

*Application  
Deposit*

**LAPFCU**

Thank you for considering Los Angeles Police Federal Credit Union for your mortgage loan financing needs.

In Consideration for the processing of your application and the appraisal of the real property proposed as security for the loan for which you have applied, you agree to pay an application deposit of

**\$350.00**

The deposit quoted above is payable at the time of application. The acceptance of this deposit shall not constitute approval of the applicant's loan application nor does it obligate us to make you a loan. The portion of this deposit that is expended in processing your application is not refundable whether or not a commitment for a loan is made. However, the balance remaining, if any, will either be refunded to you or in the event a loan is made it will be credited toward your final closing costs. Your signature below will constitute your agreement to the foregoing.

Please deduct the deposit of \$350.00 from my/our

- Shares: Acct.Number \_\_\_\_\_
- Checking: Acct.Number \_\_\_\_\_
- Money Market: Acct.Number \_\_\_\_\_

Check for \$350.00 enclosed

By: **X** \_\_\_\_\_ Date: \_\_\_\_\_

By: **X** \_\_\_\_\_ Date: \_\_\_\_\_

*Information  
Disclosure  
Authorization*



To whom it may concern:

I/We hereby authorize you to release to Los Angeles Police Federal Credit Union or any approved credit reporting agency, for verification purposes, information concerning:

Employment history, dates, title, income.

Banking and saving accounts of record.

Mortgage loan ratings (opening date, payment amount, loan balance, and payment history).

Any other information deemed necessary in connection with a consumer credit report for a real estate transaction.

This information is for confidential use on compiling a mortgage loan credit for Los Angeles Police Federal Credit Union.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned) may be deemed to be equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite this real estate transaction.

Thank you.

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

# Statement of Occupancy

# LAPFCU

Property Address:

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

I/we understand that if the Los Angeles Police Federal Credit Union grants a mortgage loan to me/us and any of the certifications or representations listed below are found to be untrue, the Los Angeles Police Federal Credit Union, and/or its successors and/or assigns, will have the right to declare the outstanding principal balance together with any accrued interest to be immediately due and payable.

I/we have carefully read and understand the terms and provisions of this certification.

Please check the appropriate box:

- I/we intend to occupy the above referenced property either as my/our primary residence or second home.
- I/we will not be occupying the above referenced property either as a primary residence or second home.

By: **X** \_\_\_\_\_ Date: \_\_\_\_\_

By: **X** \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE TO APPLICANT  
OF RIGHT TO RECEIVE  
COPY OF APPRAISAL REPORT

You have the right to receive a copy of the appraisal report to be obtained in connection with the loan for which you are applying, provided that you have paid for the appraisal. If you want a copy of the appraisal report, contact:

LOS ANGELES POLICE FEDERAL CREDIT UNION  
16150 SHERMAN WAY  
VAN NUYS , CA 91410 - 0188

Your signature below acknowledges your receipt of this notice.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date

Form **4506-T**

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service

**Request for Transcript of Tax Return**

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

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return 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 code	

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 mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . . .

c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

**Sign Here**

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

## 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)

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 foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  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, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102

### 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  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, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  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, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

# Statement of Facts

# LAPFCU

## CONFIDENTIAL INFORMATION FOR YOUR PROTECTION

This statement is to be signed personally by each party to the transaction and by both husband and wife before title insurance can be written. When filled in completely, it will serve to establish identity, eliminate matters affecting persons of similar name, protect you against forgeries, and speed the completion of your title order:

**MY FULL NAME**

(FIRST NAME) (FULL MIDDLE NAME - IF NONE, INDICATE) (LAST NAME) Date of Birth \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security No. \_\_\_\_\_ I have lived continuously in California since \_\_\_\_\_ Driver's License No. \_\_\_\_\_

(If married, complete the following:)

Full name of **WIFE** \_\_\_\_\_  
**HUSBAND** (FIRST NAME) (FULL MIDDLE NAME - IF NONE, INDICATE) (LAST NAME)

**HER HIS** Birthplace \_\_\_\_\_ **HER HIS** Date of Birth \_\_\_\_\_

**HER HIS** Social Security No. \_\_\_\_\_ **SHE HE** has lived continuously in California since \_\_\_\_\_ Driver's License No. \_\_\_\_\_

We were married on \_\_\_\_\_ at \_\_\_\_\_

Wife's maiden name \_\_\_\_\_

### RESIDENCES

NUMBER AND STREET CITY FROM (DATE) TO (DATE)

NUMBER AND STREET CITY FROM (DATE) TO (DATE)

NUMBER AND STREET CITY FROM (DATE) TO (DATE)

**RESIDENCES AND OCCUPATIONS DURING PAST 10 YEARS**

**(HUSBAND'S)**

**OCCUPATIONS**

FIRM NAME LOCATION FROM (DATE) TO (DATE)

FIRM NAME LOCATION FROM (DATE) TO (DATE)

FIRM NAME LOCATION FROM (DATE) TO (DATE)

**(WIFE'S)**

FIRM NAME LOCATION FROM (DATE) TO (DATE)

FIRM NAME LOCATION FROM (DATE) TO (DATE)

FIRM NAME LOCATION FROM (DATE) TO (DATE)  
(If more space needed, use reverse side of form)

**ANY FORMER MARRIAGES**

(If no former marriage, write "none." Otherwise complete the following):

Name of former wife \_\_\_\_\_

Deceased \_\_\_\_\_ Date \_\_\_\_\_ Divorced \_\_\_\_\_ Where \_\_\_\_\_ Interlocutory \_\_\_\_\_ Date \_\_\_\_\_ Final \_\_\_\_\_ Date \_\_\_\_\_ Where \_\_\_\_\_

Name of former husband \_\_\_\_\_

Deceased \_\_\_\_\_ Date \_\_\_\_\_ Divorced \_\_\_\_\_ Where \_\_\_\_\_ Interlocutory \_\_\_\_\_ Date \_\_\_\_\_ Final \_\_\_\_\_ Date \_\_\_\_\_ Where \_\_\_\_\_

THE STREET ADDRESS of the property in this transaction is: \_\_\_\_\_  
(Leave blank if none)

IMPROVEMENTS:  SINGLE RESIDENCE  MULTIPLE RESIDENCE  COMMERCIAL

OCCUPIED BY:  OWNER  LESSEE  TENANTS

ANY PORTION OF NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION?:  YES  NO

Date \_\_\_\_\_ **X** \_\_\_\_\_ SIGNATURE

**ORDER NO.** \_\_\_\_\_ **X** \_\_\_\_\_ SIGNATURE  
(If married, both husband and wife should sign)

# Insurance Requirements & Authorization

# LAPFCU

Date: \_\_\_\_\_

Loan # \_\_\_\_\_

Each of the undersigned members ("member"), without limiting the binding effect of the terms and conditions of the Deed of Trust securing the above indicated loan ("the loan") with the Los Angeles Police Federal Credit Union ("the lender") acknowledges and agrees as follows:

- 1.** The member is required to maintain, at member's expense, Fire and Extended Coverage/Liability insurance upon the real property described in the said Deed of Trust. The insurance may be placed through an insurance agent of the member's choice.
- 2.** All policies must be written in capital stock, mutual or reciprocal insurance companies licensed to do business in California with a rating in the current Best's Key Rating Guide of at least a B+/III or better. On multi-family units the insurer must have a rating of A/II or better.
- 3.** A reinsurance policy meeting the above requirements must include the following statement: "If such reinsurance is not maintained or terminated, written notice will be mailed or delivered by the primary insurer to the Lender's office as described on the cover page of the insurance policy."
- 4.** Fire insurance policies must provide coverage equal to special form. Homeowners policies must provide coverage equal to HO3 form. Continuous policies are acceptable provided that (1) such a policy may only be terminated by the insurer giving "Notice of Cancellation" or "Notice of Non-Renewal" to the insured and to the lender, and (2) timely payment of the premium will otherwise continue to maintain such a policy in force.
- 5.** All policies must cover a minimum term of one year. If an existing policy is provided and will expire within six months from recording, it must be renewed for the required term as noted above.
- 6.** Flood insurance. Federal regulations require that the property which secures the loan is located within an area identified as having special flood hazards, the member is required to also maintain special flood hazard insurance meeting the requirements of the Federal Emergency Management Agency. This insurance will be required throughout the life of the loan and may be placed through an insurance agent of the member's choice. If at any time during the term of the loan, a revision to the flood maps occur and the subject property that was not in a flood zone at the time of the loan, but subsequently, lies within a flood hazard area, the lender/servicer will notify the member of their responsibility to obtain flood hazard insurance.
- 7.** All original and flood insurance policies must:
  - (a) Contain a Lender's Loss Payable Endorsement 438 BFU in favor of the Los Angeles Police Federal Credit Union, its successors and/or assigns, 16150 Sherman Way, Van Nuys, California 91406.
  - (b) Provide coverage of all units, detached buildings, or other structures, by direct mention of allowance in the policy. Coverage shall provide at least Broad Form on one to four units, and at least "Vandalism and Malicious Mischief" over four units, with no deviation.
  - (c) Provide for fire insurance coverage in an amount to sufficiently cover the Loan amount or for full replacement value.
  - (d) Be written on the Standard California form and state the member's name and property address.
  - (e) Provide for flood insurance coverage in an amount as required by regulation. Deductibles may not exceed the lower of \$1,000, or one percent of the amount of coverage.
- 8.** Insurance policies in form acceptable to the lender must be delivered to the lender before the disbursement of loan funds. Binders are not acceptable. The first year's premium must be paid through escrow or the lender provided with a paid receipt for the first year's premium.
- 9.** Member must at all times maintain insurance coverage sufficient to cover the loan balance with a Lender's Loss Payable Endorsement 438BFU.
- 10.** Deductible clauses on any policy maintained may not exceed the lower of \$1,000 for residences or \$10,000 for income/multi-family/commercial properties or one percent of the applicable amount of coverage. Rent loss coverage on multi-units must be in force.

**PLEASE COMPLETE OTHER SIDE**



The Los Angeles Police Federal Credit Union as lender is authorized to receive a policy from my insurance agent.

PLEASE COMPLETE THE FOLLOWING

INSURANCE COMPANY NAME: \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

\_\_\_\_\_  
BORROWER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BORROWER

\_\_\_\_\_  
DATE

THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977  
FAIR LENDING NOTICE



IT IS ILLEGAL TO DISCRIMINATE IN THE PROVISION OF OR IN THE AVAILABILITY OF FINANCIAL ASSISTANCE BECAUSE OF THE CONSIDERATION OF:

1. TRENDS, CHARACTERISTICS OR CONDITIONS IN THE NEIGHBORHOOD OR GEOGRAPHIC AREA SURROUNDING A HOUSING ACCOMMODATION, UNLESS THE FINANCIAL INSTITUTION CAN DEMONSTRATE IN THE PARTICULAR CASE THAT SUCH CONSIDERATION IS REQUIRED TO AVOID AN UNSAFE AND UNSOUND BUSINESS PRACTICE; OR
2. RACE, COLOR, RELIGION, SEX, MARITAL STATUS, DOMESTIC PARTNERSHIP, NATIONAL ORIGIN, OR ANCESTRY.

IT IS ILLEGAL TO CONSIDER THE RACIAL, ETHNIC, RELIGIOUS OR NATIONAL ORIGIN COMPOSITION OF A NEIGHBORHOOD OR GEOGRAPHIC AREA SURROUNDING A HOUSING ACCOMMODATION OR WHETHER OR NOT SUCH COMPOSITION IS UNDERGOING CHANGE, OR IS EXPECTED TO UNDERGO CHANGE, IN APPRAISING A HOUSING ACCOMMODATION OR IN DETERMINING WHETHER OR NOT, OR UNDER WHAT TERMS AND CONDITIONS TO PROVIDE FINANCIAL ASSISTANCE.

THESE PROVISIONS GOVERN FINANCIAL ASSISTANCE FOR THE PURPOSE OF THE PURCHASE, CONSTRUCTION, REHABILITATION OR REFINANCING OF ONE- TO FOUR-UNIT FAMILY RESIDENCES OCCUPIED BY THE OWNER AND FOR THE PURPOSE OF THE HOME IMPROVEMENT OF ANY ONE- TO FOUR-UNIT FAMILY RESIDENCE.

IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS, OR IF YOU WISH TO FILE A COMPLAINT, CONTACT THE MANAGEMENT OF THIS FINANCIAL INSTITUTION OR:

National Credit Union Administration  
Office of Examination and Insurance  
1775 Duke Street, Suite 4206  
Alexandria, VA 22314-3428  
1-800-755-1030  
[www.ncua.gov](http://www.ncua.gov)

**ACKNOWLEDGEMENT OF RECEIPT**  
I/WE RECEIVED A COPY OF THIS NOTICE.

\_\_\_\_\_  
Borrower Date Borrower Date

\_\_\_\_\_  
Borrower Date Borrower Date