

**According to the Federal Trade Commission, identity theft is the fastest-growing crime in the country. Our ability to feel safe is becoming more difficult with terrorism and crime on a steady increase.**

## **But there is hope...**

**The USA PATRIOT Act** has paved the way for financial institutions to help prevent fraud, identity theft, and the spread of terrorism. It requires financial institutions to obtain more information from an individual or legal entity to help establish identity.

Your cooperation is needed when you open a new account or request a loan. You may be asked more questions to establish and confirm your identity. You may also be asked to provide your driver's license or other identifying documents.

Similar identification requirements apply to business entities such as corporations and partnerships.

In all cases protection of our customers identity and confidentiality is the Banks pledge to you.

**MASPETH FEDERAL SAVINGS  
56-18 69TH STREET  
MASPETH, NY 11378**



# MASPETH FEDERAL SAVINGS

Loan Center  
56-05 69<sup>th</sup> Street  
Maspeth, NY 11378  
(718) 651-7888  
Fax (718) 651-2353

## WELCOME

*We at Maspeth Federal Savings take this opportunity to thank you for selecting our Association for your home financing needs.*

*We know that getting a mortgage is one of the most important financial decisions you will ever make. Our mortgage processors will be with you to make it as easy as possible.*

*Please complete the enclosed mortgage loan application and return in the enclosed envelope. Our mortgage processors are available to assist you with the application process as well as keep you informed on the status of your loan application.*

*Once again, thank you for choosing Maspeth Federal Savings. We look forward to serving you.*

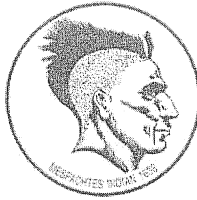
### *Mortgage Processors:*

*Ada Morales  
Rita Garofalo  
Vicky Kulma  
Diana Ally  
Miguelina Corona*

*NMLS#641255\*  
NMLS#641252\*  
NMLS#641258\*  
NMLS#641257\*  
NMLS#641260\**

*[amorales@maspethfederal.com](mailto:amorales@maspethfederal.com)  
[rgarofalo@maspethfederal.com](mailto:rgarofalo@maspethfederal.com)  
[vkulma@maspethfederal.com](mailto:vkulma@maspethfederal.com)  
[dally@maspethfederal.com](mailto:dally@maspethfederal.com)  
[mcorona@maspethfederal.com](mailto:mcorona@maspethfederal.com)*

*\*Information can be found at  
<http://mortgage.nationwidelicencingsystem.org>*



# MASPETH FEDERAL SAVINGS

## SINGLE ASSET ENTITY MORTGAGE APPLICATION

### Section 1. Loan Amount Requested and Terms of Loan

Amount of Loan: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ %

Term: \_\_\_\_\_ Yrs. Amortization Requested: \_\_\_\_\_ Yrs. Points \_\_\_\_\_

### Section 2. Purpose of Loan & Property Information

Purpose of Loan:  Purchase  Refinance  Other: \_\_\_\_\_

Use of Funds (Refinance) \_\_\_\_\_

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

County \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Property Type:  Mixed use  Apartment Building  Strip Mall

Retail Unit  Warehouse/Office  Industrial

Office Building  Other: \_\_\_\_\_

Site Sq. Ft.: \_\_\_\_\_ Building Sq. Ft.: \_\_\_\_\_ # of Stores/units: \_\_\_\_\_

Year Built: \_\_\_\_\_

### Complete For Purchase Only

Purchase Price: \$ \_\_\_\_\_ Present Owners Name: \_\_\_\_\_

Cash Downpayment: \$ \_\_\_\_\_

Source of Downpayment: \_\_\_\_\_ Bank acct#: \_\_\_\_\_

## SINGLE ASSET ENTITY MORTGAGE APPLICATION

**Complete For Refinance Only:**

Present Lender & Address: \_\_\_\_\_

Loan #: \_\_\_\_\_ Present Balance: \_\_\_\_\_ Existing Rate: \_\_\_\_\_ %

Date of Purchase: \_\_\_\_\_ Original Purchase Price: \$ \_\_\_\_\_

Indicate major capital improvements and their cost made within the last three years.

\_\_\_\_\_

\_\_\_\_\_

**Section 3. Borrower Information**

Borrower Name (show exactly how title is presently held or will be held upon acquisition)

\_\_\_\_\_

TAX ID #: \_\_\_\_\_

Borrowing Entity Type:  Limited Liability Company  "S" Corp.

Corporation  Partnership  Other: \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_ Balance: \_\_\_\_\_

List Names of all Principals: (please provide two forms of identification for each principal)

Name	Title	Address	Social Sec. #	% ownership

Name of Principal who will be signing on behalf of Entity: \_\_\_\_\_

Address of Principal: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant & Title

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

# BORROWER SIGNATURE AUTHORIZATION

<b>PART I – General Information</b>		
1. Borrower(s)	2. Lender Name and Address  Maspeth Federal Savings 56-05 69 <sup>th</sup> Street P.O. Box 207 Maspeth, NY 11378	
3. Date	4. Loan Number	

**PART II – Borrower Authorization**

I hereby authorize the Lender to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan application. I further authorize the Lender 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.

The information the Lender obtains is only to be used in the processing of my application for a mortgage loan.

Borrower	Date
Borrower	Date
Borrower	Date
Borrower	Date

**NOTICE TO BORROWERS:** This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.

**PLEASE COMPLETE THE FOLLOWING INFORMATION**  
**MASPETH FEDERAL SAVINGS AND LOAN ASSOCIATION**  
**PROPERTY INFORMATION**

ADDRESS OF PREMISES: \_\_\_\_\_

AGE OF PROPERTY: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

HOW MANY FAMILIES: \_\_\_\_\_ TYPE OF HEAT: \_\_\_\_\_

RENTAL INCOME: \_\_\_\_\_ TAXES: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ GARAGE: \_\_\_\_\_

NUMBER OF ROOMS: \_\_\_\_\_ LOAN AMOUNT: \_\_\_\_\_

TYPE OF LOAN: \_\_\_\_\_

APPLICANT'S ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SELLER'S ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BROKER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**WHOM TO CONTACT TO INSPECT THE PROPERTY:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRESENT MORTGAGE: \_\_\_\_\_ BALANCE: \_\_\_\_\_

PRESENT OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE COMPLETE THE ENTIRE APPLICATION AND RETURN IT WITH A SIGNED COPY OF THE CONTRACT OF SALE OR COPY OF THE DEED FOR A REFINANCE. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED. THEY WILL BE RETURNED FOR COMPLETION CAUSING DELAY. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE MORTGAGE ORIGINATION DEPARTMENT AT (718) 651-7888

MASPETH FEDERAL SAVINGS AND LOAN ASSOCIATION

56-05 69<sup>TH</sup> STREET

MASPETH, NEW YORK, 11378

**INSTRUCTIONS FOR MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION  
SINGLE ASSET ENTITY APPLICATION  
COMMERCIAL REAL ESTATE FINANCING**

**THIS APPLICATION IS TO BE COMPLETED WHEN THE BORROWING ENTITY OWNS ONLY THE  
PROPERTY BEING MORTGAGED AND PROPERTY DEBT COVERAGE RATIO IS AT LEAST 1.20%  
PURCHASE – MAXIMUM LOAN TO VALUE IS 65%  
REFINANCES – MAXIMUM LOAN TO VALUE IS 60%**

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THE COMPLETED SINGLE  
ASSET ENTITY MORTGAGE APPLICATION**

1. Property Information Sheet (form provided)
2. Three years of business financial statements, pro-forma and/or tax returns from the borrowing entity
3. For each entity and personal income tax return, complete and sign form 4506-T
4. Four months Bank Statements for Entity
5. All Leases (if no lease, provide copies of last three months rent checks received)
6. DHCR rent roll on multi-family (6 family or more) and/or 6 family or more with commercial space
7. Rent Collection Report (form provided)
8. Last three years Income and Expense statements (forms provided)
9. Formation Documents for Entity
  - A. **LLC** – provide Filing Receipt, EIN letter, Articles of Organization, and Operating Agreement, LLC Resolution (form provided)
  - B. **Corporation** – provide Filing Receipt, EIN letter, Certificate of Incorporation and Bylaws, if any, Corporate Resolution (form provided)
  - C. **Partnership** – provide Filing Receipt, Partnership Agreement, EIN letter
  - D. **Trust** – Provide copy of Trust Agreement
10. Copy of Signed Contract of Sale for Purchases and Proof of Downpayment
11. Copy of Deed and Survey for Refinances only
12. Affidavit of Residence for Refinances only (form provided)
13. Sign Borrower Signature Authorization (form provided)
14. Business Certificate Affidavit (form provided)
15. Copy of Tax Abatement application or approval for all new construction
16. Offering Plan Book for Condominiums
17. If application is submitted by a broker, complete and sign Brokerage Expense Information form (form provided)
18. Appraisal fee quoted in Letter of Interest
19. At least two forms of identification for all members of the Entity, one of which must be the following: NYS Driver License or NYS Non Driver I.D., U.S. Passport, U.S. Resident Alien Card, Military I.D. or Government I.D.

**PLEASE NOTE THE APPRAISER WILL NEED FULL ACCESS TO THE ENTIRE BUILDING AT TIME OF APPRAISAL.**

**BROKERAGE EXPENSE INFORMATION**

FEDERAL LAW REQUIRES THAT ALL FEES, COMMISSIONS, POINTS AND CHARGES PAID BY A BORROWER TO MORTGAGE BROKERS BE INCLUDED IN TRUTH-IN-LENDING DISCLOSURE DOCUMENTATION.

**THE FOLLOWING INFORMATION MUST BE SUBMITTED BEFORE YOUR APPLICATION WILL BE ACCEPTED:**

AMOUNT PAID TO MORTGAGE BROKER  
PRIOR TO CLOSING \$ \_\_\_\_\_

AMOUNT TO BE PAID TO MORTGAGE  
BROKER AT CLOSING \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_ % OF LOAN AMOUNT

I HEREBY CERTIFY THAT THE ABOVE AMOUNTS ARE ACCURATE AND ACKNOWLEDGE THAT MASPETH FEDERAL SAVINGS AND LOAN ASSOCIATION WILL RELY ON THE TRUTHFULNESS OF THE FIGURE IN PREPARATION OF THE DISCLOSURE. THE UNDERSIGNED MORTGAGE BROKER ACKNOWLEDGES THAT THIS FORM IS FOR DISCLOSURE PURPOSES ONLY AND IN NO WAY AN AGREEMENT FOR THE BANK TO COLLECT ANY MONIES ON YOUR BEHALF.

\_\_\_\_\_  
BORROWER

\_\_\_\_\_  
BROKER NAME & NMLS#

\_\_\_\_\_  
BORROWER

\_\_\_\_\_  
MORTGAGE BROKER SIGNATURE

\_\_\_\_\_  
BORROWER

\_\_\_\_\_  
COMPANY NAME & ADDRESS

\_\_\_\_\_  
BORROWER

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
E-MAIL ADDRESS

**BY SIGNING ABOVE, YOU ARE AUTHORIZING THE MORTGAGE BROKER TO RECEIVE ALL CORRESPONDENCE**



AFFIDAVIT OF RESIDENCE

STATE OF NEW YORK  
COUNTY OF

\_\_\_\_\_, being duly sworn deposes and says:

1. That he/she resides at \_\_\_\_\_ and is over the age of 21.

2. That he/she is the applicant for a mortgage on premises \_\_\_\_\_

3. That said property is a rental property.

4. Please check box which applies to you:

That said loan proceeds are intended to be used primarily for business and/or commercial purposes (e.g.: acquiring, maintaining or improving investment property, etc.)

That said loan proceeds are intended to be used primarily for consumer purposes (e.g.: improving a primary residence, paying personal bills, school tuition, etc.)

5. That he/she does not occupy the premises and does not intend to occupy it in the future.

6. That he/she fully understands that it is a federal crime, punishable by fine of not more than \$5,000.00 or imprisonment of not more than two years/or both, to knowingly make false statements concerning any of the above facts under the provisions of Title 18, U.S.C. Section 1014.

7. That this Affidavit is made knowing full well that Maspeth Federal Savings and Loan Association will rely upon the representations herein in determining whether or not to approve deponent's credit for a mortgage loan of \$ \_\_\_\_\_

X \_\_\_\_\_

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_



# MASPETH FEDERAL SAVINGS AND LOAN ASSOCIATION

## CERTIFIED CURRENT RENT ROLL-PROVIDE COPIES OF ALL LEASES

AS OF:

PROPERTY ADDRESS:

TENANT	UNIT# OR DESCRIPTION	# OF ROOMS OR SQ. FT.	MONTHLY RENT	LEASE FROM	LEASE TO	EXPENSE PASS-THROUGHS
APARTMENTS:						
COMMERCIAL:						

TOTALS:				
---------	--	--	--	--

# OF APARTMENTS VACANT:
-------------------------

TOTAL # OF APTS:
------------------

# OF STORES VACANT:
---------------------

TOTAL # OF STORES:
--------------------

# OF OFFICES VACANT:
----------------------

TOTAL # OF OFFICES:
---------------------

# OF WAREHOUSES VACANT:
-------------------------

TOTAL # OF WAREHOUSES:
------------------------

IS THE PROPERTY SUBJECT TO RENT CONTROL/STABILIZATION?	YES	NO
--	-----	----

# OF APARTMENTS RENTED FURNISHED: _____ UNFURNISHED: _____
--

UTILITIES INCLUDE:		
GAS:	Y	N
ELECTRIC:	Y	N
HEAT:	Y	N
WATER:	Y	N
A/C:	Y	N

I HEREBY CERTIFY THE ABOVE TO BE TRUE AND CORRECT.

SIGN HERE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

# MASPETH FEDERAL SAVINGS AND LOAN ASSOCIATION

YEAR: \_\_\_\_\_

## CERTIFIED INCOME AND EXPENSE STATEMENT

PROPERTY ADDRESS:

INCOME:	LAST ACTUAL	INCOME:	CURRENT YEAR PROJECTED
APARTMENT INCOME:	_____	APARTMENT INCOME:	_____
RETAIL INCOME:	_____	RETAIL INCOME:	_____
OFFICE INCOME:	_____	OFFICE INCOME:	_____
OTHER INCOME:	_____	OTHER INCOME:	_____
TOTAL INCOME:	_____	TOTAL INCOME:	_____
EXPENSES:	LAST ACTUAL	EXPENSES:	CURRENT YEAR PROJECTED
REAL ESTATE TAXES:	_____	REAL ESTATE TAXES:	_____
WATER AND SEWER:	_____	WATER AND SEWER:	_____
PROPERTY INSURANCE:	_____	PROPERTY INSURANCE:	_____
FUEL (OIL/GAS):	_____	FUEL (OIL/GAS):	_____
ELECTRIC:	_____	ELECTRIC:	_____
PAYROLL:	_____	PAYROLL:	_____
REPAIRS AND MAINTENANCE:	_____	REPAIRS AND 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:	_____	TOTAL EXPENSES:	_____
NET OPERATING INCOME:	_____	NET OPERATING INCOME:	_____

I HEREBY CERTIFY THE ABOVE TO BE TRUE AND CORRECT.

SIGN HERE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**MASPETH FEDERAL SAVINGS AND LOAN ASSOCIATION**

**YEAR:** \_\_\_\_\_

**CERTIFIED INCOME AND EXPENSE STATEMENT**

PROPERTY ADDRESS:

INCOME:	LAST ACTUAL	INCOME:	CURRENT YEAR PROJECTED
APARTMENT INCOME:	_____	APARTMENT INCOME:	_____
RETAIL INCOME:	_____	RETAIL INCOME:	_____
OFFICE INCOME:	_____	OFFICE INCOME:	_____
OTHER INCOME:	_____	OTHER INCOME:	_____
<b>TOTAL INCOME:</b>	_____	<b>TOTAL INCOME:</b>	_____
EXPENSES:	LAST ACTUAL	EXPENSES:	CURRENT YEAR PROJECTED
REAL ESTATE TAXES:	_____	REAL ESTATE TAXES:	_____
WATER AND SEWER:	_____	WATER AND SEWER:	_____
PROPERTY INSURANCE:	_____	PROPERTY INSURANCE:	_____
FUEL (OIL/GAS):	_____	FUEL (OIL/GAS):	_____
ELECTRIC:	_____	ELECTRIC:	_____
PAYROLL:	_____	PAYROLL:	_____
REPAIRS AND MAINTENANCE:	_____	REPAIRS AND 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:	_____
<b>TOTAL EXPENSES:</b>	_____	<b>TOTAL EXPENSES:</b>	_____
<b>NET OPERATING INCOME:</b>	_____	<b>NET OPERATING INCOME:</b>	_____

I HEREBY CERTIFY THE ABOVE TO BE TRUE AND CORRECT.

SIGN HERE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

# MASPETH FEDERAL SAVINGS AND LOAN ASSOCIATION

YEAR: \_\_\_\_\_

## CERTIFIED INCOME AND EXPENSE STATEMENT

PROPERTY ADDRESS:

INCOME:	LAST ACTUAL	INCOME:	CURRENT YEAR PROJECTED
APARTMENT INCOME:	_____	APARTMENT INCOME:	_____
RETAIL INCOME:	_____	RETAIL INCOME:	_____
OFFICE INCOME:	_____	OFFICE INCOME:	_____
OTHER INCOME:	_____	OTHER INCOME:	_____
TOTAL INCOME:	_____	TOTAL INCOME:	_____
EXPENSES:	LAST ACTUAL	EXPENSES:	CURRENT YEAR PROJECTED
REAL ESTATE TAXES:	_____	REAL ESTATE TAXES:	_____
WATER AND SEWER:	_____	WATER AND SEWER:	_____
PROPERTY INSURANCE:	_____	PROPERTY INSURANCE:	_____
FUEL (OIL/GAS):	_____	FUEL (OIL/GAS):	_____
ELECTRIC:	_____	ELECTRIC:	_____
PAYROLL:	_____	PAYROLL:	_____
REPAIRS AND MAINTENANCE:	_____	REPAIRS AND 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:	_____	TOTAL EXPENSES:	_____
NET OPERATING INCOME:	_____	NET OPERATING INCOME:	_____

I HEREBY CERTIFY THE ABOVE TO BE TRUE AND CORRECT.

SIGN HERE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

CORPORATE RESOLUTION

The undersigned, the secretary of \_\_\_\_\_, a New York corporation, DOES HEREBY CERTIFY:

1. At a meeting of the board of directors of the above mentioned corporation, duly called and held this \_\_\_\_\_ day of \_\_\_\_\_, at which a quorum was present and acted throughout, the board of directors unanimously adopted the following resolution, which has not been modified or rescinded:

RESOLVED, that \_\_\_\_\_ in his/her capacity as President (Vice President) (Secretary) (Treasurer) is authorized with full authority to act for the corporation in all its capacity to execute and deliver to Maspeth Federal Savings and Loan Association (the "Lender"), a Note (Bond), Mortgage and other documents to perfect its security, for the sum of \$ \_\_\_\_\_ (collectively referred to as "Mortgage"). Said Mortgage shall be in such form and contain such terms, including rate of interest and time and manner of payment, and any other terms, provisions, conditions, stipulations and agreements, as required by the Lender; and

RESOLVED, that the corporation is authorized to enter into a (re)finance for the premises known as \_\_\_\_\_, New York, New York, and to deliver the Mortgage and any other documents required by the Lender.

2. Neither the certificate of incorporation nor the by-laws contain any special requirement as to the number of directors required to pass such resolution.

3. The certificate of incorporation of the corporation does not require any vote or consent of shareholders to authorize the (re)finance of the premises known as \_\_\_\_\_, New York owned by said corporation.

4. This certificate is made and delivered in order to induce the Lender to make the loan.

IN WITNESS WHEREOF, the undersigned has hereto affixed his hand and the seal of the above-mentioned corporation this \_\_\_\_\_ day of \_\_\_\_\_, :

\_\_\_\_\_  
AUTHORIZED MEMBER OF CORPORATION



STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF )

On the \_\_\_\_\_ day of \_\_\_\_\_, before me,  
the undersigned, a Notary Public in and for said State,  
personally appeared \_\_\_\_\_, personally known to  
me or proved to me on the basis of satisfactory evidence to be  
the individual(s) whose name(s) is/are subscribed to the  
within instrument and acknowledged to me that he/she/they  
executed the same in his/her/their capacity(ies) and that by  
his/her/their signature(s) on the instrument, the  
individual(s), or the persons upon behalf of which the  
individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

LIMITED LIABILITY COMPANY RESOLUTION

The undersigned, being all the Members of \_\_\_\_\_ ("Company") a New York Limited Liability Company, DO HEREBY CERTIFY:

At a meeting of the Members of the Company duly called and held this day at which a quorum was present and acted throughout, the Members adopted the following resolution, which has not been modified or rescinded;

RESOLVED, that the Members of the Company are:

\_\_\_\_\_  
\_\_\_\_\_

RESOLVED, that there has been no change in the composition of the Company since its formation by either adding or dropping Member(s); and

RESOLVED, that the Company authorizes the following Member(s) and Manager(s) of the Company to consummate the refinance of the real property located at \_\_\_\_\_, New York (the "Premises") on behalf of the Company:

\_\_\_\_\_  
\_\_\_\_\_

RESOLVED, that the Company execute and deliver to Maspeth Federal Savings & Loan Association, ("Lender"), a mortgage and mortgage note (bond) and other required loan documents in order to perfect its security in the sum of \$ \_\_\_\_\_

(collectively referred to as "mortgage"). Said mortgage shall be in such form and contain such terms, including rate of interest and time and manner of payment, and any other terms, provisions, conditions, stipulations and agreements, as required by the Lender.

RESOLVED, that the Members hereby consent to make the mortgage to Lender for the (re)finance of the Premises.

This certificate is made and delivered in order to induce the Lender to make the loan.

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF )

On the \_\_\_\_\_ day of \_\_\_\_\_, before me,  
The undersigned, a Notary Public in and for said State,  
personally appeared \_\_\_\_\_, personally known to  
me. or proved to me on the basis of satisfactory evidence to  
be the individual(s) whose name(s) is/are subscribed to the  
within instrument and acknowledged to me that he/she/they  
executed the same in his/her/their capacity(ies) and that by  
his/her/their signature(s) on the instrument, the  
individual(s), or the persons upon behalf of which the  
individuals) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

# Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" 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. <b>MASPETH FEDERAL SAVINGS &amp; LOAN ASSOCIATION</b> <b>56-05 69TH STREET, MASPETH, NY 11378 (718) 651-7888</b>	

**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 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

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. \_\_\_\_\_

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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

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

			Phone number of taxpayer on line 1a or 2a
<b>Sign Here</b>	Signature (see instructions)	Date	
	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](http://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](http://IRS.gov) and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

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

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

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

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
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, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592

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

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

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

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

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

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information to 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.

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

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

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

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

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