

Underwriting Needs List

In order to underwrite your transaction and provide you with the most competitive loan option, please provide the following:

Property Information:

- Marketing Package
- Sales Contract (if refinance, please provide original Sales Contract)
- Lease(s)
- Title Commitment
- Tenant Rent Roll (if applicable)
- Tenant Summary
- Tenant Financials:
 - YTD
 - 2 years of Historical
- Property Financials:
 - YTD
 - 2 years of Historical
- Proof of Insurance
- Color Photos

Borrower Information:

- Loan Summary Information
- Personal Financial Statement
- Schedule of Real Estate Owned
- Resume
- Tax Returns
 - 2 years (Individual, Entity, Trust)
 - K-1s from all shareholders
- 4506-T
- Credit Authorization

Loan Summary Form

Applicant

Full Name: _____ DOB: _____ Social Sec: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____ Occupation: _____ Company: _____

Co Applicant

Full Name: _____ DOB: _____ Social Sec: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____ Occupation: _____ Company: _____

1031x funds: _____ Drop Dead Date: _____

How are you vesting title?

Type of Transaction

Property Type:

(Circle one) Retail MF Office Industrial Hotel Other

Description: _____

Property Address: _____ City: _____ State/Zip: _____

Purchase Price (if refi, original): _____ Lease Income: _____ Cap Rate: _____

Concept(s): _____ Tenant(s): _____

Terms Requesting: _____

Time Line Constraints: _____

Additional

Information: _____

	Yes	No		Yes	No
1. Are any of the assets listed herein under a trust agreement, in an estate or in any other name or capacity?			7. Are any income tax returns, whether personal or that of any corporation or partnership in which you are a major owner or a general partner, currently being audited or contested?		
2. Do any of your assets secure any debts which have not been reported in the following schedules?					
3. Have you ever filed for personal bankruptcy, had property you owned foreclosed, or made settlement or an assignment for the benefit of creditors?			8. Are you named as beneficiary of a trust, will or estate?		
4. Has any corporation or partnership in which you are (were) a major owner or a general partner ever filed for bankruptcy or had property it owned foreclosed, or made a settlement with or an assignment for the benefit of creditors?			9. Are you an officer, director, or principal shareholder of a financial institution?		
5. Are you, or any corporation or partnership in which you are a major owner or a general partner, a party to any suit or legal action, or are there any unsatisfied judgments against you?			10. I (we) have made a will. The executor is:		
6. Are you a Co-Maker, Endorser, or Guarantor of any other person's debt?			If you answered "Yes" to any of Questions 1 thru 9, explain below or on an attachment.		

Remarks:

SOURCES OF INCOME					USES OF CASH				
Individual	Joint	Prior Year	Current	Individual	Joint	Prior Year	Current		
Salary				Personal Expenses (Utilities, food, clothing, household, Etc.)					
Commissions, Bonuses or Other Employment Income.				Bank Loans - Principal and Interest					
Rental Income				Other Loans - Principal and Interest					
Dividends				Insurance Payments					
Interest Income				Income Taxes not covered by withholding					
Distribution from Estates or Trusts				Alimony, Child Support					
Royalties				Income taxes, FICA					
Cash Distribution from Business, Partnerships or Joint Ventures				Other Uses of Cash					
Income from alimony, maintenance or child support payments need not be entered unless you want it considered as a basis for repayment.									
Other Sources of Cash									
TOTAL CASH RECEIVED				TOTAL CASH OUTLAYS					
				CASH FLOW SURPLUS (DEFICIT)					

SCHEDULE 2 / RECEIVABLES DUE TO ME ON MORTGAGES, NOTES AND CONTRACTS

Name of Debtor	Description of Collateral	First Lien or Second	Date of Maturity	Monthly Receivable	Balance Due
TOTAL					

SCHEDULE 3 / STOCKS AND BONDS

Issuing Company	Registered in Name Of	# Shares or Face Amt. Of Bonds*	Value		If Pledged, To Whom	Where Traded
			Per Share	Total		

*Indicate whether Stocks are Common or Preferred.

SCHEDULE 4 / PARTNERSHIP AND PROPRIETORSHIP INTERESTS

Name of Partnership or Proprietorship	Ownership %	Original Cost	Present Value	If Pledged, To Whom

SCHEDULE 5 / LIFE INSURANCE

Insurance Company	Insured	Beneficiary	Face Value	Cash Value	Loans Against Policy
TOTAL				\$	\$

SCHEDULE 6 / REAL ESTATE OWNED

Parcel No.	Address	Property Type	Date Acquired	Purchase Price	Current Market Value	Ownership %age
1.						
2.						
3.						
4.						
5.						
6.						

Parcel No.	Status	# Units/ Sq. Ft.	Annual Income	Annual Expenses	Annual Debt Service	Cash Flow	Comment
1.	Owner-Occupied						
	Rental Property						
	Pending Sale						
2.	Owner-Occupied						
	Rental Property						
	Pending Sale						
3.	Owner-Occupied						
	Rental Property						
	Pending Sale						
4.	Owner-Occupied						
	Rental Property						
	Pending Sale						
5.	Owner-Occupied						
	Rental Property						
	Pending Sale						
6.	Owner-Occupied						
	Rental Property						
	Pending Sale						

Parcel No.	Mortgage Other Lien	Name of Lender	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date
1.	1 st						
	2 nd						
2.	1 st						
	2 nd						
3.	1 st						
	2 nd						
4.	1 st						
	2 nd						
5.	1 st						
	2 nd						
6.	1 st						
	2 nd						

SCHEDULE 7 / OIL & GAS INTERESTS

Legal Description	W.I. or R.I.	Net Rev. Interest	Monthly Income	Monthly Expense	Present Value	Purchaser of Product

SCHEDULE 8 / PENSION, IRA, KEOUGH, PROFIT SHARING

Name of Institution	Type of Account	Account Balance	Amount Totally Vested	Loans
TOTAL				

SCHEDULE 9 / OTHER PERSONAL ASSETS

Description	Value

SCHEDULE 10 / PAYMENTS TO FINANCIAL INSTITUTIONS AND OTHERS

Name of Creditor	Collateral	Date of Maturity	Monthly Payment	Balance Due
TOTAL				

SCHEDULE 11 / CREDIT ACCOUNTS, BILLS DUE, ALIMONY/CHILD SUPPORT, DAYCARE, ETC.

To Whom Owing	Monthly Payment	Balance Due
TOTAL		

SCHEDULE 12 / BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER

Business Name	Address	Type of Business	Position/Title	Ownership %age	Fin'l Institution of Account

Request for Transcript of Tax Return

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable parts have been completed.
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.

TIP: Use new Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. 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 or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return : : : :
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
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. The IRS has no control over what the third party does with the tax information.	

CAUTION: Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.

6 Product requested. Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶ _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally 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
- 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
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years
- d Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year
- e 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 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

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.

7 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.

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

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, **either** husband or wife 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.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

A Change To Note

• **New Form 4506-T**, Request for Transcript of Tax Return, is used to request tax return transcripts, tax account transcripts, W-2 information, 1099 information, verification of non-filing, and a record of account. **Form 4506**, Request for Copy of Tax Return, is now used only to request copies of tax returns.

Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

Note: *If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.*

Chart for individual transcripts (Form 1040 series)

If you lived in and filed an individual return:	Mail or fax to the Internal Revenue Service at:
Maine, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, West Virginia, Rhode Island	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741 512-460-2272
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4992
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999 816-823-7667
Ohio, Virginia	RAIVS Team 5333 Getwell Rd. Stop 2826 Memphis, TN 38118 901-546-4175

Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP SE 135 Philadelphia, PA 19255-0695 215-516-2931
---	--

Chart for all other transcripts

If you lived in:	Mail to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84201 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250 859-669-3592

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

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 60 days of the date signed by the taxpayer or it will be rejected.

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 7.

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. Sections 6103 and 6109 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, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and 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**, 11 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 the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where to file** on this page.

Mark One Capital

19800 MacArthur Blvd., Ste. 150, Irvine, CA 92612

Loan Application

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

The undersigned, Applicant, has applied for a real estate loan through Mark One Capital. You are hereby requested and authorized to release any information required by Mark One Capital to complete the processing of the loan request. Necessary credit information may include balances of savings deposits, checking accounts, mortgage loans and consumer loans plus account and loan payment history. In addition, if Mark One Capital is verifying my current or past employment, you are requested and authorized to release employment and pay data which may include my date of employment, current position or position held, probability of continued employment or reason for leaving, current or last pay and pay history, and average hours worked.

A photographic or carbon copy of this authorization (being a photographic or carbon of the signatures) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help the pending real estate transaction.

Thank You,

Applicant Signature/Date

Social Security Number/TIN

Please Print:

Name _____

Address: _____

City/State/Zip: _____

Loan Officer: _____