

EMIGRANT // FUNDING

UNDERLYING COOPERATIVE MORTGAGE LOAN CHECKLIST

**UNDERLYING CO-OP
APPLICATION**
Use for Underlying Co-op Transactions*

Kindly *complete and sign* the documents indicated below. Please note the Customer Identification Procedure (CIP) and Equal Credit Opportunity Act Disclosure are also enclosed for your review.

ENCLOSED DOCUMENTS:

- Underlying Co-op Application Checklist
- Fee Schedule
- One Time Electronic Fee Payment Authorization (ACH form)
- Commercial Mortgage Application
- Form 4506-C October 2022 Version – (In Cooperative Corporation’s Name)
- Consent to use of Tax Return Information
- Income & Expense Statement
- Broker Memo
- Environmental Review Questionnaire
- Contact Information Form
- Cooperative Occupancy Questionnaire
- Business or Commercial Loan Purpose Certification
- Equal Credit Opportunity Act Disclosure
- Information about Procedure for Opening New Account (CIP)

ADDITIONAL DOCUMENTS REQUIRED:

- Appraisal Fee payable to Emigrant Funding Corporation, see attached Fee Schedule (non-refundable) – must be submitted with your application.
- Cooperative corporate tax returns – most recent 2 years (*Signed*)
- Complete signed copies of Commercial and Residential Leases for all sublets (*if applicable*)
- Property Survey
- Copy of Property Deed
- Certificate of Occupancy (*if property is located in NJ and contains three or more residential units, provide copy of current Certificate of Inspection, a.k.a. “Green Card”*)
- Property Tax Bill
- Mortgage Brokerage Fee Agreement (*If applicable*)
- Fair Lending Policy – Broker Acknowledgement (*If applicable, and, if not already on file with EFC*)
- Offering Plan
- All Amendments, if applicable
- Proprietary Lease
- Last 2 years of Board meeting minutes
- List of sponsor held shares
- List of sales during the previous two years
- Cooperative corporation financial statements – most recent 2 years
- List of Cooperative Board Officers
- Cooperative by-laws
- Statement of the purpose of the proceeds, (*if a cash out refinance*)
- Last six years of rent registrations filed with the Division of Housing and Community Renewal (DHCR) (*If property is located in New York and is subject to rent stabilization*)

* For Other Commercial Property Types and Commercial Cooperative (not underlying co-op) transactions be sure to use applicable Application.

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FEE SCHEDULE

Phase I Environmental Site Assessment: \$1,800 (If applicable)

Phase I with comprehensive dry cleaning examination: \$2,000 (If applicable)

Primary Property Type:

Multi-Family, Mixed-Use (Apartments and Stores), and Retail

Core Lending Areas:

New York: New York, Queens, Kings, Richmond, Bronx, Nassau, Suffolk and Westchester Counties

New Jersey: Hudson, Bergen, Essex, Union, Passaic, Somerset, Middlesex, Morris and Monmouth Counties

Connecticut: Fairfield County

Outside of Core Lending Areas (Requires a Fee Quote):

Massachusetts: Suffolk, Norfolk, Middlesex, Essex, Plymouth, Barnstable, Bristol and Worcester Counties

Florida: Dade, Broward, Palm Beach, Monroe, Collier, Lee, Charlotte, Sarasota, Manatee, Hillsborough, and Pinellas Counties.

Restrictions to Fees:

- Subject to change based on property type or location outside core lending areas.
- Loan amounts greater than \$1,500,000 will require a fee quote.
- Multiple properties or structures on same tax lot or properties with multiple tax lots may warrant an increased fee and require a special fee quote.
- New construction, unique or special use properties and properties with partial warehouse space may warrant an increase fee and require a special fee quote.
- Fee quotes are valid for 2 months.

Appraisals: Loan Amounts up to \$1,500,000

<u>Number of Units</u>	<u>Multi-Family</u>	<u>Mixed-Use</u>	<u>Number of Units</u>	<u>Retail</u>
1 to 4	\$1,500 (underlying co-op)	\$1,750	1 to 4	\$2,000
5 to 10	\$1,750	\$2,000	5 to 10	\$2,250
11 to 20	\$2,000	\$2,500	11 to 20	\$2,750
21 to 50	\$2,500	\$3,000	21+	\$3,500+
51 to 100	\$3,000	\$3,500		
101 to 200+	\$3,500+	\$4,000+		

Professional / Commercial Co-op or Condo: \$1,500 to \$3,000+ based on fee quote

1 to 4 Family (Luxury Homes may command a higher fee, based on a fee quote):

1 Family	\$650	3 Family	\$900
2 Family	\$850	4 Family	\$950
Co-op / Condo	\$800		

All Fees are non-refundable and are due a time of application.

I/We Acknowledge receipt of the Fee Schedule.

Signature

Date

Signature

Date



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A SUBSIDIARY OF EMIGRANT BANK
ONE TIME ELECTRONIC FEE PAYMENT AUTHORIZATION

NAME(S) _____ APPLICATION NUMBER _____

I (we) hereby authorize and provide permission to Emigrant Funding Corporation, a subsidiary of Emigrant Bank, to initiate a single transaction debit entry to my (our) **checking account** indicated below for the amount/ total amount related to the fee(s) indicated on this form incurred for my mortgage loan application. My (our) permission is for a single transaction only and does not provide authorization for any additional unrelated debits.

I (we) authorize my (our) bank to debit my (our) account for this payment.

ATTACH A VOIDED CHECK WITH THIS FORM.

BANK NAME _____

BRANCH STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK TRANSIT / ABA NO.

--	--	--	--	--	--	--	--	--	--	--	--

Consult your bank for this number

ACCOUNT NO _____

Please include complete number with branch designation if applicable.

The following fees are due to be paid:	
Appraisal Fee	\$ _____
Environmental/Phase 1 Fee	\$ _____
Good Faith Deposit	\$ _____
Bank Re-Inspection Fee	\$ _____
Other (please specify): _____	\$ _____
Total:	\$ _____

I authorize Emigrant Funding Corporation to initiate a single transaction debit entry to the account indicated on this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for an amount not to exceed the amount(s) indicated above only, and is valid for one time use only. I certify that I am an authorized user on the account and that I will not dispute the payment with my Bank; so long as the debit transaction corresponds to the terms indicated on this form.

Signature _____ Date _____

Signature _____ Date _____

FOR INTERNAL USE ONLY

Date Received _____ Processed by _____

ACH EFC (Created 3/2021)

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COMMERCIAL MORTGAGE APPLICATION

MORTGAGE APPLIED FOR:					
Amount:	Rate:	Term:	Amortization:	Points:	
\$	%	Yrs.	Yrs.	Points	
PURPOSE OF MORTGAGE					
<input type="checkbox"/> PURCHASE OF SUBJECT PROPERTY			Source of Equity Funds (Cash and Other – Explain)		
Sales Price:	Cash Down Payment:				
\$	\$				
Secondary Financing:	Interest Rate:	Payment:	Maturity Date:	Payable To:	
\$	%	\$			
<input type="checkbox"/> REFINANCE OF SUBJECT PROPERTY			Describe significant improvements made (last 12 months)		
Date Acquired:	Purchase Price:				
	\$	Cost \$:			
Funds to be used to pay:					
First lien balance:	Maturity Date:	Payable to: Name & address		Account No.	
\$					
Second lien balance:	Maturity Date:	Payable to: Name & address		Account No.	
\$					
Remaining Funds to be used to:					
SUBJECT PROPERTY / PROPERTIES					
Prop. 1 Street Address:		City:	State:	County:	Zip:
No. of buildings:	No. of parking spaces:	No. of apartments:	No. of Comm:	Year built:	No. of Stories
Prop. 2 Street Address:		City:	State:	County:	Zip:
No. of buildings:	No. of parking spaces:	No. of apartments:	No. of Comm:	Year built:	No. of Stories
Prop. 3 Street Address:		City:	State:	County:	Zip:
No. of buildings:	No. of parking spaces:	No. of apartments:	No. of Comm:	Year built:	No. of Stories
Name of current resident manager or super:			Telephone Number:		
			()		
If purchased, management will be by (individual or firm's name & address)					

BORROWER INFORMATION

Borrower(s) will be: Co-op Joint Venture Limited Partnership
 Corporation Trust Other General Partnership

State and Date of incorporation: _____ Title will be vested in (name, address, and telephone no. of ownership entity)

 ()

Title is or will be: Fee Simple Leasehold
 If the borrowing entity is a partnership, corporation, or trust, will the subject property be the sole asset? Yes No

List below, the names of individual borrowers or general partners, if a partnership. If a corporate owner, list shareholders with 10% interest or more. If a cooperative, list shareholders with 20% interest or more. Under Title list "individual", "General Partner", "President", "Vice President", "Treasurer", "Stockholder", etc. as appropriate.

Name:	Address:	Title:	Share of ownership:
			%
			%
			%
			%

INDEMNIFICATION AND RELEASE AGREEMENT RE: RELEASE OF LENDER'S APPRAISAL: This Indemnification and Release agreement ("Agreement"), is given by the undersigned borrower(s) and guarantor(s) (if any) ("Indemnitor", whether one or more) in connection with Indemnitor's request that Emigrant Funding Corporation ("Lender") release a copy of the appraisal report ("Appraisal") prepared for Lender in connection with its review of a loan application submitted by Indemnitor to Lender. In consideration of Lender's release to Borrower of the Appraisal, and in order to induce Lender to release the Appraisal to Indemnitor, Indemnitor hereby agrees as follows: (a) The Appraisal was prepared for Lender's internal underwriting use and is provided to Indemnitor for Indemnitor's private informational purposes only; (b) The Appraisal may not be relied upon by Borrower nor by any prospective purchaser of lender, or any other person (collectively a "Third Party"); (c) Indemnitor shall keep the Appraisal confidential and shall not release the Appraisal or any portion thereof to any Third Party; and (d) Indemnitor shall indemnify, defend and hold Lender harmless from and against any and all cost, expense and liability (including the fees of counsel selected by Lender) incurred by Lender in connection with the release of the Appraisal to Indemnitor or the breach of this Agreement by Indemnitor.

AGREEMENT: The undersigned applies for the loan indicated in this application to be secured by a first mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application. I further authorize Emigrant Funding Corporation ("the Lender") to order a consumer credit report and verify other credit information including past and present mortgage, landlord references, student loans, automobile loans, and consumer loans. It is understood that a photocopy of this form will also serve as authorization. The original or a copy of this application will be retained by the Lender, even if the loan is not granted. I/we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts or any of the materials submitted pursuant to this application as applicable under the provisions of Title 18, United States Code, Section 1014.

 Borrower(s)' Signature Date: _____ Co-Borrower(s)' Signature Date: _____

 Co-Borrower(s)' Signature Date: _____ Co-Borrower(s)' Signature Date: _____

Complete section below **ONLY IF** the Property is either an apartment or mixed-use building where apartments generate more than 50% of the income or comprise more than 50% of the square footage.

Demographic Information Addendum. This section asks about your ethnicity, sex, and race.

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, sex, and race) 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, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

BORROWER

Ethnicity: Check one or more

- Hispanic or Latino
 Mexican Puerto Rican Cuban
Other Hispanic or Latino - Print origin: _____

For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino
 I do not wish to provide this information

Sex

- Female Male
 I do not wish to provide this information

Race: Check one or more

- American Indian or Alaska Native – *Print name of enrolled or principal tribe:* _____

Asian

- Asian Indian Chinese Filipino
 Japanese Korean Vietnamese

Other Asian– *Print race:* _____

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

Black or African American

Native Hawaiian or Other Pacific Islander

- Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander – *Print race:* _____

For example: Fijian, Tongan, and so on.

White

- I do not wish to provide this information

CO- BORROWER

Ethnicity: Check one or more

- Hispanic or Latino
 Mexican Puerto Rican Cuban
Other Hispanic or Latino - Print origin: _____

For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino
 I do not wish to provide this information

Sex

- Female Male
 I do not wish to provide this information

Race: Check one or more

- American Indian or Alaska Native – *Print name of enrolled or principal tribe:* _____

Asian

- Asian Indian Chinese Filipino
 Japanese Korean Vietnamese

Other Asian– *Print race:* _____

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

Black or African American

Native Hawaiian or Other Pacific Islander

- Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander – *Print race:* _____

For example: Fijian, Tongan, and so on.

White

- I do not wish to provide this information

TO BE COMPLETED BY INTERVIEWER

B O R R O W E R	To Be Completed by Financial Institution (for application taken in person):	
	Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	NO <input type="radio"/> YES <input type="radio"/>
	Was the sex of the Borrower collected on the basis of visual observation or surname?	NO <input type="radio"/> YES <input type="radio"/>
	Was the race of the Borrower collected on the basis of visual observation or surname?	NO <input type="radio"/> YES <input type="radio"/>
The Demographic Information was provided through:		
<input type="radio"/> Face-to-Face Interview (includes Electronic Media w/ Video Component) <input type="radio"/> Telephone Interview <input type="radio"/> Fax or Mail <input type="radio"/> Email or Internet		

C O - B O R R O W E R	To Be Completed by Financial Institution (for application taken in person):	
	Was the ethnicity of the Co-Borrower collected on the basis of visual observation or surname?	NO <input type="radio"/> YES <input type="radio"/>
	Was the sex of the Co-Borrower collected on the basis of visual observation or surname?	NO <input type="radio"/> YES <input type="radio"/>
	Was the race of the Co-Borrower collected on the basis of visual observation or surname?	NO <input type="radio"/> YES <input type="radio"/>
The Demographic Information was provided through:		
<input type="radio"/> Face-to-Face Interview (includes Electronic Media w/ Video Component) <input type="radio"/> Telephone Interview <input type="radio"/> Fax or Mail <input type="radio"/> Email or Internet		

Interviewers Information:	
_____	_____
Interviewer's Name	Name of Interviewer's Employer
_____	_____
Interviewer's Signature	_____
() _____	_____
Interviewer's Telephone Number	Address of Interviewer's Employer

Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (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
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name VERIFICATION BUREAU LLC		ii. IVES participant ID number 0000302453		iii. SOR mailbox ID ADAMDOVE	
iv. Street address (including apt., room, or suite no.) 30 EXECUTIVE PARK, SUITE 200		v. City IRVINE		vi. State CA	vii. ZIP code 92614
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name EMIGRANT FUNDING CORP				ii. Telephone number 212-850-7495	
iii. Street address (including apt., room, or suite no.) 6 EAST 43RD STREET, 10TH FLOOR		iv. City NEW YORK		v. State NY	vi. ZIP code 10017

Caution: 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)

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 for line 6 transcripts

a. Return Transcript **b. Account Transcript** **c. Record of Account**

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

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 Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

/ / / / / / / /

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, 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. **Note:** This form must be received by IRS within 120 days of the signature date.

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.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

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

What's New. Form 4506-C 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.

EMIGRANT FUNDING

CONSENT TO USE OF TAX RETURN INFORMATION

Borrower/s: _____

Principal/s: _____

Property Address: _____

The undersigned, both personally and, if applicable, as a duly authorized representative(s) of the Borrower, understand, acknowledge, and agree that the Lender and Third Parties (as defined below) may obtain, use and share tax return information relating to me and/or the Borrower, whether provided to Lender directly or obtained from the Internal Revenue Service (“Tax Return Information”) for any of the following purposes: (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, or securitizing a loan, line of credit, or other credit product or service (“Loan”); and (iii) as otherwise permitted by applicable law. The Lender includes the Lender’s subsidiaries, affiliates, agents, independent contractors, service providers and any successors and assigns of such parties. “Third Parties” means any actual or potential owners of a Loan, any actual or potential owners of a beneficial or other interest in a Loan, any mortgage insurer, any guarantor, any servicers or service providers for these parties, any other parties who Lender has a reasonable basis for sharing Tax Return Information, and any successors and assigns of such parties.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

EMIGRANT FUNDING

INCOME AND EXPENSE STATEMENT

NOTE: We can accept a *signed* owner's printout in substitution for this form.

Property Address: _____			
<u>INCOME</u>	Last Actual Year: 202 _____	<u>INCOME</u>	Current Year Projected
Apartment Income:	\$ _____	Apartment Income:	\$ _____
Retail Income:	\$ _____	Retail Income:	\$ _____
Office Income:	\$ _____	Office Income:	\$ _____
Other Income: _____	\$ _____	Other Income: _____	\$ _____
Total Income (A) :	\$ _____	Total Income (A) :	\$ _____
<u>EXPENSES</u>	Last Actual Year: 202 _____	<u>EXPENSES</u>	Current Year Projected
Real Estate Taxes:	\$ _____	Real Estate Taxes:	\$ _____
Water & Sewer:	\$ _____	Water & Sewer:	\$ _____
Property Insurance:	\$ _____	Property Insurance:	\$ _____
Fuel (Oil /Gas)	\$ _____	Fuel (Oil /Gas)	\$ _____
Electric:	\$ _____	Electric:	\$ _____
Payroll:	\$ _____	Payroll:	\$ _____
Repairs & Maintenance:	\$ _____	Repairs & Maintenance:	\$ _____
Elevator Maintenance:	\$ _____	Elevator Maintenance:	\$ _____
Common Area Maintenance:	\$ _____	Common Area Maintenance:	\$ _____
Management:	\$ _____	Management:	\$ _____
Replacement Reserves:	\$ _____	Replacement Reserves:	\$ _____
Supplies:	\$ _____	Supplies:	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Total Expenses (B) :	\$ _____	Total Expenses (B) :	\$ _____
NET OPERATING INCOME (C):	\$ _____	NET OPERATING INCOME (C):	\$ _____
(A minus B)		(A minus B)	

I HEREBY CERTIFY THE ABOVE TO BE TRUE AND CORRECT

Borrower's Signature

Date

Co-Borrower's Signature

Date

EMIGRANT FUNDING

BROKER MEMO

PROPERTY ADDRESS: _____

This memo serves as notification to identify whether a mortgage broker is involved on the above referenced application:

MORTGAGE BROKER: YES NO

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONTACT PERSON: _____

PHONE #: _____

FAX #: _____

E-MAIL: _____

Kindly indicate below as to whom the Commitment should be mailed to:

MORTGAGE BROKER BORROWER ATTORNEY OTHER
(address above)

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

EMIGRANT /// FUNDING

ENVIRONMENTAL REVIEW QUESTIONNAIRE

THIS FORM IS TO BE COMPLETED BY THE APPLICANT.

APPLICANT'S NAME: _____

PROPERTY ADDRESS: _____

1. What are the past and current uses of the property?

Industrial _____

Commercial _____

Residential _____

Undeveloped _____

Other _____

2. What is the most recent business activity at the site?

3. Any proposed changes to current use?

4. Are there any signs of contamination?

Lead Paint _____

Stained Oil or Concrete _____

Vegetation Damage _____

Foul or Unusual Odors _____

Oily Sheen or Discoloration of Surface Water _____

Other _____

5. Are any of these potentially asbestos - containing materials evident?

Sprayed-On Fireproofing _____

Pipe Wrap _____

Friable Ceiling Tiles _____

Acoustical Plaster _____

6. Were any chemicals or fuels handled at this site?

7. Are there now, or have there ever been any underground storage tanks on the property? If so, attach registration certificates.

8. Are there electrical transformers or capacitors on the property which may contain PCBs?

9. Are there groundwater wells on the property?

10. What are adjacent property uses?

11. Could the activities at adjacent business or properties pose potential environmental risks?

12. What insurance coverage, if any, is in effect for environmental matters? If none, please state "None".

13. Detail any contacts by any federal, state or local government agencies concerning environmental matters. Include any business and environmental permits.

14. Is there lead based paint that is not encapsulated at the premises? If so, please describe.

15. Have any law suits been instituted against you or any prior owner regarding environmental violations or problems, including suits brought by former tenants with respect to lead paint problems?

Signature: _____

Print Name: _____

Date: _____

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CONTACT INFORMATION FORM

Applicant(s) Name: _____

In order to facilitate your commercial mortgage request, please provide the following information:

Property Inspection and Appraisal Contact: Please list the name and telephone number of the person to be contacted to arrange an appointment or the inspection and appraisal of the subject property.

Name: _____ Telephone: _____

Owner Superintendent Occupant Realtor Other

Your Attorney:

Name: _____

Firm: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Seller's Attorney (If purchasing subject property):

Name: _____

Firm: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Mortgage Broker (If applicable):

Name: _____

Firm: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Real Estate Broker (If applicable):

Name: _____

Firm: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

EMIGRANT /// FUNDING

COOPERATIVE OCCUPANCY QUESTIONNAIRE

Apt. #	Shareholder Name	Apt. Layout # of Rooms	Status OO – Owner-Occupied SS - Shareholder Sublet SO - Sponsor Owned	Original Tenants If shareholder was an existing rent stabilized or rent controlled tenant prior to the building converting to a co-op, indicate by placing an "X" and list last rent paid.	# of Shares	Monthly Maintenance	Rental Income	Sublet Cash Flow	Sponsor Cash Flow	Last Purchase Price	Date Purchased
TOTAL:											

The Information included is presented on behalf of the Cooperative Corporation named below. The undersigned hereby certifies that the information set forth in the questionnaire is true and correct in all material respects as of _____, _____. The undersigned furthermore understands that Emigrant Funding Corporation is relying upon the representations made herein.

Cooperative Corporation Name

Date Signature/Title

Print Name

EMIGRANT /// FUNDING

BUSINESS OR COMMERCIAL LOAN PURPOSE CERTIFICATION

I (We) understand that Emigrant is a business and commercial lender, and does not make loans for personal family or household purposes. No part of proceeds of the loan applied for will be used for personal, family, or household purposes of any borrower or principal of the borrower. As part of the processing of your loan application, it is necessary that you advise Emigrant Funding Corporation (“Emigrant”, and including the affiliates of Emigrant) as to the business or commercial purpose of your loan. Please confirm the business or commercial purposes of your loan by carefully reviewing this certification form, checking all applicable boxes below, and signing, dating and returning this certificate to Emigrant. Please provide any additional information below or, if necessary on a separate attached sheet, signed and dated by all borrowers. Copies of documentary evidence of the purposes of the loan may be attached. This certificate is part of your application, and your application may not be processed until it is completed and signed by all borrowers and returned to Emigrant. Emigrant is relying on the truth of your statements provided in this certification.

The primary purposes of the loan applied for are the following business or commercial purposes:

- 1. To fund the acquisition, refinance, maintenance or repair of one or more parcels of commercial real estate for business, commercial or investment purposes.
- 2. To fund the purchase of equipment, inventory or supplies to be used solely in the primary business or occupation of one or more borrowers.
- 3. To expand a borrower’s primary business.
- 4. To consolidate, pay off, reduce the debt cost or extend the term of existing business or commercial debt.
- 5. To fund operating or capital expenses of a borrower’s primary business.
- 6. To fund capital or other improvements to the property securing the loan applied for. Please describe in detail on a separate sheet.
- 7. None of the foregoing statements 1 through 6 are accurate. Please provide detailed information regarding the purposes of the loan below:

I (We) make this certification for the benefit of Emigrant and its successors and assigns, with the knowledge that Emigrant is relying on the truth of my statements provided herein. I (We) will promptly inform Emigrant in writing in the event any statement herein or on a separate sheet submitted herewith becomes wholly or partially inaccurate or incomplete.

Borrower Signature

Date

Co-Borrower Signature

Date

EQUAL CREDIT OPPORTUNITY ACT

CREDIT DENIAL DISCLOSURE

If credit is not extended for any reason, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Emigrant Funding Corp., 6 East 43rd Street, 10th Floor, New York, NY 10017 within 60 days from the date you are notified of your decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); or 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 creditor is:

FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, Missouri 64106

RIGHT TO RECEIVE COPY OF APPRAISAL REPORT

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.

If you have any questions regarding this application, please call 212-850-4880.

EMIGRANT /// FUNDING

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What This Means for Individuals

- When an individual opens an account or requests credit, we will ask for their name, residence address, date of birth, tax identification number, and other information that allows us to identify them. We may also ask to see a driver's license, passport, or other identifying documents.

What This Means for Other Legal Entities

- When a corporation, partnership, trust, or other legal entity opens an account or requests credit, we will ask for the entity's name, physical address, tax identification number, and other information that will allow us to identify the entity. We may also ask to see other identifying documents, such as certified articles of incorporation, partnership agreements, or a trust instrument.
- We may report information about your account to credit bureaus. Late payments, missed payments and other defaults on your account may be reflected in your credit report.

UNLAWFUL INTERNET GAMBLING NOTICE: In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 (UIGEA) and Regulation GG, this notice is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our Institution. Restricted transactions generally include, but are not limited to, those in which credit, electronic fund transfers, checks, or drafts are knowingly accepted by gambling businesses in connection with the participation by others in unlawful Internet gambling.