

1st Bank of Sea Isle City Loan Center 137 J.F. Kennedy Blvd. Sea Isle City, NJ 08243 Ph: 609.263.7823 FAX: 609.263.9179

www.1stbankseaisle.com

Construction Loan Inquiry Checklist

THIS PAGE MUST BE SIGNED AND RETURNED WITH YOUR FULLY COMPLETED APPLICATION

To expedite the processing of your application, please complete our checklist indicating the following documents are enclosed. The following should be checked if enclosed or marked N/A only if Not Applicable. We will begin processing your loan application upon receipt of a fully completed application form and all of the information listed below.

NOTE-Upon receipt of a fully completed application form and all of the information listed below, this association

verifies all credit information provided of application is presented to the Mortgage Lo		ation. When all inquiries are answered in of the Board of Directors for consideration.	writing, your				
		and signed. All bank account numbers, lo cription) should be clearly written througho					
 application. 2. If this is a purchase, please submit an executed final copy of the sales contract. 3. Construction spec, please submit MLS Listings or outgoing, signed agreement of sale. 4. All contract addendums relative to all upgrades, including plans and specifications. 5. Description of materials, supporting cost sheet and a signed builder's contract. 							
☐ 6. Most recent two (2) years COMPL schedules and most recent two (2) years	LETE & SIGNI ars W-2's.	<u>ED</u> copies of your tax returns including <u>AL</u>	<u>.L</u> supporting				
☐ 8. Evidence of any additional income, in For Social Security or pension benefit	 7. Four (4) most recent pay stubs for borrower and co-borrower. 8. Evidence of any additional income, i.e. interest, dividend, rental income, Social Security or pension benefits. For Social Security or pension benefits, you must provide an award letter from the organization stating the income received. For interest, dividend and rental income please provide most recent two (2) years tax returns. 						
		nonths statements (all pages) for checking, s	avings, CD's,				
☐ 10. Copies of current Mortgage, Auto L		t Card Statements. by of your divorce or separation agreement	and property				
☐ 12. Copy of photo ID (i.e. Driver's Lie	cense(s) (All B	Borrowers)*					
record information that identifies each person who opens WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, a see your driver's license or other identifying documed documentation was not obtained with the opening of the account of the second	an account. address, date of birthents. In some cases account.	DPENING A NEW ACCOUNT: g activities, Federal law requires all financial institutions to a and other information that will allow us to identify you. We s, identification will be requested for current account he ts to maintain the security of your funds and our county.	Te may also ask to olders if original				
WE ACKNOWLEDGE RECEIPT OF A HUD BOOK	LET AND THE U	S PATRIOT ACT DISCLOSURE (ABOVE)					
Borrower Name:	Date:	Co-Borrower Name:	Date:				
Signature:		Signature:					
Email:		Email:					
Cell Phone: Cell Phone:							



Construction Loan Draw Schedule Requirements

SAMPLE CONSTRUCTION DRAW SCHEDULE

REQUIREMENTS FOR DISBURSEMENT

CONSTRUCTION LOANS ARE SUBJECT TO INSPECTIONS. EACH INSPECTION IS SUBJECT TO A \$125.00 INSPECTION FEE. THE FOLLOWING IS AN EXAMPLE DRAW SCHEDULE AND CAN BE MODIFIED.

LAND ACQUISITION DRAW: MAXIMUM OF 70% OF LAND VALUE

FOUNDATION DRAW: UPON RECEIPT OF A FOUNDATION SURVEY

1ST INSPECTION: UNDER CONSTRUCTION INSURANCE POLICY FOR FIRE & EVIDENCE THAT FLOOD INSURANCE IS IN PROCESS IS REQUIRED TO RECEIVE THIS DRAW, AND THE BUILDING IS FRAMED

2ND INSPECTION: BUILDING IS ENCLOSED, SIDED & ROOFED, ROUGH MECHANICALS AND INSULATION.

3RD INSPECTION: DRYWALL, PAINT, TRIM AND FLOOR COVERINGS COMPLETED

<u>4TH INSPECTION:</u> DECKS / RAILINGS, CONCRETE / PAVERS, CABINETS / VANITIES, APPLIANCES AND UTILITIES.

FINAL DRAW: FINAL SURVEY, TERMITE CERTIFICATE HAS BEEN OBTAINED & A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.

Partial/additional draws are available at borrower's request.

By signing below, I/we hereby acknowledge receipt of the requirements for disbursement of construction draws.

Borrower Signature	Date
Borrower Print Name	
Co-Borrower Signature	Date
Co-Borrower Print Name	



Construction Loan Application

IMPORTANT: Read these directions before completing this application. If this is an application for joint credit with another person, complete all sections, providing information about the joint applicant. We intend to apply for joint credit.

Applicant Signature Co-Applicant Signature

	Credit Requested							
Amount Requested	. ·		Term of Credit Re	quested	Loan Ty	pe		
Purpose of Loan: Co	onstruction [Con	struction-Permanent						
		Borrower I	nformation					
Borrower(s)			Individuals Corp/Partner/l	Corporation [Partner	rship [] LLC \square	
Street Address			Tax ID Number(s)		Year Establ	ished		
City	State	Zip	Trading Name					
Email Address(es)	Business Phone Nu	Business Phone Number Cell Phone Number						
Offices or Principals Name (If a Business)		Title		Percentage (ge Ownership			
						_		
Accountant Name & Phor Name	ie Number		Accountant Addre Street	SS				
Phone			City	State		Zip		
Attorney Name & Phone	Number		Attorney Address					
Name		- -	Street					
Phone			City	State		Zip		
Current Deposit Bank			Bank Address					
Name	•		Street					
			City	State		Zip		
		Collateral I	nformation					
Collateral Property Addre	ess		Property Descripti	on				
Block	Lot	# of Units	Purchase Price	Cash Down Pymt.	Seller Finan	cing Lo	oan Amount	
If Seller Held or Subordin	nate Financing: Name & A	ddress	Amount	Interest Rate	Monthly Pyr	mt. Le	ength of Loan	



Personal Financial Statement

IMPORTANT: Read these directions before completing this application.

PERSONAL FINANCIAL STATEMENT AS OF:

DATE:			all sections, providing info	ormation about the joint a	
		 	Applicant Signature	Co-Applicant S	Signature
	_	Personal	Information		
Applicant Name			Joint-Applicant Name		
Street Address	<u></u>	# of Years	Street Address		# of Years
City	State	Zip	City	State	Zip
Home Phone	SS#	Date of Birth	Home Phone	SS#	Date of Birth
Mobile Number	Email Address		Mobile Number	Email Address	
Previous Address (If at curre	ent less than 3 years)	# of Years	Previous Address (If at current less than 3 years) # of Year		
Employer		1	Employer		
Employer Address		# of Years	Employer Address	# of Years	
Business Phone Number	Title/Position	1	Business Phone Number	Title/Position	<u> </u>
Previous Employer (If with c	urrent less than 3 years) # of Years	Previous Employer (If with	current less than 3 years)	# of Years
Accountant Name	Phone		Accountant Name	Phone	
Accountant Address			Accountant Address		
Attorney Name	Phone		Attorney Name	Phone	
Attorney Address			Attorney Address		
		Annu	al Income		
 Past 2 Tax years (if 	er (If updating and exist this is a new application	ing 1 st Bank of Sea on for credit)	ant as follows: a Isle City Personal Financial S 2 months?No		below)
-		 -			



Personal Financial Statement p. 2

Balance sheet as of:

Assets		Amount (\$)	Liabi	lities	Amount (\$)
Cash in 1st Bank of Sea Isle	City		Loans payable to 1st I	Bank of Sea Isle City	
Cash in other Financial Inst	itutions (List):		Accounts payable		
			Margin Accounts		
			Federal & State Income T		
			Residential Real Estate Mortgage Debt (Sched. D)		
			Investment Real Estate M	<u> </u>	
Marketable securities (Schedule A	·		Life Insurance Loans (Sch		
Non-Marketable securities (Sched	<u> </u>		Loans payable to others (S	Schedule H)	
Accounts, Loans & Notes receivab	•		Credit Card Debt		
Residential real estate (Schedule D	<u> </u>		Other Debts/Liabilities (L	ist):	
Investment Real Estate (Schedule				· · · · · · · · · · · · · · · · · · ·	
Cash Value Life Insurance (Sched					
Partnerships, LLC's & Closely hel	· · · · · · · · · · · · · · · · · · ·			·	
Retirement Accts. (IRA, 401K, Ke					
Personal property (Including auto	mobiles)				
Other assets (list):					
	_				
	····			Total Liabilities	\$
. · · · · · · · · · · · · · · · · · · ·	Total Assets	\$	Net Worth		\$
	LUIAI ASSEIS	J		1161 1101111	J D
	I Otal Assets) J		Net Worth	0
Schedule A -	Readily Mark	cetable Secur	ities (Stocks, Bonds,		s)
Schedule A -		cetable Secur	ities (Stocks, Bonds, Owner(s)		e Deservice de al construction de
Schedule A -	Readily Mark	cetable Secur	· , , ,	Brokerage Account	s)
Schedule A -	Readily Mark	cetable Secur	· , , ,	Brokerage Account	s)
Schedule A -	Readily Mark	cetable Secur	· , , ,	Brokerage Account	s)
Schedule A -	Readily Mark	cetable Secur	· , , ,	Brokerage Account	s)
Schedule A -	Readily Mark	cetable Secur	· , , ,	Brokerage Account	s)
Schedule A - # of Shares or Account # Descri	Readily Mark	Ketable Secur Brokerage Name	Owner(s)	Brokerage Account Current Value	s)
Schedule A - # of Shares or Account # Descri	Readily Mark	Ketable Secur Brokerage Name	Owner(s) hokerage Staroment and	Brokerage Account Current Value	s)
Schedule A - # of Shares or Account # Descri	Readily Mark iption of Security or) igh space, attack B - Non-Marke	Ketable Secur Brokerage Name	Owner(s) Mokerage Statement and s (Thinly traded or Re	Brokerage Account Current Value entis (totals offly) stricted Stocks)	S) Pledged?
Schedule A - # of Shares or Account # Descri	Readily Mark	Ketable Secur Brokerage Name	Owner(s) hokerage Staroment and	Brokerage Account Current Value	s)
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Schedule A - # of Shares or Account # Descri	Readily Mark iption of Security or) igh space, attack B - Non-Market Owner(s)	ketable Secur Brokerage Name hischedule or B table Securitie	Owner(s) holke खुड डॉब्सडॉलंडम खेले s (Thinly traded or Re Where held	Brokerage Account Current Value Gaile (totals only)) stricted Stocks) Current Value	S) Pledged?
Schedule A - # of Shares or Account # Descri	Readily Mark ption of Security or 1 ugh space, attack B - Non-Market Owner(s) Schedule C	h schedule or B	Owner(s) Inologiage Statement and s (Thinly traded or Rewhere held	Brokerage Account Current Value Entire (Totalis only) Stricted Stocks) Current Value	S) Pledged?
Schedule A - # of Shares or Account # Descri	Readily Mark ption of Security or 1 ugh space, attack B - Non-Market Owner(s) Schedule C	ketable Secur Brokerage Name hischedule or B table Securitie	Owner(s) Inologiage Statement and s (Thinly traded or Rewhere held	Brokerage Account Current Value Gaile (totals only)) stricted Stocks) Current Value	S) Pledged?
Schedule A - # of Shares or Account # Description ([][Fino[ferror Schedule]] # of Shares Description	Readily Mark ption of Security or 1 ugh space, attack B - Non-Market Owner(s) Schedule C	h schedule or B	Owner(s) Inologiage Statement and s (Thinly traded or Rewhere held	Brokerage Account Current Value Entire (Totalis only) Stricted Stocks) Current Value	Pledged? Pledged?
Schedule A - # of Shares or Account # Description ([][Fino[ferror Schedule]] # of Shares Description	Readily Mark ption of Security or 1 ugh space, attack B - Non-Market Owner(s) Schedule C	h schedule or B	Owner(s) Inologiage Statement and s (Thinly traded or Rewhere held	Brokerage Account Current Value Entire (Totalis only) Stricted Stocks) Current Value	Pledged? Pledged?



Personal Financial Statement p. 3

				nary Residence			
Deeded Owner & Property Address		chase	Market Value	Loan	Monthly	Interest	Lender
	Year	Price	s	Balance \$	Payment \$	Rate %	
			3	3	J	70	
N. C.			S	\$	\$	%	
			\$	\$	\$	%	
			s	S	\$	%	
			\$	\$	\$	%	<u> </u>
				Service of the Control of the Contro			
Schedu	ıle E - I	nvestment	Real Estate (I	Residential & C	ommercial)	<u> </u>
eeded Owner & Property Address	Purcha Year	Price	Market Vale	Loan Balance	Monthly Payment	Interest Rate	Lender
			\$	S	\$	%	
			\$	\$	\$	%	
			\$	s	\$	%	
			\$	8	\$	%	
<i>e</i>		<u>'</u>	\$	\$	\$	%	
	<u> </u>						
		Sche	dule F- Life Iı	ısurance	a common a superior de la valencia d		
Insurance Company	F	ace Value	Be	neficiary	C	ash Value	Amount Borrowe
· · · · · · · · · · · · · · · · · · ·							
				2397822-70			
Schedule G - Pa	rtnersh	ips, Limite	ed Liability Co	mpanies & Clo	sely held (Corpo <u>ratio</u>	
		ership, Corp.)			Nature of Busin		Value

(*Note: If any Company represents a material portion of your total assets, please attach the company(s) Financial Statements or Tax Returns)



Personal Financial Statement p. 4

	Schedule H -	· Loans Payable (Bank	s & Others)		
Lender	Type of Loan	Collateral	Loan Balance	Monthly Payment	Interest Rate
			\$	\$	%
			\$	\$	%
			s	\$	%
		\(\frac{\sqrt{\chi}}{\chi}\)	s	S	%
			\$	\$	%
Please answer the follow			Yes	No	Amount
Are you a Guarantor or Co-Mak	er for any debt or lease of an	individual, Corporation or Par	tnership?	\$	
Are there any suits or legal action	ns pending against you or you	r companies?		\$	
Are there any of you or your Con	npany's tax obligations past d	lue?		\$	
Are you obligated to pay alimony	, child support or separate m	aintenance?		\$	
Are any of you or your Company	's Federal or State Tax retur	ns currently being audited or co	ontested?	\$	
Have you or your Company(s) ev	er declared bankruptcy?		-	\$	
Are any of your or your company	's tax obligations past due?			\$	
If yes for any of the above,	please give details:			<u> </u>	
	Re	presentations and Warr	ranties		

The information contained in this statement is provided to induce 1st Bank of Sea Isle City to extend or continue the extension of credit to the or to the others upon the guarantee of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete.

Each of the undersigned agrees to notify you immediately in writing of any change in name, address or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtness of the undersigned or the indebtness guaranteed by the undersigned, as the case may be, immediately due and payable, even after credit has been given to the undersigned.

You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorizes any person or consumer credit reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply an updated personal financial statement. The personal financial statement and any other financial information that the undersigned gives you shall be the property of 1st Bank of Sea Isle City.

Applicants Signature:	Date:
Joint-Applicants Signature:	Date:
(If requesting a Joint financial accommodation)	



1st Bank of Sea Isle City Loan Center 137 J.F. Kennedy Blvd. Sea Isle City, NJ 08243 Ph: 609.263.7823 FAX: 609.263.9179 www.1stbankseaisle.com

Construction Sign Authorization

Would you be willing to allow 1st Bank of Sea Isle City to place a sign on your

subject	property that reads:
	"Construction Financed by 1 st Bank of Sea Isle City"
	I/We hereby authorize 1 st Bank of Sea Isle City to place this sign on my property.
	I/We do not wish to have this sign placed on my/our property.
By signing below, I/v	ve hereby acknowledge this disclosure.
Borrower Signature	Date
Borrower Print Name	
Co-Borrower Signature	Date
Co-Borrower Print Name	



Source of Funds Affidavit

To: 1st Bank of Sea Isle City

Co-Borrower Signature

Co-Borrower Print Name

Please be advised that my/our initial deposit on the purchase agreement came from: (*Identify the financial institution and account number of sources*)

Source	Account Number	Type of Account	
Address	City	State	Zip
Γhe balance of the deposi	t as required by the contract w	rill come from:	
Source	Account Number	Type of Account	
Address	City	State	Zip
Source	Account Number	Type of Account	
Address	City	State	Zip
Source	Account Number	Type of Account	
Address	City	State	Zip
t the dalance of the deposit is beir	ng supplied by a bridge loan, equity adva	nce loan or employer loan, pleas	e submit written evidence of same.
/We also certify that no mo	nies used for the contract deposit	or down payment are or w	vill be borrowed.
Borrower Signature		Date	
Borrower Print Name			

Date



Occupancy Statement

Applicant(s)			
Mailing Address	City	State	Zip
Property Address	City	State	Zip
		I	
Please indicate your in	ntended use by selecti	ng one of the categories belo	»
	to occupy the above pro refinanced for my/our u		ce within sixty (60) days of closing.
	to use this property as a refinanced for my/our u	secondary or vacation home wit	hin sixty (60) days of closing.
☐ It is my/our intention	to use this property as a	n investment property.	
/We also certify to 1st B	ank of Sea Isle City, th	at the above information is cor	rect.
Borrower Signature		Date	
Borrower Print Name			
Co-Borrower Signature		Date	
Co-Borrower Print Name			



General Credit Authorization Letter

Borrower 1				
Address	City	State	Zip	
Borrower 2				
Address	City	State	Zip	

To Whom It May Concern:

I/We have applied for credit and hereby authorize you to release to 1st Bank of Sea Isle City, the requested information on the attached form concerning:

- 1. Employment history, dates, title, income, hours worked, etc.
- 2. Banking and Savings accounts of record.
- 3. Mortgage Loan Rating (opening date, high credit, payment amount, loan balance and payment record)
- 4. Any information necessary in connection with a consumer credit report for an application of credit.
- 5. Payoffs and authorization for closing/freezing revolving credit to further advances.
- 6. Re-Verification of information after closing for quality assurance needs.

The information is for the confidential use of the lender in determining my/our credit worthiness for a consumer loan or to confirm information that has been supplied. In addition, I/We are aware that the documentation supplied is subject to Re-verification after the date of the loan disbursement.

A photographic or fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed form is maintained in the 1st Bank of Sea Isle City file.

Your prompt reply is appreciated.

Signed,

Social Security #	Date	
		_
Social Security #	Date	



1st Bank of Sea Isle City Loan Center 137 J.F. Kennedy Boulevard Sea Isle City, NJ 08243

Phone: 609-263-7823 Fax: 609-263-9179

www.1stbankseaisle.com

Credit Report Authorization Form

Acknowledgement

In connection with all loan applications and/or requests for financing, 1st Bank of Sea Isle City utilizes Factual Data as the authorized consumer credit report provider. Credit report inquiries made by 1st Bank of Sea Isle City will appear on the inquiring parties list as Factual Data.

1st Bank of Sea Isle City intends to use the consumer credit report for the purpose of evaluating my financial status and creditworthiness.

The consumer credit report will be kept on file at 1st Bank Loan Center for use only by the lending staff. This information will not be disclosed to anyone without my written consent.

Furthermore, I understand that should I receive financing through 1st Bank of Sea Isle City updated credit reports may be obtained throughout the term of the loan.

<u>Authorization</u> is hereby granted to *1st Bank of Sea Isle City* to obtain a tri-merged consumer credit report on the undersigned borrower(s) for the purpose of evaluating the financial status. Photocopy or facsimile of this form may be deemed the equivalent of the original signed form to be maintained in the 1st Bank of Sea Isle City files.

Borrower(s) Full Name	Signature	Date of Birth	S.S. Number
Present Address	City	State	Zip Code
Co-Borrower(s) Full Name	Signature	Date of Birth	S.S. Number
Present Address	City	State	Zip Code



Release Authorization

To: 1st Bank of Sea Isle City is hereby authorized to disclose to:

Name		Company	Company		
Address	City	State	Zip		
The terms and conditions application submitted her		oan commitment it may issue	to me/us, pursuant to my/our m	ortgage	
☐ 1 st Bank of Sea Isle indicated above.	City may take the d	lisclosure by sending a copy	of the commitment directly to the	ie party	
☐ I/we do not authorize	release of this inform	nation.			
Borrower Signature		Date			
Borrower Print Name					
Co-Borrower Signature		Date			
Co-Borrower Print Name					



DISCLOSURE OF RIGHT TO RECEIVE COPY OF APPRAISAL

Applicant	Date	Applicant	Date
By signing below, Ap	plicant acknowledges	receipt of this appraisal	notice.
You can pay for an a	dditional appraisal fo	r your own use at your o	own cost.
appraisal. We will promptly give you a copy of the appraisal, even if your loan do			
		ne the property value a ony of the appraisal, ev	
		a the manager value o	and ahawaa wan fan

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal Law (IRC §7216) requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing your tax return. If you consent to the disclosure of your tax return information, Federal Law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Pleas	se complete:		*, •
•	Purpose for forwarding information:		
As pe	er my/our contractual agreement associated	with a Commercial/Business Loan at 1 ^s	t Bank of Sea Isle City
•	Name and address to whom the information	tion is being disclosed to:	
	18t D. 1. CO. T. 1. C.4	· ·	
	1st Bank of Sea Isle City		
	Attn: Lauren Barnhart		
	137 J.F. Kennedy Blvd.		
	Sea Isle City, NJ 08243		
	Email: lbarnhart@1stbankseaisle.com		
	Fax: 609-263-9179		
•	Duration of consent: (If more than one y	ear)	
I,	, autho	orize	to disclose
to 1st	Bank of Sea Isle City my tax return information	ation for 20	
Acco	untant Email:		
Signa	uture:	Date:	
Spous	se Signature:	Date:	
Note:	If married, spouse signature is REQUIRE	О.	
witho	u believe your tax return information has be out your permission, you may contact the Tr none at 1-800-366-4484, or by email to: con	easury Inspector General for Tax Admir	

1st Bank of Sea Isle City Consent to Disclosure of Tax Information Form 2015

Form **4506-T**

(Rev. August 2014)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ 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 quickly request transcripts by using

► For more information about Form 4506-T, visit www.irs.gov/form4506t,

OMB No. 1545-1872

our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. 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 1b First social security number on tax return, individual taxpayer identification shown first. number, or employer identification number (see instructions) 2a If a joint return, enter spouse's name shown on tax return. Second social security number or individual taxpayer identification number if joint tax return Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) Previous address shown on the last return filed if different from line 3 (see instructions) 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. Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party. 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. ▶ 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 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 10 business days 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. Most requests will be processed within 10 business days 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. 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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. 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. 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, 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 the signature date. Phone number of taxpayer on line 1a or 2a Signature (see instructions) Date Sign Here Title (if line 1a above is a corporation, partnership, estate, or trust) Spouse's signature Date

Section references are to the Internal Revenue Code unless otherwise noted

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

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 addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service **RAIVS Team** Stop 6716 AUSC Austin, TX 73301

512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota,

Internal Revenue Service **RAIVS Team** Stop 37106 Fresno, CA 93888

Utah, Washington, Wisconsin, Wyoming

559-456-7227

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts. Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West

Virginia

Internal Revenue Service **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:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, lowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address

Internal Revenue Service **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, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service **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) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party-Business.

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. Ensure that all applicable lines are completed

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 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

Signature by a representative. A representative can sign Form 4506-T 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 Form 4506-T.

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 reques 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-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,

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:

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.

FACTS

WHAT DOES 1ST BANK OF SEA ISLE CITY DO WITH YOUR PERSONAL INFORMATION?



Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Account balances
- Credit history and Overdraft history
- Checking account information and Employment information

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons 1st Bank of Sea Isle City chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does 1st Bank of Sea Isle City share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

Call 609-263-4102 or go to www.1stbankseaisle.com

What we do	
How does 1st Bank of Sea Isle City protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does 1st Bank of Sea Isle City collect my personal information?	We collect your personal information, for example, when you - Open an account or Apply for a loan - Use your credit or debit card or Give us your contact information - Show your driver's license We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only - sharing for affiliates' everyday business purposes - information about your creditworthiness - affiliates from using your information to market to you - sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. - 1st Bank of Sea Isle City has no affiliates.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. - 1st Bank of Sea Isle City does not share with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. - 1st Bank of Sea Isle City doesn't jointly market.



☐ Direct Mail Ad:

☐ Realtor:

☐ Other:

1st Bank of Sea Isle City Loan Center 137 J.F. Kennedy Blvd. Sea Isle City, NJ 08243 Ph: 609.263.7823 FAX: 609.263.9179 www.1stbankseaisle.com

How Did You Hear of 1st Bank?

Thank you for choosing 1st Bank of Sea Isle City for your Construction Loan.

We are very interested in hearing how you heard about 1st Bank. Please take a moment to complete this form, and return it along with your application.

Please make your choice(s) below and include name(s) and/or location:

□ Branch Referral:

□ Personal Friend:

□ Newspaper Ad: _____

Please include your information below. Thank you for your patronage and we hope to be of continued service.

Borrower's Name(s)

Property Address

City

State

Zip