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Required Mortgage Disclosures

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Borrowers' Certification and Authorization

CERTIFICATION

The Undersigned certify the following:

1. I/We have applied for a mortgage loan from **ARBC Financial Mortgage Corporation**. In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We 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 **ARBC Financial Mortgage Corporation** reserves the right to change the mortgage loan review processes 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 **ARBC Financial Mortgage Corporation**. As part of the application process, **ARBC Financial Mortgage Corporation** 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 **ARBC Financial Mortgage Corporation** and to any investor to whom **ARBC Financial Mortgage Corporation** may sell my mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.
3. **ARBC Financial Mortgage Corporation** or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

Borrower Signature: _____

Co-Borrower Signature: _____

SSN: _____ Date: _____

SSN: _____ Date: _____

Mortgage Broker Disclosures Required By the Attorney General Consumer Protection Regulations

Business Name: _____

Business or Mailing Address: _____

Broker's License Number: _____ Date: _____

We are a Mortgage Broker. We do not make mortgage loans. We cannot guarantee acceptance into any particular loan program or promise you any specific loan terms or conditions.

We are/are not charging you a fee to arrange a mortgage loan form a mortgage lender. Our maximum that you will be \$ _____. You will also pay an application fee of \$ _____ and fees for other services. These fees will/will not be refunded.

We will/will not be receiving a fee or other compensation from the lender for arranging this loan.

Based upon the information you have given us, we may be able to obtain a mortgage loan for you in the amount of \$ _____ at a fixed or current adjustable interest rate of _____%, and at an Annual Percentage Rate ("APR") of _____%.

You would make _____ monthly/bi-monthly payments in the amount of _____ for _____ years, or if the loan is an adjustable rate mortgage, then the terms are (describe the formula or index and margin):

This loan will/will not have a final balloon payment of approximately \$ _____, plus accrued interest of approximately \$ _____.

You will/will not pay \$ _____ in origination fees and points. If included in the loan amount, you will have to repay these points and fees, with interest, over the term of the loan.

We will perform the following services for you:

Please sign and date below after you receive these disclosures.

Printed Name and Address of Borrower: _____

Signature of Borrower: _____

Date: _____

Signature of Co-borrower: _____

Date: _____

Tax Information Authorization

IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

For IRS Use Only

Received by:
Name _____
Telephone () _____
Function _____
Date / / _____

1 Taxpayer Information

Taxpayer name(s) and address (please type or print)	Social security number(s)	Employer identification number
	Daytime telephone number	Plan number (if applicable)

2 Appointee

Name and address (please type or print)	CAF No. _____ Telephone No. () _____ Fax No. () _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
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3 Tax Matters The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line.

(a) Type of Tax (Income, Employment, Excise, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters (see instr.)

4 Specific Use Not Recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. (See the instructions on page 2.) - - - - -
If you checked this box, skip lines 5 and 6.

5 Disclosure of Tax Information (you **must** check box 5a or b unless box 4 is checked):
a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box - - - - -
b If you do not want any copies of notices or communications sent to your appointee, check this box - - - - -

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed above on line 3 unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **MUST** attach a copy of any authorizations you want to remain in effect **AND** check this box - - - - -
To revoke this tax information authorization, see the instructions on page 2.

7 Signature of Taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

Signature _____	Date _____	Signature _____	Date _____
Print Name _____	Title (if applicable) _____	Print Name _____	Title (if applicable) _____

General Instructions

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

Change To Note. New column (d) is added to line 3 for specific tax matters. Use column (d) to specify tax information that is to be provided by the IRS. See the line 3 instructions on page 2.

Purpose of form. Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive confidential information in any office of the IRS for the type of tax and the years or periods you list on this form.

Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent

you, use **Form 2848**, Power of Attorney and Declaration of Representative, instead of Form 8821. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on the form.

Taxpayer identification number (TINs). TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

Fiduciaries. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. File **Form 56**, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a

Request for Copy or Transcript of Tax Form

OMB No. 1545-0429

Please read instructions before completing this form.
Please type or print clearly.

Note: Do not use use this form to get tax account information. Instead, see instructions below.

1a Name shown on tax form. If a joint return, enter the name shown first.	1b First social security number on tax form or employer identification number (see instructions)
2a If a joint return, spouse's name shown on tax form	2b Second social security number on tax form
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
5 If copy of form or a tax return transcript is to be mailed to someone else, show the third party's name and address.	
6 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here. <input type="checkbox"/>	
7 If name in third party's records differs from line 1a above, enter that name here. (See instructions)	
8 Check only one box to show what you want. There is no charge for items 8a, b, and c: <ul style="list-style-type: none"> a <input type="checkbox"/> Tax return transcript of Form 1040 series filed during the current calendar year and the 3 prior calendar years(see instructions). b <input type="checkbox"/> Verificaton of nonfiling. c <input type="checkbox"/> Form(s) W-2 information (see instructions). d <input type="checkbox"/> Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). The charge is \$23 for each period requested. 	
Note: if these copies must be certified for court or administrative proceesings, see instructions and check here <input type="checkbox"/>	

9 If this request is to meet a requirement of one of the following, check all boxes that apply. <input type="checkbox"/> Small Business Administration <input type="checkbox"/> Department of Education <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Financial Institution							
10 Tax form number (Form 1040, 1040A, 941, etc.)	12 Complete only if line 8d is checked. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a. Cost for each period.</td> <td style="width:20%;"></td> </tr> <tr> <td>b. Number of tax periods requested on line 11</td> <td></td> </tr> <tr> <td>c. Total cost. Multiply line 12a by line 12b</td> <td></td> </tr> </table>	a. Cost for each period.		b. Number of tax periods requested on line 11		c. Total cost. Multiply line 12a by line 12b	
a. Cost for each period.							
b. Number of tax periods requested on line 11							
c. Total cost. Multiply line 12a by line 12b							
11 Tax period(s) (year or period ended date). If more than four, see	Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service."						

Caution: Before signing, make sure all items are complete and the form is dated.
 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. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

		Telephone number of requester ()
Please Sign Here	Signature See instructions. If other than taxpayer, attach authorization document	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	TRY A TAX RETURN TRANSCRIPT (see line 8a instructions)
	Spouse's signature	Date

Instructions

Section references are to the internal Revenue Code.
TIP: If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.
Purpose of Form.- Use Form 4506 to get a tax return transcript, verification that you did not file a Federal tax return, Form W-2 information, or a copy of a tax form. Allow 6 weeks after you file a tax form before you information, wait 13 months after the end of

the year in which the wages were earned. For example, wait until Feb. 1999 to request W-2 information for wages earned in 1997.
Do not use this form to request forms 1099 or tax account information. See this page for details on how to get these items.
Note: Form 4506 must be received by the IRS within 60 calendar days after the date you signed and dated the request.
How Long Will It Take?- You can get a tax return transcript or verification of nonfiling within 7 to 10 workdays after the IRS receives your request. It can take up to 60 calendar

days to get a copy of a tax form or W-2 information. To avoid any delay, be sure to furnish all the information asked for on Form 4506.
Forms 1099.- If you need a copy of a form 1099, contact the payer. If the payer cannot help you, call or visit the IRS to get Form 1099 information.
Tax Account Information.- If you need a statement of your tax account showing any later changes that you or the IRS made to the original return, request tax account information. Tax account information lists certain items from your return, including any later changes.

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