




PO Box 9800
Maryville, TN 37802


Re: Loan Application

Dear Potential Buyer:

Attached are the documents to apply for a home loan.

 Completely fill out all attached documents.

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

 Mail all documents to:

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

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

Sincerely,

Credit Services Department

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

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

AFFILIATED BUSINESS ARRANGEMENT DISCLOSURE STATEMENT

Reference No.: _____

To Applicant(s): _____

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

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

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

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

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

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

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

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

ACKNOWLEDGEMENT

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

Signature

Date

Signature

Date

CREDIT APPLICATION

Reference or HC#: _____

IMPORTANT: PLEASE FILL OUT ALL SECTIONS OF APPLICATION COMPLETELY

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

APPLICATION INFORMATION

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

Applicant: _____ Co-Applicant: _____

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

APPLICANT				CO-APPLICANT							
First Name:		Last Name:		Middle Name:							
Birth Date (MM/DD/YYYY):		Social Security Number:		Birth Date (MM/DD/YYYY):		Social Security Number:					
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		Email:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		Email:					
Number of Dependents (excluding applicants):		Ages of Dependents:		Number of Dependents (excluding applicants):		Ages of Dependents:					
Home Phone: ()		Cell Phone: ()		Home Phone: ()		Cell Phone: ()					
APPLICANT'S RESIDENCE (3 Year History REQUIRED)				CO-APPLICANT'S RESIDENCE (3 Year History REQUIRED)							
CURRENT Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family <input type="checkbox"/> Other: _____		If you currently own, what will you do with your home? <input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Rent <input type="checkbox"/> Keep		CURRENT Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family <input type="checkbox"/> Other: _____		If you currently own, what will you do with your home? <input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Rent <input type="checkbox"/> Keep					
CURRENT Street Address:				CURRENT Street Address:							
City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____	City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____		
CURRENT Mailing Address (if different from street address):				CURRENT Mailing Address (if different from street address):							
City:		State:	Zip Code:	City:		State:	Zip Code:				
PREVIOUS Street Address (most recent first):				PREVIOUS Street Address (most recent first):							
City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____	City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____		
PREVIOUS Street Address:				PREVIOUS Street Address:							
City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____	City:		State:	Zip Code:	How Long? # of Yrs: _____ # of Mos: _____		
APPLICANT'S EMPLOYMENT AND INCOME (2 Year History REQUIRED)				CO-APPLICANT'S EMPLOYMENT AND INCOME (2 Year History REQUIRED)							
Employer:		Employer's Phone: ()		Employer:		Employer's Phone: ()					
Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment				Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment							
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)				Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)							
City:		State:	Zip Code:	City:		State:	Zip Code:				
Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) _____ thru _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) _____ thru _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Gross Monthly Income: \$		Hourly Rate:		Gross Monthly Income: \$		Hourly Rate:					
Position/Title:				Position/Title:							

APPLICANT'S EMPLOYMENT AND INCOME (2 Year History REQUIRED) (cont'd)				CO-APPLICANT'S EMPLOYMENT AND INCOME (2 Year History REQUIRED) (cont'd)			
Employer:		Employer's Phone: ()		Employer:		Employer's Phone: ()	
Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment				Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)				Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)			
City:		State:	Zip Code:	City:		State:	Zip Code:
Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) thru		Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) thru	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Gross Monthly Income: \$		Hourly Rate:		Gross Monthly Income: \$		Hourly Rate:	
Position/Title:				Position/Title:			
Employer:		Employer's Phone: ()		Employer:		Employer's Phone: ()	
Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment				Is this employment your: <input type="checkbox"/> Current Employment <input type="checkbox"/> Previous Employment			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)				Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)			
City:		State:	Zip Code:	City:		State:	Zip Code:
Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) thru		Supervisor:		Employment Dates:(MM/YYYY-MM/YYYY) thru	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Gross Monthly Income: \$		Hourly Rate:		Gross Monthly Income: \$		Hourly Rate:	
Position/Title:				Position/Title:			
Any gaps in employment greater than 30 days during the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of gaps: _____ Reason for gaps: _____				Any gaps in employment greater than 30 days during the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of gaps: _____ Reason for gaps: _____			

OTHER INCOME - Social Security, Retirement, Disability, Alimony, Child Support or Other

OTHER INCOME: Income from SSI, retirement, disability, alimony, child support, or separate maintenance agreement need not be disclosed if you do not wish to have it considered as a basis for undertaking or repaying this debt.

Source of Income:	How Long Received:	Monthly Amount:	Source of Income:	How Long Received:	Monthly Amount:

MONTHLY HOUSEHOLD LIVING EXPENSES

INSTRUCTIONS: Please fill out the MONTHLY HOUSEHOLD living expenses below such as food, clothing, gasoline, health care, (including the payment of recurring medical expenses), and repayments to a 401(k) loan.

Food: \$ _____ Clothing: \$ _____ Gasoline: \$ _____ Health Care: \$ _____ 401(k) Loan Repayments: \$ _____
(Including payment of recurring medical expenses)

APPLICANT'S CREDIT INFORMATION			CO-APPLICANT'S CREDIT INFORMATION		
Landlord's Name:		Relationship to Landlord:	Landlord's Name:		Relationship to Landlord:
Landlord's Phone: ()		Current Monthly Rent to Landlord: \$	Landlord's Phone: ()		Current Monthly Rent to Landlord: \$
Home Currently Financed By (if applicable):		Monthly Payment:	Home Currently Financed By (if applicable):		Monthly Payment:
		Balance:			Balance:
Other Loan:		Monthly Payment:	Other Loan:		Monthly Payment:
		Balance:			Balance:
Other Loan:		Monthly Payment:	Other Loan:		Monthly Payment:
		Balance:			Balance:

APPLICANT'S ASSETS	CO-APPLICANT'S ASSETS
Cash (including deposit): \$ _____ Bonds, Securities, 401(k), etc.: \$ _____ Other Assets: \$ _____ Total Assets: \$ _____ Savings Account Bank Name: _____ City: _____ State: _____ Approximate Balance: \$ _____ Checking Account Bank Name: _____ City: _____ State: _____ Approximate Balance: \$ _____	Cash (including deposit): \$ _____ Bonds, Securities, 401(k), etc.: \$ _____ Other Assets: \$ _____ Total Assets: \$ _____ Savings Account Bank Name: _____ City: _____ State: _____ Approximate Balance: \$ _____ Checking Account Bank Name: _____ City: _____ State: _____ Approximate Balance: \$ _____
ADDITIONAL INFORMATION FOR APPLICANT	ADDITIONAL INFORMATION FOR CO-APPLICANT
Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a party to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ Are you obligated to pay alimony, child support, or separate maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the amount for each: Alimony: \$ _____ Child Support: \$ _____ Separate Maintenance: \$ _____ Is any part of the down payment borrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a co-maker or endorser on a note? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you intend to occupy the property as your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" above, please complete the questions below: Have you owned property in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.) What type of property did you own - principal residence (PR), second home (SH), or investment property (IP)? _____ 2.) How did you hold title to the home - solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)? _____	Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a party to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ Are you obligated to pay alimony, child support, or separate maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the amount for each: Alimony: \$ _____ Child Support: \$ _____ Separate Maintenance: \$ _____ Is any part of the down payment borrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a co-maker or endorser on a note? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you intend to occupy the property as your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" above, please complete the questions below: Have you owned property in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.) What type of property did you own - principal residence (PR), second home (SH), or investment property (IP)? _____ 2.) How did you hold title to the home - solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)? _____

LAND INFORMATION					
Only need if you are applying for Land/Home package or you are using land to secure the loan.					
Is there a residence currently on the land where you are planning to place this home? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the land that will be used to secure the loan currently in the applicant or co-applicant's name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How was this land acquired by applicant/co-applicant? <input type="checkbox"/> Gifted <input type="checkbox"/> Inherited <input type="checkbox"/> Purchased <input type="checkbox"/> Other: _____					
Size of land (acres): _____ Date land was gifted/inherited/purchased: _____ Purchase price of land: _____					
DEBTS AND OTHER INFORMATION					
Where will the home be located? Street Address: _____ City: _____ State (Required): _____ Zip Code: _____					
If home will be located on a rented property/park/community, amount of future monthly lot rent/site rent: _____					
CONTACTS (Nearest 2 Relatives Not Living in the Home)					
Name (First, MI, Last):		Suffix:	Relationship:	Name (First, MI, Last):	
Home Phone: ()		Cell Phone: ()		Home Phone: ()	
Street Address:			Street Address:		
City:		State:	Zip Code:	City:	
THIRD PARTY AUTHORIZATION					
By providing the information below, you authorize the lender to discuss the terms and conditions of your application and/or approval with the following individual(s):					
Name: _____		Relationship: _____		Phone Number: _____	
Name: _____		Relationship: _____		Phone Number: _____	

DEMOGRAPHIC INFORMATION OF APPLICANT AND CO-APPLICANT

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

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

APPLICANT	CO-APPLICANT
<p>ETHNICITY: - Check one or more</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p style="margin-left: 20px;"><input type="checkbox"/> Mexican</p> <p style="margin-left: 20px;"><input type="checkbox"/> Puerto Rican</p> <p style="margin-left: 20px;"><input type="checkbox"/> Cuban</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other Hispanic or Latino - <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard and so on:</i></p> <p style="margin-left: 40px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>ETHNICITY: - Check one or more</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p style="margin-left: 20px;"><input type="checkbox"/> Mexican</p> <p style="margin-left: 20px;"><input type="checkbox"/> Puerto Rican</p> <p style="margin-left: 20px;"><input type="checkbox"/> Cuban</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other Hispanic or Latino - <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard and so on:</i></p> <p style="margin-left: 40px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

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

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

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

THE APPLICATION DEMOGRAPHIC INFORMATION WAS PROVIDED THROUGH:

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

EQUAL CREDIT OPPORTUNITY ACT

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

Federal Trade Commission
 Equal Credit Opportunity
 Washington, D.C. 20580

STATE NOTICES

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

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

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

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

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

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

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

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

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

Non-applicant Spouse: _____ Date: _____

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

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

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

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

Applicant's Signature

Date

Co-Applicant's Signature

Date

Customer Loan Approval Checklist

Provided to customers after they select Vanderbilt as a potential lender



Applicant Name (print): _____

Co-Applicant Name (print): _____

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

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

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

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

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

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

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

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

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

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

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

Thank you for choosing Vanderbilt Mortgage and Finance!

Addendum to Credit Application Information about Mortgage Loan Originators

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

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

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

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

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

Name	NMLS#	Name	NMLS#	Name	NMLS#
Adam Smith	2088663	Elizabeth-Laura E. Aycocke	278178	Melissa Lindsey	2077833
Adam Thornhill	252827	Hollie Sigler	1020692	Michael Case	872554
Amalia Hoggatt	1493128	Hope-Stephanie Whitehead	791166	Milagro Bigelow	1121924
Amanda Lord	1946726	Jacob Bonfig	2087769	Natashia Reid	150693
Angela Patterson	71073	Jaina Castro	1155030	Nick Winston	1791754
Anisveyvy Lopez Lopez	1896471	Jama Higgs	147737	Randy Thomas	34735
Ashley Jones	1155026	Jared Thacker	1948867	Randy-Craig R. Dodd	31122
Ashley Teague	277839	Josh Gahagan	150405	Rebecca Proctor	150605
Brad Miller	1657501	Joe McGroom	1187463	Robin Lynn Chambers	6817
Brandon Cook	299463	Kaci Eakens	1641269	Ryley Lowe	2343782
Brandon Dirmeyer	2290287	Kellie Collins	1715213	Seth Smith	885922
Brian Moore	140921	Kacie Abbott	2233686	Stacy Carter	147624
Brian Smith	1023945	Kim Russell	1163846	Steve Damron	192985
Brittney Bridgeman	2153037	Kim Farwick	1681659	Susan Arwood	833720
Casey Cywinski	2185076	Kristen Overbury	1024384	Tammy Kendrick	150535
Chris Davis	1465227	Kyle Leko	1157429	Tara Smith	1098979
Chris - James Kagay	1156306	Laura Tinney	1023887	Todd Lewelling	1730802
Craig Strange	1420572	Lori Copelan	251843	Tom Green	1710202
Cynthia Biggar	1649838	Mark Barnhart	147598	Trip-Laimon Godel	853981
Daniel Moore	1715146	Marsha Estep	150415	Whitney Peagler	1661758
Danielle Belcher	2145274	Matt Sullivan	150695	Whitney Rembert	2155084
Diego Herrera	247487	Megan Neely Jones	1405404	Zaily Knight	2292279

Applicant Signature

Date

Applicant Signature

Date

Applicant Authorization

Part I - General Information	
1. Applicant(s)	2. Name and Address of Lender Vanderbilt Mortgage and Finance, Inc. 500 Alcoa Trail Maryville, TN 37804
	Date

Part II - Applicant Authorization

I hereby authorize Lender, its successors and assigns, and, if applicable, the U.S. Department of Housing and Urban Development (HUD)/Federal Housing Administration (FHA) to use my information for any purpose relating to the origination, servicing, loss mitigation, and/or disposition of the mortgage or the property securing the mortgage and/or any HUD/FHA insurance claim. I authorize Lender and its successors and assigns to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my loan application. I authorize Lender and its successors and assigns to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

Part III - Borrower Consent To The Use of Tax Return Information

I understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

Borrower	Date
Borrower	Date



4506-C INSTRUCTIONS

IMPORTANT! PLEASE READ

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

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

Line 1b: Enter social security number of primary/name shown first on your tax return.

Line 2a: If joint return, enter spouse's name shown on tax return.

Line 2b: If joint return, enter spouse's social security number shown on tax return.

Line 3: Enter your current address.

Line 4: Enter the address shown on the last tax return you filed (*must match exactly what shows on tax return*).

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

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

Thank You!

Vanderbilt Mortgage and Finance, Inc

▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-C, visit www.irs.gov and search IVES.**

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)	
5a IVES participant name, address, and SOR mailbox ID Advanced Data Participant #0000302919/Mailbox: ADVDATAITV, 32065 Castle Ct., Ste. 300, Evergreen, CO 80439	
5b Customer file number (if applicable) (see instructions)	

Caution: This tax transcript is being sent to the third party entered on Line 5a. 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 Form 1040

a. Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>

7 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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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.

8 Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)
12/31/2020 12/31/2019 / / / /

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-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 attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	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 was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification.

Internal Revenue Code, 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. Internal Revenue Code, 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
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
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 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

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

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, 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.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

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.

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



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.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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.

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

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

Signature by a representative. A representative can sign Form 4506-C 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 sign Form 4506-C.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form . . . 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

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

Internal Revenue Service
 Tax Forms and Publications Division
 1111 Constitution Ave. NW, IR-6526
 Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



4506-C INSTRUCTIONS

IMPORTANT! PLEASE READ

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

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

Line 1b: Enter social security number of primary/name shown first on your tax return.

Line 2a: If joint return, enter spouse's name shown on tax return.

Line 2b: If joint return, enter spouse's social security number shown on tax return.

Line 3: Enter your current address.

Line 4: Enter the address shown on the last tax return you filed (*must match exactly what shows on tax return*).

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

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

Thank You!

Vanderbilt Mortgage and Finance, Inc

▶ Do not sign this form unless all applicable lines have been completed.
▶ Request may be rejected if the form is incomplete or illegible.
▶ For more information about Form 4506-C, visit www.irs.gov and search IVES.

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)	
5a IVES participant name, address, and SOR mailbox ID Advanced Data Participant #0000302919/Mailbox: ADVDATAITV, 32065 Castle Ct., Ste. 300, Evergreen, CO 80439	
5b Customer file number (if applicable) (see instructions)	

Caution: This tax transcript is being sent to the third party entered on Line 5a. 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 Form 1040

a. Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>

7 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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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.

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

12/31/2020
12/31/2019
/ /
/ /

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-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 attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	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 was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification.

Internal Revenue Code, 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. Internal Revenue Code, 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
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
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 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

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

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, 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.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

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.

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



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.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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.

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

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

Signature by a representative. A representative can sign Form 4506-C 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 sign Form 4506-C.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form . . . 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

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

Internal Revenue Service
 Tax Forms and Publications Division
 1111 Constitution Ave. NW, IR-6526
 Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

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

Benefits of email and text?

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

Check your preferred contact number below

Applicant (print): _____

Cell Phone # (include area code): _____

Email Address (print): _____

Co Applicant (print): _____

Cell Phone # (include area code): _____

Email Address (print): _____

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

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

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

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

Applicant: _____
 (Signature)

Date: _____

Co-Applicant: _____
 (Signature)

Date: _____



WANT TO GET INFORMATION ABOUT OTHER PRODUCTS AND SERVICES?

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

Applicant's email address: _____

Co-Applicant's email address: _____

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

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

Applicant Signature

Date

Co-Applicant Signature

Date

NOTICE OF RIGHT TO RECEIVE APPRAISAL REPORT

Creditor: Vanderbilt Mortgage and Finance, Inc.

Applicant: _____

Date: _____

Property Address: _____

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

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

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

NOTICE & AGREEMENT TO TRANSACT BUSINESS ELECTRONICALLY

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

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

IMPORTANT DEFINITIONS

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

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

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

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

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

SCOPE

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

TRANSACTING BUSINESS ELECTRONICALLY

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

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

REQUESTING PAPER COPIES

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

SYSTEM REQUIREMENTS

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

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

