




PO Box 9800  
Maryville, TN 37802


Re: Loan Application

Dear Potential Buyer:

Attached are the documents to apply for a home loan.

 Completely fill out all attached documents.

 FAX **all** attached documents to the **Credit Services Department** at **877-309-8338**, or

 Mail all documents to:

***Attn: Credit Services Dept.***  
Vanderbilt Mortgage and Finance, Inc.  
PO Box 9800  
Maryville, TN 37802

If you have questions, please contact our Credit Services Department at **1-866-701-0467**. Our office hours are Monday through Friday, 8:30 A.M. – 5:30 P.M. (ET).

Sincerely,

Credit Services Department

**The following notices are required by Federal law:** 1. This is an attempt by a debt collector to collect a debt and any information obtained will be used for that purpose. 2. To the extent your original obligation was discharged, or subject to an automatic stay under the bankruptcy code, this statement is for informational purposes only and is not an attempt to collect a debt or impose personal liability for a debt.

**Toll Free: 866.701.0467 • Phone: 865.380.3000 • Fax: 877-309-8338 • www.VMF.com • NMLS # 1561**

**AFFILIATED BUSINESS ARRANGEMENT DISCLOSURE STATEMENT**

Reference No.: \_\_\_\_\_

To Applicant(s): \_\_\_\_\_

From: CMH Homes, Inc. ("CMH"), Wimbleton Properties, LLC ("Wimbleton"), Clayton Properties Group, Inc. ("Clayton Properties"), Vanderbilt Mortgage and Finance, Inc. ("Vanderbilt"), Silverton Mortgage ("Silverton"), a division of Vanderbilt, as applicable.

Property: (a) Home Description (If Applicable):

**If the above Description is left blank it means that the Description is unknown at the time of the delivery of this Affiliated Business Arrangement Disclosure Statement.**

(b) Property Address or Address Where Home Located or To Be Located:

**If the above Address is left blank it means that the Address is unknown at the time of the delivery of this Affiliated Business Arrangement Disclosure Statement.**

This is to give you notice that CMH Homes, Inc., ("CMH"), Wimbleton Properties, LLC. ("Wimbleton"), Clayton Properties Group, Inc. ("Clayton Properties"), Vanderbilt Mortgage and Finance, Inc. ("Vanderbilt"), Silverton Mortgage ("Silverton"), a division of Vanderbilt and HomeFirst Agency, Inc., also doing business as HomeFirst Insurance Agency, Inc. in California, and Silverton Insurance Solutions ("HomeFirst") have business relationships with each other. CMH, Wimbleton, Clayton Properties, Vanderbilt, Silverton and HomeFirst are each indirect, wholly owned subsidiaries of the same parent company. Therefore, each is an affiliate of the other. Because of this relationship, this referral may provide CMH, Wimbleton, Vanderbilt, Silverton and HomeFirst a financial or other benefit.

Set forth below is the estimated charge or range of charges for the settlement services listed. You are **NOT** required to use the listed provider(s) as a condition for settlement of your loan or purchase of the subject property. **THERE ARE FREQUENTLY OTHER SETTLEMENT SERVICE PROVIDERS AVAILABLE WITH SIMILAR SERVICES. YOU ARE FREE TO SHOP AROUND TO DETERMINE THAT YOU ARE RECEIVING THE BEST SERVICES AND THE BEST RATE FOR THESE SERVICES.**

Service Provider	Service Provided	Charge or Range of Charges
Vanderbilt Mortgage	Loan Origination Fee	0 - 2.75% of the loan amount
	Interest Rate	Interest rates will vary by state, loan product and terms
	Discount Points	0 - 2% of the loan amount (optional)
Silverton Mortgage	Loan Origination Fee	0 - 2.75% of the loan amount
	Interest Rate	Interest rates will vary by state, loan product and terms
	Discount Points	0 - 5% of the loan amount (optional)
HomeFirst	MH and Modular Hazard Insurance	Premium based on home's price or value; whether new or preowned; age of Home; where home is located and coverage terms:  \$2.00 to \$200.00 per \$1,000.00 of coverage (not including endorsement premiums, age of home surcharges or catastrophe fees)
	Home Buyer Protection Plan (Insurance) or Home Protection Plan (service contract)	Cost determined by which product is offered in a particular state and whether the Home is single (SS) or multi (MS). Product is available for new homes only. SS HBPP \$480 MS HBPP \$580 SS and MS HPP \$799 (HPP is available in all states except AK, CT, FL, MA, NV, OR and TX).
	Site built (non MH or Modular) Hazard Insurance	\$500 - \$10,000 annual premium, will vary depending on coverages and associated risk assessments such as age and location of home, insurance score, past claims of the insured, etc. Does not include endorsement premiums.

**ACKNOWLEDGEMENT**

I/We acknowledge receipt of a copy of this disclosure statement within 3 business days of my/our loan application or prior to or at the time of the referral of the settlement service(s) described above. I/We further acknowledge that I/we have read this disclosure form and that I/we understand that CMH, Wimbleton, Clayton Properties, and/or Vanderbilt/Silverton is referring me/us to purchase the above-described settlement service(s) and may receive a financial or other benefit as the result of this referral.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### CREDIT APPLICATION

Reference or HC#: \_\_\_\_\_

**IMPORTANT: PLEASE FILL OUT ALL SECTIONS OF APPLICATION COMPLETELY**

**\*\*By completing and signing this Credit Application, you authorize the creditor, credit institution or servicer to pull your credit and obtain a consumer credit report on you for the purpose of considering this Application or servicing any resulting loan.\*\***

#### APPLICATION INFORMATION

**You may apply for credit in your name alone. If you intend to apply for joint credit, initial here (both):**

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Co-Applicant information: Complete if (a) joint credit application; (b) income/assets of another person (may be Applicant's spouse) to be used for loan qualification; or (c) Applicant resides in community property state or relying on community property for loan qualification - AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI.

APPLICANT				CO-APPLICANT							
First Name:		Last Name:		Middle Name:		First Name:		Last Name:		Middle Name:	
Birth Date (MM/DD/YYYY):			Social Security Number:			Birth Date (MM/DD/YYYY):			Social Security Number:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		Email:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		Email:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		Email:	
Number of Dependents (excluding applicants):			Ages of Dependents:			Number of Dependents (excluding applicants):			Ages of Dependents:		
Home Phone: (    )			Cell Phone: (    )			Home Phone: (    )			Cell Phone: (    )		

APPLICANT'S RESIDENCE (3 Year History REQUIRED)				CO-APPLICANT'S RESIDENCE (3 Year History REQUIRED)					
<b>CURRENT Residential Status:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family <input type="checkbox"/> Other: _____		If you currently own, what will you do with your home? <input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Rent <input type="checkbox"/> Keep		<b>CURRENT Residential Status:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family <input type="checkbox"/> Other: _____		If you currently own, what will you do with your home? <input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Rent <input type="checkbox"/> Keep			
<b>CURRENT Street Address:</b>				<b>CURRENT Street Address:</b>					
City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____	City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____
<b>CURRENT Mailing Address</b> (if different from street address):				<b>CURRENT Mailing Address</b> (if different from street address):					
City:		State:	Zip Code:	City:		State:	Zip Code:		
<b>PREVIOUS Street Address</b> (most recent first):				<b>PREVIOUS Street Address</b> (most recent first):					
City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____	City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____
<b>PREVIOUS Street Address:</b>				<b>PREVIOUS Street Address:</b>					
City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____	City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____

APPLICANT'S EMPLOYMENT AND INCOME (2 Year History REQUIRED)				CO-APPLICANT'S EMPLOYMENT AND INCOME (2 Year History REQUIRED)			
<b>Employer:</b>		Employer's Phone: (    )		<b>Employer:</b>		Employer's Phone: (    )	
Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment				Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)				Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)			
City:		State:	Zip Code:	City:		State:	Zip Code:
Supervisor:	Employment Dates:(MM/YYYY-MM/YYYY) _____ thru _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Supervisor:	Employment Dates:(MM/YYYY-MM/YYYY) _____ thru _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Gross Monthly Income: \$		Hourly Rate:		Gross Monthly Income: \$		Hourly Rate:	
Position/Title:				Position/Title:			

APPLICANT'S EMPLOYMENT AND INCOME (2 Year History REQUIRED) (cont'd)				CO-APPLICANT'S EMPLOYMENT AND INCOME (2 Year History REQUIRED) (cont'd)			
Employer:		Employer's Phone: ( )		Employer:		Employer's Phone: ( )	
Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment				Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)				Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)			
City:		State:	Zip Code:	City:		State:	Zip Code:
Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) thru _____		Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) thru _____	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Gross Monthly Income: \$		Hourly Rate:		Gross Monthly Income: \$		Hourly Rate:	
Position/Title:				Position/Title:			
Employer:		Employer's Phone: ( )		Employer:		Employer's Phone: ( )	
Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment				Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)				Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)			
City:		State:	Zip Code:	City:		State:	Zip Code:
Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) thru _____		Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) thru _____	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Gross Monthly Income: \$		Hourly Rate:		Gross Monthly Income: \$		Hourly Rate:	
Position/Title:				Position/Title:			
Any gaps in employment greater than 30 days during the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of gaps: _____ Reason for gaps: _____				Any gaps in employment greater than 30 days during the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of gaps: _____ Reason for gaps: _____			
OTHER INCOME - Social Security, Retirement, Disability, Alimony, Child Support or Other							
<b>OTHER INCOME:</b> Income from SSI, retirement, disability, alimony, child support, or separate maintenance agreement need not be disclosed if you do not wish to have it considered as a basis for undertaking or repaying this debt.							
Source of Income:	How Long Received:	Monthly Amount:	Source of Income:	How Long Received:	Monthly Amount:		
Source of Income:	How Long Received:	Monthly Amount:	Source of Income:	How Long Received:	Monthly Amount:		
Source of Income:	How Long Received:	Monthly Amount:	Source of Income:	How Long Received:	Monthly Amount:		
Source of Income:	How Long Received:	Monthly Amount:	Source of Income:	How Long Received:	Monthly Amount:		
Source of Income:	How Long Received:	Monthly Amount:	Source of Income:	How Long Received:	Monthly Amount:		
MONTHLY HOUSEHOLD LIVING EXPENSES							
<b>INSTRUCTIONS:</b> Please fill out the MONTHLY HOUSEHOLD living expenses below such as food, clothing, gasoline, health care, (including the payment of recurring medical expenses), and repayments to a 401(k) loan.							
Food: \$ _____ Clothing: \$ _____ Gasoline: \$ _____ Health Care: \$ _____ 401(k) Loan Repayments: \$ _____ (Including payment of recurring medical expenses)							
APPLICANT'S CREDIT INFORMATION			CO-APPLICANT'S CREDIT INFORMATION				
Landlord's Name:		Relationship to Landlord:	Landlord's Name:		Relationship to Landlord:		
Landlord's Phone: ( )		Current Monthly Rent to Landlord:	Landlord's Phone: ( )		Current Monthly Rent to Landlord:		
Home Currently Financed By (if applicable):		Monthly Payment: \$	Balance:	Home Currently Financed By (if applicable):			
				Monthly Payment: \$			
Other Loan:		Monthly Payment:	Balance:	Other Loan:			
				Monthly Payment:			
Other Loan:		Monthly Payment:	Balance:	Other Loan:			
				Monthly Payment:			

APPLICANT'S ASSETS	CO-APPLICANT'S ASSETS
Cash (including deposit): ..... \$ _____	Cash (including deposit): ..... \$ _____
Bonds, Securities, 401(k), etc.: ..... \$ _____	Bonds, Securities, 401(k), etc.: ..... \$ _____
Other Assets: ..... \$ _____	Other Assets: ..... \$ _____
Total Assets: ..... \$ _____	Total Assets: ..... \$ _____
<b>Savings Account</b>	<b>Savings Account</b>
Bank Name: _____	Bank Name: _____
City: _____ State: _____ Approximate Balance: \$ _____	City: _____ State: _____ Approximate Balance: \$ _____
<b>Checking Account</b>	<b>Checking Account</b>
Bank Name: _____	Bank Name: _____
City: _____ State: _____ Approximate Balance: \$ _____	City: _____ State: _____ Approximate Balance: \$ _____
ADDITIONAL INFORMATION FOR APPLICANT	ADDITIONAL INFORMATION FOR CO-APPLICANT
<p>Will you occupy the property as your primary residence?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If "Yes", have you had an ownership interest in another property in the last three years?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If "Yes", complete (1) and (2) below:</p> <p>1.) What type of property did you own: primary residence (PR), FHA secondary residence (SR), second home (SH), or investment property (IP)? _____</p> <p>2.) How did you hold title to the property: solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)? _____</p> <p>If this is a Purchase Transaction: Do you have a family relationship or business affiliation with the seller of the property?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you borrowing any money for this real estate transaction (e.g., money for your closing costs or down payment) or obtaining any money from another party, such as the seller or realtor, that you have not disclosed on this loan application?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If "Yes", what is the amount of this money? \$ _____</p> <p>Have you or will you be applying for a mortgage loan on another property (not the property securing this loan) on or before closing this transaction that is not disclosed on this loan application?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Have you or will you be applying for any new credit (e.g., installment loan, credit card, etc.) on or before closing this loan that is not disclosed on this application?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Will this property be subject to a lien that could take priority over the first mortgage lien, such as a clean energy lien paid through your property taxes (e.g., the Property Assessed Clean Energy Program)?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are there any outstanding judgments against you?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you currently delinquent or in default on a Federal debt?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you a party to a lawsuit in which you potentially have any personal financial liability?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Have you conveyed title to any property in lieu of foreclosure in the past 7 years?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Within the past 7 years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Have you had property foreclosed upon in the last 7 years?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Will you occupy the property as your primary residence?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If "Yes", have you had an ownership interest in another property in the last three years?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If "Yes", complete (1) and (2) below:</p> <p>1.) What type of property did you own: primary residence (PR), FHA secondary residence (SR), second home (SH), or investment property (IP)? _____</p> <p>2.) How did you hold title to the property: solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)? _____</p> <p>If this is a Purchase Transaction: Do you have a family relationship or business affiliation with the seller of the property?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you borrowing any money for this real estate transaction (e.g., money for your closing costs or down payment) or obtaining any money from another party, such as the seller or realtor, that you have not disclosed on this loan application?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If "Yes", what is the amount of this money? \$ _____</p> <p>Have you or will you be applying for a mortgage loan on another property (not the property securing this loan) on or before closing this transaction that is not disclosed on this loan application?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Have you or will you be applying for any new credit (e.g., installment loan, credit card, etc.) on or before closing this loan that is not disclosed on this application?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Will this property be subject to a lien that could take priority over the first mortgage lien, such as a clean energy lien paid through your property taxes (e.g., the Property Assessed Clean Energy Program)?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are there any outstanding judgments against you?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you currently delinquent or in default on a Federal debt?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you a party to a lawsuit in which you potentially have any personal financial liability?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Have you conveyed title to any property in lieu of foreclosure in the past 7 years?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Within the past 7 years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Have you had property foreclosed upon in the last 7 years?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

ADDITIONAL INFORMATION FOR APPLICANT (cont'd)	ADDITIONAL INFORMATION FOR CO-APPLICANT (cont'd)
Have you declared bankruptcy within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you obligated to pay alimony, child support, or separate maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the amount for each: Alimony: \$ _____   Child Support: \$ _____   Separate Maintenance: \$ _____	Have you declared bankruptcy within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you obligated to pay alimony, child support, or separate maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the amount for each: Alimony: \$ _____   Child Support: \$ _____   Separate Maintenance: \$ _____

**LAND INFORMATION**

**Only need if you are applying for Land/Home package or you are using land to secure the loan.**

Is there a residence currently on the land where you are planning to place this home?    Yes    No  
 Is the land that will be used to secure the loan currently in the applicant or co-applicant's name?    Yes    No  
 How was this land acquired by applicant/co-applicant?    Gifted    Inherited    Purchased    Other: \_\_\_\_\_  
 Size of land (acres): \_\_\_\_\_   Date land was gifted/inherited/purchased: \_\_\_\_\_   Purchase price of land: \_\_\_\_\_

**DEBTS AND OTHER INFORMATION**

Where will the home be located? Street Address: \_\_\_\_\_   City: \_\_\_\_\_   State (Required): \_\_\_\_\_   Zip Code: \_\_\_\_\_  
 If home will be located on a rented property/park/community, amount of future monthly lot rent/site rent: \_\_\_\_\_

**CONTACTS (Nearest 2 Relatives Not Living in the Home)**

APPLICANT	CO-APPLICANT
Name (First, MI, Last): _____ Suffix: _____ Relationship: _____	Name (First, MI, Last): _____ Suffix: _____ Relationship: _____
Home Phone: ( ) _____ Cell Phone: ( ) _____	Home Phone: ( ) _____ Cell Phone: ( ) _____
Street Address: _____	Street Address: _____
City: _____   State: _____   Zip Code: _____	City: _____   State: _____   Zip Code: _____

**THIRD PARTY AUTHORIZATION**

**By providing the information below, you authorize the lender to discuss the terms and conditions of your application and/or approval with the following individual(s):**

Name: \_\_\_\_\_   Relationship: \_\_\_\_\_   Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_   Relationship: \_\_\_\_\_   Phone Number: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION OF APPLICANT AND CO-APPLICANT**

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check below:

**CALIFORNIA:** If this loan is for the purchase, construction, rehabilitation or refinancing of a housing accommodation, the following information is requested by the State of California and the federal government to monitor this financial institution's compliance with the Housing Financial Discrimination Act, Equal Credit Opportunity Law, and Fair Housing Law. The law provides that a financial institution may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing this information is optional. If you do not wish to furnish this information, please initial below.

APPLICANT	CO-APPLICANT
<b>ETHNICITY:</b> - Check one or more <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino - Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard and so on: □□□□□□□□□□□□□□□□ <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<b>ETHNICITY:</b> - Check one or more <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino - Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard and so on: □□□□□□□□□□□□□□□□ <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information

APPLICANT (cont'd)	CO-APPLICANT (cont'd)
<p><b>RACE:</b> - Check one or more</p> <p><input type="checkbox"/> American Indian or Alaskan Native - <i>Print name of enrolled or principal tribe:</i>  <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/> Asian</p> <p style="margin-left: 20px;"><input type="checkbox"/> Asian Indian  <input type="checkbox"/> Chinese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian - <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:</i>  <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="margin-left: 20px;"><input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Pacific Islander - <i>Print race, for example, Fijian, Tongan and so on:</i>  <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <p><b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to provide this information</p> <p><b>MARITAL STATUS:</b> (CALIFORNIA APPLICANTS ONLY)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> I do not wish to provide this information</p>	<p><b>RACE:</b> - Check one or more</p> <p><input type="checkbox"/> American Indian or Alaskan Native - <i>Print name of enrolled or principal tribe:</i>  <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/> Asian</p> <p style="margin-left: 20px;"><input type="checkbox"/> Asian Indian  <input type="checkbox"/> Chinese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian - <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:</i>  <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="margin-left: 20px;"><input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Pacific Islander - <i>Print race, for example, Fijian, Tongan and so on:</i>  <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <p><b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to provide this information</p> <p><b>MARITAL STATUS:</b> (CALIFORNIA APPLICANTS ONLY)</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> I do not wish to provide this information</p>

**TO BE COMPLETED BY THE FINANCIAL INSTITUTION (for an application taken in person)**

APPLICANT	CO-APPLICANT
<p>Was the ethnicity of the applicant collected on the basis of visual observation or surname? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was the race of the applicant collected on the basis of visual observation or surname? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was the sex of the applicant collected on the basis of visual observation or surname? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Was the ethnicity of the applicant collected on the basis of visual observation or surname? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was the race of the applicant collected on the basis of visual observation or surname? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was the sex of the applicant collected on the basis of visual observation or surname? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**THE APPLICATION DEMOGRAPHIC INFORMATION WAS PROVIDED THROUGH:**

- Face-to-face Interview (Includes Electronic Media w/Video Component)  
  Telephone Interview  
  Fax or Mail  
  Email or Internet

**EQUAL CREDIT OPPORTUNITY ACT**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex (*includes discrimination or discouragement based on sexual orientation and/or gender identity, including discrimination based on actual or perceived nonconformity with sex-based or gender-based stereotypes and discrimination based on an applicant's or customer's associations*), marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this company is the

Federal Trade Commission, Consumer Response Center,  
 600 Pennsylvania Avenue NW,  
 Washington, DC, 20580

### STATE NOTICES

**CALIFORNIA:** An applicant, if married, may apply for a separate account. If your credit is declined, you refuse or counter offer, your account is terminated or there is an unfavorable change in the terms made to your account and our decision is based, in whole or in part, on information contained in a consumer credit report, you have the right to obtain within 60 days a free copy of your consumer credit report from the consumer credit reporting agency and from any other consumer credit reporting agency which compiles and maintains files on consumers on a nationwide basis. Additionally, you have the right under California Civil Code § 1785.16 to dispute the accuracy or completeness of any information in a consumer credit report furnished by the consumer credit reporting agency.

**MASSACHUSETTS:** The responsibility of the attorney for the mortgagee is to protect the interest of the mortgagee. Mortgagors may, at their own expense, engage an attorney of their selection to represent their interests in the transaction.

**NEW HAMPSHIRE:** If this is an application for balloon financing, you are entitled to receive, upon request, a written estimate of the monthly payment amount for a balloon payment refinancing in accordance with the creditor's then existing refinance programs prior to entering into a balloon contract.

**NEW YORK:** In connection with your application for credit, a consumer report may be requested in connection with such application. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. If your application is granted, subsequent consumer reports may be requested or utilized in connection with any updates, renewal, or extension of the credit for which application was made.

**OHIO:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

**RHODE ISLAND:** Credit reports may be requested in connection with this application.

**VERMONT:** By completing this credit application and giving us permission to obtain your credit reports, you authorize us and our employees or affiliates to obtain and verify information about you (including one or more credit reports, information about your employment and banking and credit relationships) that we may deem necessary or appropriate in evaluating your application. If your application is approved and credit is extended, you also authorize us, and our employees and agents, to obtain additional credit reports and other information about you in connection with reviewing the account, increasing the credit line on the account (if applicable), taking collection on the account, or for any other legitimate purpose associated with the account.

**WASHINGTON:** Washington State law against discrimination prohibits discrimination in credit transactions because of race, creed, color, national origin, sex or marital status. The Washington State Human Rights Commission administers compliance with this law. Additionally, please let us know if we should investigate your credit references and/or credit history under another name.

**WISCONSIN:** No provision of a marital property agreement, a unilateral statement under Wisc. Stat. § 766.59 or a court decree under Wisc. Stat. § 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. **NON-APPLICANT SPOUSE WAIVER OF NOTICE:** I agree to waive notice of any extension of credit in connection with this application:

Non-applicant Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

I (We) (1) state that the above information is true, accurate and complete as of the date of this Application, and I(we) understand that any false statements or intentional/negligent misrepresentation of information provided may result in civil liability, monetary damages and/or criminal penalties including fine or imprisonment, or both, under the provisions of 18 U.S.C. 1001, et seq.; 31 U.S.C. 3729, 3802; (2) I (we) agree to amend this Application if any of the information therein should change prior to closing of the loan; (3) acknowledge that this Application is the property of the creditor or credit institution to which it is submitted, whether or not the loan I (we) am/are applying for is approved and closed; (4) authorize the creditor or credit institution to which this Application is submitted to request a consumer credit report on me (us) and to request of any present or past creditor or employer information as to my credit or employment for the purpose of considering this Application; (5) authorize the creditor, credit institution or servicer of my (our) loan to request a consumer credit report on me (us) in connection with the servicing of my (our) loan, as permitted by law; (6) authorize the creditor, credit institution or servicer of my (our) loan to report the existence of and information about this loan, including my (our) delinquency and/or compliance with the loan terms and conditions; (7) agree that the residential property which will secure this loan will not be used for any illegal purpose; (8) agree that the ownership or servicing of this loan may be transferred to another, with notice given of such transfer as may be required by law; and (9) that my (our) transmission of this Application as an "electronic record" with my (our) "electronic signature," as those terms are defined by applicable federal and state law (but not including audio or video recordings), or my (our) facsimile transmission of this application containing my (our) facsimile signature(s), shall be as effective, enforceable and valid as if a paper version of this Application were delivered containing my (our) original signature(s).

**INFORMATION SHARING CONSENT:** I (We) consent and authorize the creditor, credit institution, servicer or their assignees to share my(our) confidential personal and financial information with others as is necessary to facilitate the processing of this application, completing this transaction, servicing my(our) account, or other legitimate purpose, including sharing necessary personal and financial information with the seller of my(our) home and/or land to facilitate my(our) sales transaction.

**ACKNOWLEDGEMENT:** I (We) acknowledge that any creditor or credit institution to which this Application is submitted, owner of the loan, its servicers, successors and assigns, may verify or re-verify any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

**I (We) acknowledge that by signing this Credit Application, I (we) authorize the creditor, credit institution or servicer to pull my (our) credit and obtain a consumer credit report on me (us) for the purpose of considering this Application or servicing any resulting loan.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



# Customer Loan Approval Checklist

Provided to customers after they select Vanderbilt as a potential lender



Applicant Name (print): \_\_\_\_\_

Co-Applicant Name (print): \_\_\_\_\_

Vanderbilt Mortgage appreciates the opportunity to earn your business. By filling out the Credit Application as completely as possible, it will allow us to expedite your new home purchase.

## Items on the Credit Application to pay special attention to for each applicant:

- Social Security Number
- Date of Birth
- BEST** Phone Numbers
- Email Address**
- Land Information Section
- Current Street Address and Mailing Address if different from street address
- Minimum of 5 Years Residential History for Applicant and Co-Applicant
- Monthly Household Living Expenses
- Minimum of 3 Years Employment History for Applicant and Co-Applicant

**NOTE:** Please document **at least 2 years** of actual employment regardless of how far you have to go back. The 2 year history may be non-consecutive and needs to include any job gaps.

## Items that will be needed from each applicant if your application is approved:

- Copy of Driver's License or State Issued Photo ID
- Most recent check stub for all applicants including year-to-date income information
- Last two years 1040s and W2s or 1099s for all applicants
- If available, please provide a copy of the Social Security Card for each applicant

## If these items apply to you, they will also be needed if your application is approved:

- Benefits letter for Social Security, Disability and/or Retirement - must include amount received each month: A copy can be obtained at: [www.ssa.gov](http://www.ssa.gov)
- Child Support - Twelve (12) months payment history of bank statements or copies of canceled checks and a copy of the divorce decree/order of support

**Upon receiving an approval**, please fax these items to **866-701-5191** using this page as your cover sheet or take a picture of these items using your phone or other device and email them to: [go@vmf.com](mailto:go@vmf.com)

**Additional items may be requested. However, your being prepared to provide the above items upon receiving an approval will greatly speed up your loan process.**

If you have any questions, please call **866-701-0467**.

***Thank you for choosing Vanderbilt Mortgage and Finance!***

## Addendum to Credit Application Information about Mortgage Loan Originators

Communications that relate to your credit application that will be submitted to a lender (the "Lender"), its status or other questions you may have about your application or the loan process, will be addressed by the Lender's designated representative.

The retailer from whom you may purchase a home and its sales consultants may assist you with matters associated with the sales transaction - for example, the type of home to purchase, options, site improvements, sales features that may impact your financing options, etc.

During the sales process, if there are questions that may impact the financing of your purchase, your sales consultants may conference or connect you and the appropriate representative(s) of the Lender for your convenience.

Following the receipt of your credit application, a representative from the Lender may contact you to discuss your application. Should you have any questions about your application, please contact the Lender at 1-866-701-0467.

By signing below, you acknowledge that you have read and understood the details provided, and also consent to the Lender sharing the decision of your credit application and other necessary personal and financial information with the seller of your home and/or land in order to facilitate your sales transaction and other legitimate purposes. Below is a list of Vanderbilt Mortgage and Finance, Inc. Loan Originators.

Name	NMLS#	Name	NMLS#	Name	NMLS#
Abigail Forster	2461901	Devon Aeschlimann	2552429	Marsha Estep	150415
Adam Smith	2088663	Diego Herrera	247487	Mary Morton	1640200
Adam Thornhill	252827	Elizabeth-Laura E. Aycocke	278178	Matt Sullivan	150695
Alexis Hunt	2514291	Hollie Sigler	1020692	Megan Neely Jones	1405404
Alysson Brown	2475278	Ivonne Puebla	2365630	Melissa Lindsey	2077833
Amalia Hoggatt	1493128	Jacob Bonfig	2087769	Milagro Bigelow	1121924
Amanda Lord	1946726	Jaina Castro	1155030	Natashia Reid	150693
Anisveyvy Lopez Lopez	1896471	Jama Higgs	147737	Nick Winston	1791754
Ashley Jones	1155026	Jared Thacker	1948867	Rachel Mersinger	1949621
Ashley Teague	277839	Jesse Burris	2557388	Randy Thomas	34735
Austin Adams	2433620	Jessica Rex	2451473	Randy-Craig R. Dodd	31122
Brad Miller	1657501	Jill Hart	1446166	Rebecca Proctor	150605
Brandon Dirmeyer	2290287	Josh Gahagan	150405	Robin Lynn Chambers	6817
Brian Moore	140921	Joe McGroom	1187463	Ryley Lowe	2343782
Brian Smith	1023945	Kaci Eakens	1641269	Samantha Smith	247377
Brittney Bridgeman	2153037	Kellie Collins	1715213	Seth Smith	885922
Brittney Hodge	2406367	Kacie Abbott	2233686	Stacy Carter	147624
Carree Giles	1194429	Kaila Wilson	2173810	Steve Damron	192985
Casey Rochelle	2185076	Kim Russell	1163846	Susan Arwood	833720
Chris Davis	1465227	Kim Farwick	1681659	Tara Smith	1098979
Chris - James Kagay	1156306	Kristen Overbury	1024384	Taylor Spaid	2472047
Courtney Mims	2472208	Kyle Leko	1157429	Todd Lewelling	1730802
Craig Strange	1420572	Laura Tinney	1023887	Trip-Laimon Godel	853981
Cynthia Biggar	1649838	Lauren Hardebeck	2445346	Whitney Peagler	1661758
Daniel Moore	1715146	Leslie Wilkerson	13830	Whitney Rembert	2155084
Danielle Belcher	2145274	Lori Copelan	251843	Zaily Knight	2292279
David Clayton	325866	Mark Barnhart	147598		

Applicant Signature

Date

Applicant Signature

Date

# Applicant Authorization

<b>Part I - General Information</b>	
1. Applicant(s)	2. Name and Address of Lender <b>Vanderbilt Mortgage and Finance, Inc.</b> <b>500 Alcoa Trail</b> <b>Maryville, TN 37804</b>
	Date
<b>Part II - Applicant Authorization</b>	
I hereby authorize Lender, its successors and assigns, and, if applicable, the U.S. Department of Housing and Urban Development (HUD)/Federal Housing Administration (FHA) to use my information for any purpose relating to the origination, servicing, loss mitigation, and/or disposition of the mortgage or the property securing the mortgage and/or any HUD/FHA insurance claim. I authorize Lender and its successors and assigns to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my loan application. I authorize Lender and its successors and assigns to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.	
<b>Part III - Borrower Consent To The Use of Tax Return Information</b>	
I understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.	
Borrower	Date
Borrower	Date



## 4506-C INSTRUCTIONS

### **IMPORTANT! PLEASE READ**

It is very important that the information you provide on the 4506-C is legible and matches the information you provided when you filed your taxes.

Line 1a: Enter the current name shown first on your tax return.

- i. First Name
- ii. Middle initial
- iii. Last name

Line 1b: Enter social security number (SSN) or individual taxpayer identification number (ITIN) shown first on your tax return. Included the dashes for correct format.

Line 2a: Enter spouse's current name, if filed married filing jointly. If filed separately, complete separate 4506-C.

- i. First Name
- ii. Middle initial
- iii. Last name

Line 2b. If joint return, enter social security number (SSN) or individual taxpayer identification number (ITIN) shown first on your tax return. Included the dashes for correct format.

Line 3: Enter your current address (including apt., room, or suite no.)

- a. Street address
- b. City
- c. State
- d. Zip Code

Line 4: Enter the previous address on the last return if different from line 3 (*must match exactly what shows on tax return*). If address is the same as line 3 leave blank.

- a. Street address
- b. City
- c. State
- d. Zip Code

\*\*\* Please make sure that applicant and co-applicant sign and date the 4506-C \*\*\*

If this document is not legible or properly completed, it may delay the processing of your loan. If you have any questions or need assistance, please call **1-866-701-0467**.

Thank You!

Vanderbilt Mortgage and Finance, Inc

**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](http://www.irs.gov) and search IVES.**

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> (if joint return and transcripts are requested for both taxpayers)			
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name	
<b>1b. First taxpayer identification number</b> (see instructions)			<b>2b. Spouse's taxpayer identification number</b> (if joint return and transcripts are requested for both taxpayers)			
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>			
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name	
<b>3. Current address</b> (including apt., room, or suite no.), city, state, and ZIP code (see instructions)						
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>		
<b>4. Previous address shown on the last return filed if different from line 3</b> (see instructions)						
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>		
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>						
<b>i. IVES participant name</b> <b>Advanced Data Participant</b>		<b>ii. IVES participant ID number</b> <b>0000302919</b>		<b>iii. SOR mailbox ID</b> <b>ADVDATAITV</b>		
<b>iv. Street address</b> (including apt., room, or suite no.) <b>32065 Castle Ct., Ste. 300</b>		<b>v. City</b> <b>Evergreen</b>		<b>vi. State</b> <b>CO</b>	<b>vii. ZIP code</b> <b>80439</b>	
<b>5b. Customer file number</b> (if applicable) (see instructions)			<b>5c. Unique identifier</b> (if applicable) (see instructions)			
<b>5d. Client name, telephone number, and address</b> (this field cannot be blank or not applicable (NA))						
<b>i. Client name</b> <b>Vanderbilt Mortgage and Finance, Inc.</b>				<b>ii. Telephone number</b> <b>865-380-3000</b>		
<b>iii. Street address</b> (including apt., room, or suite no.) <b>500 Alcoa Trail</b>		<b>iv. City</b> <b>Maryville</b>		<b>v. State</b> <b>TN</b>	<b>vi. ZIP code</b> <b>37804</b>	
<b>Caution:</b> This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)						
<b>6. Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts						
<b>Form 1040</b>						
<b>a. Return Transcript</b> <input checked="" type="checkbox"/>		<b>b. Account Transcript</b> <input type="checkbox"/>		<b>c. Record of Account</b> <input type="checkbox"/>		
<b>7. Wage and Income transcript</b> (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>						
<b>a.</b> Enter a max of three form numbers here; if no entry is made, all forms will be sent.						
<b>b.</b> Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers						
Line 1a <input type="checkbox"/>		Line 2a <input type="checkbox"/>				
<b>8. Year or period requested.</b> Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)						
<b>12 / 31 / 2023</b>		<b>12 / 31 / 2022</b>				
<b>Caution:</b> Do not sign this form unless all applicable lines have been completed.						
<b>Signature of taxpayer(s).</b> I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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. <b>Note:</b> This form must be received by IRS within 120 days of the signature date.						
<input checked="" type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.						
<b>Sign Here</b>	<b>Signature for Line 1a</b> (see instructions)		<b>Date</b>		<b>Phone number of taxpayer on line 1a or 2a</b>	
	<input checked="" type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed		
	<b>Print/Type name</b>					
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)					
	<b>Spouse's signature</b> (required if listed on Line 2a)				<b>Date</b>	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed		
<b>Print/Type name</b>						

# 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](http://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 includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

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

**Designated Recipient Notification.** 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.** 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
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 1a/2a** (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b** (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c** (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**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.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

**Line 6a.** Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

**Line 6b.** Account Transcript 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.

**Line 6c.** Record of Account 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.

**Line 7.** The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

**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.



*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.*

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

**Authorized Representative:** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

**Electronic Signature:** Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**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.

**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, 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.



## 4506-C INSTRUCTIONS

### **IMPORTANT! PLEASE READ**

It is very important that the information you provide on the 4506-C is legible and matches the information you provided when you filed your taxes.

Line 1a: Enter the current name shown first on your tax return.

- i. First Name
- ii. Middle initial
- iii. Last name

Line 1b: Enter social security number (SSN) or individual taxpayer identification number (ITIN) shown first on your tax return. Included the dashes for correct format.

Line 2a: Enter spouse's current name, if filed married filing jointly. If filed separately, complete separate 4506-C.

- i. First Name
- ii. Middle initial
- iii. Last name

Line 2b. If joint return, enter social security number (SSN) or individual taxpayer identification number (ITIN) shown first on your tax return. Included the dashes for correct format.

Line 3: Enter your current address (including apt., room, or suite no.)

- a. Street address
- b. City
- c. State
- d. Zip Code

Line 4: Enter the previous address on the last return if different from line 3 (*must match exactly what shows on tax return*). If address is the same as line 3 leave blank.

- a. Street address
- b. City
- c. State
- d. Zip Code

\*\*\* Please make sure that applicant and co-applicant sign and date the 4506-C \*\*\*

If this document is not legible or properly completed, it may delay the processing of your loan. If you have any questions or need assistance, please call **1-866-701-0467**.

Thank You!

Vanderbilt Mortgage and Finance, Inc

**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](http://www.irs.gov) and search IVES.**

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> (if joint return and transcripts are requested for both taxpayers)			
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name	
<b>1b. First taxpayer identification number</b> (see instructions)			<b>2b. Spouse's taxpayer identification number</b> (if joint return and transcripts are requested for both taxpayers)			
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>			
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name	
<b>3. Current address</b> (including apt., room, or suite no.), city, state, and ZIP code (see instructions)						
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>		
<b>4. Previous address shown on the last return filed if different from line 3</b> (see instructions)						
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>		
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>						
<b>i. IVES participant name</b> <b>Advanced Data Participant</b>		<b>ii. IVES participant ID number</b> <b>0000302919</b>		<b>iii. SOR mailbox ID</b> <b>ADVDATAITV</b>		
<b>iv. Street address</b> (including apt., room, or suite no.) <b>32065 Castle Ct., Ste. 300</b>		<b>v. City</b> <b>Evergreen</b>		<b>vi. State</b> <b>CO</b>	<b>vii. ZIP code</b> <b>80439</b>	
<b>5b. Customer file number</b> (if applicable) (see instructions)			<b>5c. Unique identifier</b> (if applicable) (see instructions)			
<b>5d. Client name, telephone number, and address</b> (this field cannot be blank or not applicable (NA))						
<b>i. Client name</b> <b>Vanderbilt Mortgage and Finance, Inc.</b>				<b>ii. Telephone number</b> <b>865-380-3000</b>		
<b>iii. Street address</b> (including apt., room, or suite no.) <b>500 Alcoa Trail</b>		<b>iv. City</b> <b>Maryville</b>		<b>v. State</b> <b>TN</b>	<b>vi. ZIP code</b> <b>37804</b>	
<b>Caution:</b> This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)						
<b>6. Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts						
<b>Form 1040</b>						
<b>a. Return Transcript</b> <input checked="" type="checkbox"/>		<b>b. Account Transcript</b> <input type="checkbox"/>		<b>c. Record of Account</b> <input type="checkbox"/>		
<b>7. Wage and Income transcript</b> (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>						
<b>a.</b> Enter a max of three form numbers here; if no entry is made, all forms will be sent.						
<b>b.</b> Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers						
Line 1a <input type="checkbox"/>		Line 2a <input type="checkbox"/>				
<b>8. Year or period requested.</b> Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)						
<b>12 / 31 / 2023</b>		<b>12 / 31 / 2022</b>				
<b>Caution:</b> Do not sign this form unless all applicable lines have been completed.						
<b>Signature of taxpayer(s).</b> I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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. <b>Note:</b> This form must be received by IRS within 120 days of the signature date.						
<input checked="" type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.						
<b>Sign Here</b>	<b>Signature for Line 1a</b> (see instructions)		<b>Date</b>		<b>Phone number of taxpayer on line 1a or 2a</b>	
	<input checked="" type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed		
	<b>Print/Type name</b>					
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)					
	<b>Spouse's signature</b> (required if listed on Line 2a)				<b>Date</b>	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed		
<b>Print/Type name</b>						



# 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](http://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 includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

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

**Designated Recipient Notification.** 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.** 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
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 1a/2a** (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b** (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c** (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**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.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

**Line 6a.** Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

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**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.



*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.*

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

**Authorized Representative:** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

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**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**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.

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**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 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, 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.

**Vanderbilt Mortgage and Finance, Inc. (Vanderbilt)  
 Emailing, Texting, and Cell Phone Consent**

**Benefits of email and text?**

- Provide status updates on your home loan
- Alert you if additional information is needed

**Check your preferred contact number below**

Applicant (print): \_\_\_\_\_

Cell Phone # (include area code):  \_\_\_\_\_

Email Address (print): \_\_\_\_\_

Co Applicant (print): \_\_\_\_\_

Cell Phone # (include area code):  \_\_\_\_\_

Email Address (print): \_\_\_\_\_

Texting: By providing your cell phone number and signing below, you are consenting to Vanderbilt contacting you regarding your credit application and the processing of your loan through your cell phone by way of text messaging (including SMS text or similar messaging) and calls to your cell phone, which may include text messages initiated using an auto-dialer. By consenting, you understand that your cell phone provider may impose charges for text messaging to your cell phone.

Emailing: By providing your email address and signing below, you are consenting to Vanderbilt delivering certain types of information related to your credit application to you through your email address. Some of the information delivered may include non-public personal information about your credit application, which Vanderbilt may elect to send to you in a secure email. While Vanderbilt is committed to the security of your information, you agree to take precautions to ensure the safety, security, and integrity of your information, as well. For example, you agree not to allow others to access the username and password that you establish to view the secure email, unless you authorize that person to access your information. By consenting, you understand that your cell phone provider may impose charges for emails sent to your cell phone.

Notice - **You are not required to sign this Consent as a condition to processing your application or obtaining credit.** Unless you are otherwise notified, any text messages, calls, or emails will be related to your pending application and not to any advertising, marketing or the solicitation of other products, services or promotions. The emailed information described above will also be mailed to you unless you agree to transact business with us electronically in which case the information will be electronically delivered only. Should you wish to discontinue Vanderbilt's text messaging, other communication to your cell phone, or emailing, you should contact Vanderbilt at 1-800-738-2127 and advise Vanderbilt to discontinue such contacts. *You must maintain your current cell phone number and email address with us. If you need to update your cell phone number or email address, please access your VMF online account at vmf.com or call 1-866-701-0467.*

By signing below, you acknowledge that you have read and understood the details provided above.

Applicant: \_\_\_\_\_  
 (Signature)

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

Co-Applicant: \_\_\_\_\_  
 (Signature)

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



**WANT TO GET INFORMATION ABOUT OTHER PRODUCTS AND SERVICES?**

**Emailing:** Vanderbilt may contact me by sending marketing material and information about its and its affiliates' products and services through my email address. **Vanderbilt will not send any emails unless I have filled in my email address and explicitly consented with my signature below.**

Applicant's email address: \_\_\_\_\_

Co-Applicant's email address: \_\_\_\_\_

*Should you wish to discontinue Vanderbilt's emailing regarding its products and services unrelated to the credit for which you have applied to your email address, please follow the instructions in any email we send you to unsubscribe.*

**By signing below, I (1) acknowledge that I have read this notice and understand my rights and obligations with respect to the matters covered herein; (2) consent to Vanderbilt's sending emails to email addresses that I have disclosed to Vanderbilt; and (3) understand that my consent is not required as a condition of credit, the terms of credit or purchase.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## NOTICE OF RIGHT TO RECEIVE APPRAISAL REPORT

Creditor: Vanderbilt Mortgage and Finance, Inc.

Applicant: \_\_\_\_\_

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

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

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

**Customer Service Department  
Vanderbilt Mortgage and Finance, Inc.  
P.O. Box 9800  
Maryville, TN 37804  
865-380-3000**

## NOTICE & AGREEMENT TO TRANSACT BUSINESS ELECTRONICALLY

We want to transact business with you electronically because we believe it will be simpler and faster for you and us. By accepting this Notice And Agreement To Transact Business Electronically (the "Agreement"), the terms of which are more fully explained below, you are agreeing to transact business with us electronically. This includes you agreeing to let us provide communications, lending documents, sales documents, insurance documents, and other transaction and account-related documents to you via electronic means. It also includes you agreeing to use electronic signatures and electronic acknowledgments for the lending, sales, and insurance documents we provide to you.

You are not required to transact business with us electronically. If you decide now or in the future that you do not want to transact business with us electronically, you must notify us by either (i) calling our Credit Services personnel at 1-866-701-0467, or (ii), for VMF customers only, by changing your delivery preferences in the "My Loans" and/or "My Applications" section of the VMF Express Portal at [www.vmf.com/portal](http://www.vmf.com/portal). Such withdrawal of consent will be effective within five (5) business days after receipt by us, at which time you will start receiving paper copies of Communications and Transaction Documents that you no longer wish to receive electronically. Any Communications or Transaction Documents that you received electronically before the fifth business day after we receive the withdrawal of your consent will not be re-sent to you in paper form unless you specifically request a particular document. There is no charge for receiving paper copies of Communications or Transaction Documents. Withdrawing your consent to transact business with us electronically after having granted it will not affect the enforceability of any Communications or Transaction Documents we have already provided to you electronically. Declining to transact business with us electronically may result in transacting business with us via paper and other traditional means or, as permitted by law, termination of the business transaction.

### IMPORTANT DEFINITIONS

"We", "us", and "our" means Vanderbilt Mortgage and Finance, Inc. ("VMF"), CMH Homes, Inc., and HomeFirst Agency, Inc.

"Communication" means any information delivered by us to you regarding any loan from us to you, your account with us, the services and products we offer, and any loans, accounts, services, or products that may be available to you in the future.

"Transaction Documents" means any agreements, disclosures, notices, or other documents that we provide to you in accordance with applicable law and/or in connection with any loan from us to you, including any documents related to an account you have with us, or in connection with any sale by us to you, including insurance.

"Electronic means" means e-mail, our websites, text message, or other similar widely-used form of communicating electronically.

"Electronic signature" or "electronic acknowledgment" means symbols or other data in digital form attached to an electronically transmitted document as verification of a party's intent to sign the document or acknowledge having received the document.

### SCOPE

This Agreement applies to all Communications made available to you via electronic means. This Agreement also applies to all Transaction Documents for which your electronic acknowledgment and/or electronic signature is required.

### TRANSACTING BUSINESS ELECTRONICALLY

By accepting this Agreement, you agree that we may, but are not obligated to, provide Communications and Transaction Documents to you via electronic means. By accepting this Agreement, you also agree that you will use electronic signatures and electronic acknowledgments as required by the Transaction Documents. In addition, by accepting this Agreement, you acknowledge that:

- You have received this Agreement and have read and understood it.
- You are able to electronically access and electronically retain the Communications and Transaction Documents provided to you.

### REQUESTING PAPER COPIES

If we are required by law to provide a Communication or Transaction Document to you in writing, we will provide a paper copy to you upon request at no additional cost. To make such a request, please call 1-866-701-0467. We will not treat your request for a paper copy as you declining to transact business with us electronically unless, in addition to requesting a paper copy, you expressly and clearly state that you decline to further transact business with us electronically.

### SYSTEM REQUIREMENTS

To successfully transact business with us electronically, we recommend that you use the following operating systems, Internet browsers, and other software:

- A personal computer capable of accessing the Internet and sending and receiving e-mail.
- A printer capable of printing copies of website information, Transaction Documents, and Communications for your records.





## Attorney/Insurance Preference Form South Carolina

1. I have been informed by the lender that I have a right to select legal counsel to represent me in all matters of this transaction relating to the closing of my loan if it will be secured by real estate. Note: Loans that are not secured by real estate are typically closed by a notary public and are not required to select legal counsel.

a) For real estate loans, I select I will contact the lender with my preference.

b) For non-real estate loans, I select Not Applicable.

c) Having been informed of this right and having no preference, I asked for assistance from the mortgage broker/lender, and was referred to a list of acceptable attorneys.  
From the list I select Not Applicable.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

2. I have been informed by the mortgage broker/lender that I have a right to select an insurance agent to furnish the required hazard insurance in connection with this mortgage transaction.

a) I select Please contact lender with preference.

b) Having been informed of this right and having no preference, I asked for assistance from the mortgage broker/lender, and was referred to a list of qualified agents.  
From the list I select Not Applicable.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

3. I have been informed by the mortgage broker/lender that I have a right to select an insurance agent to furnish the required flood insurance in connection with this mortgage transaction.

a) I select Please contact lender with preference.

b) Having been informed of this right and having no preference, I asked for assistance from the mortgage broker/lender, and was referred to a list of qualified agents.  
From the list I select Not Applicable.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date