)				
	Spouse's signature (required if listed on Line 2a)				Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed	
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 includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. 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. 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
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 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

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.



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.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 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.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

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.

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, 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.

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

Printed Name:	Date of Birth:	Social Security Number:
---------------	----------------	-------------------------

Reason for authorizing consent: (Please select one)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> To apply for a mortgage | <input type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | |

With the following company ("the Company"):

Company Name: Castle Mortgage Corporation d.b.a. Excelerate Capital

Company Address: 19800 Mac Arthur Blvd, Suite 500, Irvine, CA 92612

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

Agent's Name: Credit Plus Inc.

Agent's Address: 31550 Winterplace Pkwy, Salisbury, MD 21804

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. 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 one-time use. 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:
------------	--------------

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

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). We may also share your information for the following purposes, called routine uses: - To contractors and other Federal agencies, as necessary, to assist us in efficiently administering our programs; and - To student volunteers, persons working under a personal services contract, and others, when they need access to information in our records in order to perform their assigned agency duties. 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, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all our SORNs, is available on our website at www.saa.gov/privacy.

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 (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:*** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. .

-----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>.



CUSTOMER IDENTIFICATION FORM

Processor's Certification

THIS FORM MUST BE COMPLETED PRIOR TO SUBMITTING THE LOAN TO UNDERWRITING AND INCLUDED WITH OTHER FRAUD REPORTS CONTAINED WITHIN THE LOAN FILE.

Date: _____

Loan Number: _____

REQUIRED METHOD OF VERIFICATION (all sections must be completed)

Borrower:	Co-Borrower:
Current Address (no PO Box):	Current Address (no PO Box):
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Form of identification used to verify identity: <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Resident Alien Registration Card	Form of identification used to verify identity: <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Resident Alien Registration Card
ID Number:	ID Number:
Issuing Authority:	Issuing Authority:
Issued Date:	Issued Date:
Expiration Date:	Expiration Date:

Comments/Resolution Discrepancies:

I certify I have reviewed all items pertaining to the verification of the identity of the applicants and resolved any issues.

Processor Name

Processor Signature