

COMMERCIAL LOAN APPLICATION

CREDIT REQUESTED			
Amount Requested	Term of Credit Requested	Loan Type	Credit Request <input type="checkbox"/> Applicant Only <input type="checkbox"/> Joint with Co-Applicants
Market Survey	Purpose of Credit Request		We intend to apply for joint credit: Applicant _____ Co-Applicant _____

COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant information for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Guarantor, Cosigner, Grantor (of collateral), or Other for a different capacity. If the Applicant is a married individual, he or she may apply for individual credit. **(Do Not complete Marital Status question below if application is for individual unsecured credit.)**

APPLICANT INFORMATION:

Applicant is a: Borrower Guarantor Cosigner Grantor Other _____

Name of Applicant (Business Name or Last Name if Individual)	Applicant First Name (If individual)	SSN/TIN#
Assumed Business Names (If Any)	Filing Dates	Filing Locations
Check Appropriate Box <input type="checkbox"/> If you are applying for individual credit and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, do not complete the section for marital status. <input type="checkbox"/> If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person on whose alimony, support or maintenance payments or income or assets you are relying.		Marital Status (If Individual Borrower) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Street Address	City	State
Mailing Address	City	State
Principal Office Address (if not listed above)	City	State
State of Organization	Applicant is: <input type="checkbox"/> An Individual <input type="checkbox"/> A Proprietorship <input type="checkbox"/> A Partnership <input type="checkbox"/> A Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> An Association <input type="checkbox"/> A Trust <input type="checkbox"/> A Gov't Entity <input type="checkbox"/> A LLC	

SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT

Description	Value	Total Liens	Ownership Status for This Applicant	Creditor Name
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	

Use Additional Sheet if Necessary

FINANCIAL AND INCOME STATEMENT SUMMARY

Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Total Assets: \$ _____ Total Annual Income: \$ _____
 Total Liabilities: \$ _____ Total Annual Expenses: \$ _____
 Net Worth: \$ _____ Net Annual Cash Flow: \$ _____

See Attached Financial Statements

RELATIONSHIP INFORMATION - APPLICANT'S HISTORY WITH LENDER

New Customer Customer Since (MM-YYYY): _____ Last Financial Statement Date (MM-DD-YYYY): _____
 Existing Customer Last Tax Return Date on File (YYYY): _____ Last Credit Report Date (MM-DD-YYYY): _____
 Last Credit Bureau: _____

Liabilities with Lender	Deposits with Lender	Total Credit with Lender
Direct: \$ _____	DDA Avg: \$ _____	New Credit: \$ _____
Contingent: \$ _____	Other Avg: \$ _____	Proposed Total: \$ _____
Total: \$ _____	Total Avg: \$ _____	

SIGNERS FOR THIS APPLICANT

Name	Title		Authorized	SSN #
Street Address	City	State	Zip Code	Phone Number
Name	Title		Authorized	SSN #
Street Address	City	State	Zip Code	Phone Number
Name	Title		Authorized	SSN #
Street Address	City	State	Zip Code	Phone Number
Name	Title		Authorized	SSN #
Street Address	City	State	Zip Code	Phone Number

Use Additional Sheet if Necessary

APPLICANT SIGNATURES

I/We hereby apply for the loan or credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

APPLICANT:

By: _____ By: _____
 By: _____ By: _____

Use Additional Sheet if Necessary

FOR LENDER'S USE ONLY

Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date
Branch	Application Date	Application No.	Commitment No.	Loan No.

Decision & Comments: Approved Denied Incomplete Counteroffer Conditional Approval Withdrawal Other _____

PERSONAL FINANCIAL STATEMENT OF

Name: _____ Statement Date: _____
 Address: _____ Birth Date: _____
 City: _____ State: _____ Zip: _____ Social Sec. No.: _____
 Business or Occupation: _____ Phone Number: _____

ASSETS

Cash \$ _____
 Accounts Receivable \$ _____
 Inventory \$ _____
 Investments \$ _____
 Real Estate \$ _____
 Cash Value of Life Insurance \$ _____
 Retirement Accounts \$ _____
 Vehicles/Equipment \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Total Assets: \$ _____

LIABILITIES

Accounts Payable \$ _____
 Mortgage \$ _____
 Loans \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Total Liabilities: \$ _____

EQUITY

\$ _____

INCOME

Capital Gains \$ _____
 One-time Payments \$ _____
 Rental Income \$ _____
 All Other Income \$ _____
 Gross Income: \$ _____

EXPENSES

Loan Payments \$ _____
 LOC Interest \$ _____
 Depreciation \$ _____
 Amortization \$ _____
 Interest Paid \$ _____
 Income Tax \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Total Expenses: \$ _____

NET INCOME

\$ _____

For the purpose of procuring credit from time to time, I/we furnish the foregoing as a true and accurate statement of my/our financial condition. Authorization is hereby given to the Lender to verify in any manner it deems appropriate any and all items indicated on this statement. In addition, each individual signing below authorizes the Lender to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition.

Signature: _____ Date: _____

Signature: _____ Date: _____

IVES Request for Transcript of Tax Return

- ▶ 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. Name shown on tax return (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return
3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4. Previous address shown on the last return filed if different from line 3 (see instructions)	
5a. IVES participant name, address, and SOR mailbox ID Covius Real Estate Services LLC C/O DataVerify 875 Greentree Rd, 8 Parkway Center Pittsburgh, PA 15220	
5b. Customer file number (if applicable) (see instructions)	

Caution: This tax transcript is being sent to the third party entered on Line 5a. 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 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 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years	<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	<input type="checkbox"/>
c. Record of Account , which 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	<input type="checkbox"/>

7. **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 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

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.

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 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. 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.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	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 was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification. Internal Revenue Code, 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. Internal Revenue Code, 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
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
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 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

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.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

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.

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



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.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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.

Note: 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.

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.

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

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.