



American Pacific Mortgage

## Credit Card Authorization for Credit Report and Appraisal

ALL FIELDS ARE REQUIRED

### Credit Card Payment Information

Name on Card	
Billing Street Address	
Billing City, State, Zip	
Credit Card Type	Master Card / Visa / Discover / Amex
Card Number	
Exp Date MM/YY	
Card Verification Number	(on back of card)

*By signing below, I authorize American Pacific Mortgage to use this Credit Card Authorization (CCA) to charge the listed credit card for the costs of the appraisal order and/or appraisal report on property identified below. My signature on this CCA will serve as my authorized signature, and will remain valid for a period of six (6) months. I agree to pay the appraisal costs as invoiced by the appraisal company - APMC will confirm the actual costs after the order is placed. If, for any reason, APMC is unable to charge my credit card as authorized by this CCA, I understand that my obligation to pay the appraisal costs will not be excused or extinguished.*

\_\_\_\_\_  
*Signature of Card Holder*

\_\_\_\_\_  
*Date*

*Printed Name:* \_\_\_\_\_

*Property Address:* \_\_\_\_\_

# Borrowers' Certification and Authorization

## CERTIFICATION

The Undersigned certify the following:

1. I/We have applied for a mortgage loan through **American Pacific Mtg Corp dba American Pacific Mortgage**. 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 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.
1. I/We understand and agree that **American Pacific Mtg Corp dba American Pacific Mortgage** 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.
2. 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 through **American Pacific Mtg Corp dba American Pacific Mortgage**. As part of the application process, **American Pacific Mtg Corp dba American Pacific Mortgage** 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.
1. I/We authorize you to provide to **American Pacific Mtg Corp dba American Pacific Mortgage** and to any investor to whom **American Pacific Mtg Corp dba American Pacific Mortgage** 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.
2. **American Pacific Mtg Corp dba American Pacific Mortgage** or any investor that purchases the mortgage may address this authorization to any party names in the loan application.
3. A copy of this authorization may be accepted as an original.

Verbal authorization to pull credit provided on \_\_\_\_\_ . Initials: \_\_\_\_\_

Loan Applicant Signature: \_\_\_\_\_

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

Loan Applicant Signature: \_\_\_\_\_

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

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

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

I am conducting the following business transaction

Seeking Mortgage

[Identify a specific purpose. Example—seeking a mortgage from the Company—“identity verification” or “identity proof or confirmation” is not acceptable.]

with the following company (“the Company”):

Company Name American Pacific Mtg Corp dba American Pacific Mortgage Address 1829 Union Street,  
Suite 200  
San Francisco, CA 94123

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company’s Agent, if applicable, for the purpose I identified.

The name and address of the Company’s Agent is: Credit Interlink Inc. 65 E Wacker Place, Suite 1405  
Chicago, IL 60601

I am the individual to whom the Social Security number was issued or that person’s legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)**

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Contact information of individual signing authorization:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Form SSA-89 (8/15/2008)

**Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.**

.....TEAR OFF .....

**NOTICE TO NUMBER HOLDER**

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA’s verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/bsocbsvPDF/agreement.pdf>

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

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

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Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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## Email Customer Consent Disclosure

This disclosure documents your consent to electronically receive disclosures and notices relative to the mortgage loan you are applying for. The disclosure also describes your rights relative to electronically receiving disclosures and notices, as well as the consequences of withdrawing your consent. We recommend you retain a copy of this disclosure and all the disclosures and agreements related to your mortgage loan application.

Once you consent, you will receive disclosures and communication electronically. If you do not consent, you will receive hard copies only. However, regardless of whether you consent, you will still be entitled to receive disclosures through other methods that we permit, such as in person.

You understand, prior to consenting, that:

1. Your consent applies only to disclosures and notices regarding your mortgage application;
2. Unless you consent, you have the right to receive all required disclosures in paper or non-electronic form;
3. Even after consent, if you want to receive a paper copy of the disclosure in addition to the electronic disclosure you can obtain one free of charge by calling us or writing us at the number or address listed below;
4. You can withdraw your consent at any time by calling or writing us at the number or address listed below; and
5. By consenting to receive disclosures and notices electronically you agree to provide us with the information (such as a current email address) needed to communicate with you electronically and update us as to any changes in such information by calling or writing us at the number or address listed below.

We reserve the right to provide any disclosures or notices in writing, rather than electronically. Except as otherwise provided by law or in other agreements, you can give us all notices regarding your mortgage application by email using our current email address, regardless of anything in this agreement to the contrary; however, we reserve the right to have any notices confirmed in writing upon our request.

### Hardware and Software Requirements

To receive electronic copies of disclosures and communications you must have the following equipment and software:

- A personal computer or other device which is capable of accessing the Internet.
- An Internet web browser which is capable of supporting 128-bit SSL encrypted communications, which requires a minimum web browser version of either Microsoft® Internet Explorer version 6.0 (available for downloading at <http://www.microsoft.com/windows/ie/downloads/default.asp>) and your system or device must have 128-bit SSL encryption software. In all cases it is important that you be on the most recent release of whatever browser you are using.
- Software which permits you to receive and access Portable Document Format or "PDF" files, such as Adobe Acrobat Reader® version 8.0 and above (available for downloading at <http://www.adobe.com/products/acrobat/readstep2.html>).

# Email Customer Consent Disclosure

## Contact Information

American Pacific Mtg Corp dba American Pacific Mortgage - NMLS# 1850  
1829 Union Street, Suite 200  
San Francisco, CA 94123  
Phone: 510-406-6958  
Email Address: david@apmadvantage.com

I (We) consent to receiving disclosures and communications electronically. Please input your email address here: \_\_\_\_\_

I (We) do not consent to receiving disclosures and communications electronically.

Loan Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Loan Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Loan Originator Name: \_\_\_\_\_ David Gunning - NMLS# 338818 \_\_\_\_\_

Form **4506-T**  
(Rev. January 2010)

# Request for Transcript of Tax Return

OMB No. 1545-1872

Department of the Treasury  
Internal Revenue Service

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

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)
[Redacted]	[Redacted]
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
[Redacted]	[Redacted]
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
[Redacted]	
4 Previous address shown on the last return filed if different from line 3	
[Redacted]	
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.	
[Redacted]	

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. ▶ **Form 1040**

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

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.

12/31/2011      12/31/2012

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.

<b>Sign Here</b>	[Redacted Signature]	[Redacted Date]	Telephone number of taxpayer on line 1a or 2a
	Signature (see instructions)	Date	
	[Redacted Title]	[Redacted Spouse Signature]	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	Spouse's signature	

## 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 RAVS 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.