

Required Submission Documents

1. _____ Application
2. _____ Credit Authorization
3. _____ Investor Experience Questionnaire: Supporting HUDs required
4. _____ Purchase Contract
5. _____ Driver's License & Social Security Card
6. _____ Completed Construction Cost Sheet (Rehab Estimate) and Draw Request
7. _____ Licensed Contractor's Detailed Estimate including Cost and Scope of Work
8. _____ 1 Year proof of Homeowner's insurance or 12 month Builder's Risk Policy
9. _____ Appraisal Credit Card Authorization
10. _____ Two most recent bank statements supporting required Down Payment

Closing Fees, First Draw Payment and two month's cash reserves
11. _____ LLC or Partnership: Proof of Publication, Articles of Organization,

Operating Agreement, Member Resolution, Percentage of Shares
12. _____ Corporation: Certificate of Incorporation, Bylaws, Corporate Resolution,

Certificate of Good Standing
13. _____ Signed Form 4506T

Please submit documents to Submission@FRLinvestors.com



Loan Application Profile

Project Information

Project Name: _____

Project Address: _____

Project Description: _____

Total Living Square Ft: _____ Lot Size: _____

of Bedrooms: _____ # of Bathrooms: _____ Garage: Det/Att Type: Purchase/Refinance

Loan Amount: _____ Current Property Value: _____

Date Purchased: _____ Purchase Price: _____

Cost of Improvements: _____

Market Value upon Completion: _____

Amount of funds the borrower will bring into this project: _____

Amount of funds the borrower has already invested in this project: _____

LTV: _____ ARV/LTV: _____

Existing First Mortgage: _____ Due Date: _____

Existing Second Mortgage: _____ Due Date: _____

Taxes: _____



Personal Guarantor(s)

Guarantor _____ Guarantor _____
Home Address _____
City _____ State _____ Zip _____
Home Phone # _____ Fax _____
Cell _____ Cell _____
Social Security # _____ Social Security # _____
DOB _____ DOB _____
Email _____ Email _____

Borrowing Entity _____
Borrowing Address _____
Office # _____ Fax # _____
Tax ID # _____
Partnership _____ Corporation _____ LLC _____ Other _____
Current Licensees Held _____

Signature _____ Signature _____

Credit Authorization

1. To all consumer-reporting agencies and to all creditors and depositories of the undersigned: Please be advised that the undersigned, and each of them, has made application to: First Rehab Lending

Requesting an extension of credit to the undersigned. Therefore, the undersigned, and each of them, hereby authorizes you to provide credit report and/or a disclosure to Lender or any agent or assignee. The undersigned also authorizes you to disclose your deposit or credit experiences with the undersigned to Lender or to third parties.

2. In addition, the undersigned, and each of them, hereby authorizes Lender to disclose to any third party, or any agent or employee thereof, information regarding the deposit or credit experience with any of the undersigned.

3. A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature(s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

Borrower Print Name

Co-Borrower Print Name

Signature

Signature

Soc. Sec.#

Soc. Sec #

Date

Date



Rehabilitation Funds and Distribution

Rehabilitation funds are held in escrow post-closing and will be disbursed using a draw system. Borrowers must complete a draw schedule prior to closing that illustrates the number of draws that will be required, the work to be completed for each draw, and the amount of funds requested per draw. It is important to note that the draw schedule **MUST** be consistent with the Scope of Work used by the appraiser when the “After Repair Value” was determined. Upon completion of the work for a specific draw request, an inspection will be ordered on the property to ensure the work was performed according to the draw schedule. An independent evaluator will inspect the property and submit a report to First Rehab Lending for review. After the report is reviewed and approved by First Rehab Lending, the appropriate funds will be disbursed from the escrow account to the borrowing entity’s bank account. This process is repeated for each draw request. A \$200 fee for each inspection will be deducted from the escrow account containing the rehab funds. Please note that there are no rehab funds disbursed at closing. It is the responsibility of the borrower to have the funds necessary to begin the project pending reimbursement of the first draw. All draw requests should be submitted to Drawrequest@FRLinvestors.com

| | | |
|-------------------------------------|-------------------------|-------------------------|
| Name: | | Subject Address: |
| Phone: | | Date: |
| Draw Prepared/ Requested by: | Business Entity: | |

Borrowers-

a. All funding requests must be submitted on a FULLY EXECUTED First Rehab Lending Draw Request Form along with a LICENSED CONTRACTORS DETAILED ESTIMATE supporting scope of work.

b. Once complete, submit to First Rehab Lending at Drawrequest@FRLinvestors.com

c. A First Rehab Lending Construction Specialists must approve all estimates and construction draw requests.

d. The applicant is certifying that all work, labor and materials are satisfactory and in accordance with approved plans and specifications and is supplying copies of all receipts and invoices for rehabilitation toward the subject property.

e. An updated Title Endorsement will accompany the last draw request to determine that no mechanics and materialmen's liens have been placed on the property.

Inspectors:
Please review the "Construction Cost to Escrow" located in the First Column and confirm the rehabilitation completed by indicating a percentage of work. In addition, please supply photo(s) all work completed toward the draw.

1. _____ 2. _____ 3. _____
Signature Signature Signature

| Line No. | Details of Repair | Total Amount | 1st Draw X | Percentage Complete % | 2nd Draw X | Percentage Complete % | 3rd Draw | Final Percentage Complete |
|---|---|--------------|------------------|-----------------------|------------|-----------------------|----------|---------------------------|
| First Rehab Lending Itemized Construction Cost / Draw Request Form | | | | | | | | |
| 1 | Masonry | | | | | | | |
| 2 | Siding | | | | | | | |
| 3 | Gutters | | | | | | | |
| 4* | Roof | | | | | | | |
| 5 | Shutters | | | | | | | |
| 6 | Exteriors (Rear Porch Area) | | | | | | | |
| 7 | Walks | | | | | | | |
| 8 | Driveways | | | | | | | |
| 9* | Painting (Ext) | | | | | | | |
| 10 | Caulking | | | | | | | |
| 11 | Fencing | | | | | | | |
| 12 | Grading | | | | | | | |
| 13 | Windows | | | | | | | |
| 14 | Weather-Strip | | | | | | | |
| 15 | Doors (Ext) | | | | | | | |
| 16 | Doors (Int) | | | | | | | |
| 17 | Partition Wall | | | | | | | |
| 18 | Plaster Drywall | | | | | | | |
| 19 | Decorating (Painting Int) | | | | | | | |
| 20 | Wood Trim | | | | | | | |
| 21 | Stairs | | | | | | | |
| 22* | Closets | | | | | | | |
| 23 | Wood Floors | | | | | | | |
| 24 | Finished Floors | | | | | | | |
| 25 | Ceramic Floors | | | | | | | |
| 26 | Bath Accessories | | | | | | | |
| 27* | Plumbing | | | | | | | |
| 28* | Electric | | | | | | | |
| 29 | Heating (Tune Up & Clean) | | | | | | | |
| 30 | Insulation | | | | | | | |
| 31 | Cabinetry | | | | | | | |
| 32 | Appliances | | | | | | | |
| 33 | Basements | | | | | | | |
| 34 | Clean Ups | | | | | | | |
| 35 | Miscellaneous (Permits Became Required) | | | | | | | |
| 36 | | | | | | | | |
| 37 | | | | | | | | |
| 38 | Sub Total For this Area | | | | | | | |
| 50 | GRAND TOTAL OF RENOVATIONS | | | | | | | \$ - |
| 51 | | | | | | | | |
| 52 | Total Requested for this Draw | | | | | | | |
| Total Draw Requested: | | | | | | | | |
| Draw Request Submitted by: | | | Signature | | | | | |

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ **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-T, visit www.irs.gov/form4506t.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

| | |
|---|---|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | |
| 4 Previous address shown on the last return filed if different from line 3 (see instructions) | |
| 5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. | |

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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

Phone number of taxpayer on line 1a or 2a

▶ _____
Signature (see instructions) Date

Sign Here ▶ _____
Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____
Spouse's signature Date

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

Future Developments

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

General Instructions

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

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

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

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

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

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

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

If you filed an individual return and lived in:

| | Mail or fax to: |
|--|--|
| Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 |
| Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | 512-460-2272 |
| Alabama, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 |
| Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 |
| | 816-292-6102 |

Chart for all other transcripts

If you lived in or your business was in:

| | Mail or fax to: |
|--|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 |
| | 801-620-6922 |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 |
| | 859-669-3592 |

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

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

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

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

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to 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-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

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.



Appraisal Nation

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Appraisal Nation** to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Your signature below gives consent that this authorization is given regardless of the outcome of the appraisal product and will not be disputed.

Please complete the information below:

I, _____ authorize **Appraisal Nation, LLC** to charge my
(full name)

credit card account indicated below for \$ _____ on or after _____. This payment is for
(amount) (date)

Appraisal for: (description of goods/services)

Borrower:

Property Being Appraised:

Billing Address _____

Phone# _____

City, State, Zip _____

Email: _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. Pre-Inspection cancellation of any order will result in a \$25 fee. Post-Inspection cancellation will result in a minimum \$150 fee. Full fee may apply.