



EQUAL CREDIT OPPORTUNITY – FAIR LENDING NOTICE

Equal Credit Opportunity Act

The Federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discrimination against applicants on the basis of sex or marital status.

The federal agency which administers compliance with this law concerning the mortgage banker is the Federal Home Loan Bank Board located at the Office of the Supervisory Agent, 600 California Street, P.O. Box 7948, San Francisco, CA 94120.

The State Agency which administers compliance with the state law (if applicable) is the Attorney General's Office, Sacramento, CA.

Fair Lending Notice – The Housing Financial Discrimination Act of 1977

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the national origin composition of a neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate that such consideration is required to avoid an unsafe and unsound business practice or:
2. Race, color, religion, sex, marital status, national origin, or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one or four unit family residences occupied by the owner and for the purpose of the home improvement of any one to four unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact the management of this financial institution of the Department of Real Estate at one of the following locations:

2201 Broadway, Sacramento, CA 95818
1515 Clay Street, Suite 702, Oakland, CA 94612
2550 Mariposa, Rm. 3070, Fresno, CA 93721
320 W. 4th St, #350, Los Angeles, CA 90013
1350 Front Street, Rm. 3064, San Diego, CA 92101

Acknowledgement of Receipt

I (we) received a copy of this notice.

Applicant's Signature

Date

Applicant's Signature

Date

6201 Antioch Street, Suite 200, Oakland, CA 94611 • 510.339.4300 • Fax 510.339.4303

LaSalleFinance.com



MORTGAGE BROKER FEE DISCLOSURE

Mortgage Broker License Disclosure: NL Inc., dba Residential Pacific Mortgage, dba LaSalle Financial Services, a California Corporation is licensed as a real estate broker in California, by the California Department of Real Estate, License #01201643.

You have applied for a residential mortgage loan with LaSalle Financial Services. Your application for a residential mortgage loan will be submitted to a participating lender. This form is intended to clarify our role as your independent mortgage broker. This form is a supplement to other disclosures or agreements required by law that you will receive from LaSalle Financial Services concerning this loan.

Section One. Nature of the Relationship in connection with this mortgage loan.

- LaSalle Financial Services has separate independent contractor agreements with various lenders.
- While seeking to assist in meeting financial needs of the consumer, LaSalle Financial Services, does not distribute the products of all lenders or investors and cannot guarantee the lower price or best terms available in the marketplace.

Section Two. Our Compensation. Loan products distributed by LaSalle Financial Services, are generally provided to us by the lender, at a wholesale rate.

- The retail price of any mortgage loan offered will include total points, fees, interest rate and mortgage broker compensation.
- In some cases compensation paid to the mortgage broker may be paid by the consumer, or the lender.
- Alternatively, compensation paid to the mortgage broker, may be paid by the consumer and lender. (It may be possible to pay a lower interest rate, by paying higher up-front points and fees.)
- Also, in some cases, the consumer might prefer to pay less up-front and have some or all fees paid directly by the lender, which will result in a higher interest rate and higher monthly loan payment.
- LaSalle Financial Services may also be paid by the lender based on the value of the Mortgage Loan or related servicing rights in the marketplace or other services, goods or facilities performed or provided by LaSalle Financial Services to the lender.

The consumer may select the method in which LaSalle Financial Services receives compensation depending on financial needs, subject to the lenders loan program requirements and credit underwriting guidelines.

The amount of fees and charges paid in connection with this mortgage loan will be estimated on the Good Faith Estimate. The final amounts will be disclosed on the HUD – 1 or HUD – 1A Settlement Statement.

By signing below, applicant(s) acknowledge that they have read and understand this document. Signature also acknowledges receipt of a copy of this document.

Applicant(s): _____ Date _____ Agent: _____ Date _____

Applicant(s): _____ Date _____ Name: _____

Name(s): _____



INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

The undersigned applicant has applied for a real estate loan with LaSalle Financial Services. You are hereby authorized to release any information required by LaSalle Financial Services and Lenders brokered to by LaSalle Financial Services necessary to complete the processing of the loan request and/or to complete its quality control program.

Necessary information may include savings or checking account verification, loan status and payment history verification, including credit union and mortgage balances, any employment or related compensation verification, and consumer credit balances and payment history.

A photographic reproduction of this authorization is deemed to be equivalent to the original and may be used as such.

Your prompt reply will help expedite this real estate transaction.

Thank you,

Applicant's Signature

Date

Applicant's Signature

Date

6201 Antioch Street, Suite 200, Oakland, CA 94611 • 510.339.4300 • Fax 510.339.4303

LaSalleFinance.com



LASALLE FINANCIAL SERVICES PRIVACY POLICY

LaSalle Financial Services collects nonpublic information about a consumer from the following sources:

- Information received on loan applications, supporting documentation and other documents provided or authorized by the consumer.
- Information about the consumer's transaction with us or others.
- Information received from a consumer credit reporting agencies.

We do not disclose any non-public personal information about our borrowers, except as permitted by law.

If a borrower decides to cancel a transaction, we will adhere to the privacy policy and practices as described herein.

We restrict access to consumer's account and personal information to those employees of LaSalle Financial Services who need to access that information to provide services to our consumers. Physical, electronic and procedural safeguards are maintained according to federal standards, to guard the consumer's non-public personal information.

Private Policy Disclosure and Commencement of Consumer Relationship

It is the policy of LaSalle Financial Services for the purposes of compliance with the Gramm Leach Bliley Act, to disclose our Privacy Policy to consumers at the commencement of the relationship with the consumer that begins when the consumer's completed written loan application is received by our firm. The required privacy policy disclosure will be provided within 3 business days after the consumer's completed written loan application is received by LaSalle Financial Services by any of the various means allowed by law.

Applicant: _____ Date _____

Applicant: _____ Date _____



**PATRIOT ACT INFORMATION DISCLOSURE
IMPORTANT INFORMATION ABOUT APPLICATION PROCEDURES**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies every customer.

What this means for you: When you apply for a loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I/we acknowledge that I/we received a copy of this disclosure.

Applicant: _____ **Date** _____

Applicant: _____ **Date** _____



DISCLOSURE OF RIGHT TO RECEIVE A COPY OF AN APPRAISAL

You have the right to receive a copy of the appraisal report used in connection with your application for a real estate loan. To request a copy of your appraisal report, please phone your loan officer or submit a written request to:

La Salle Financial Services
6201 Antioch Street, Ste. 200
Oakland, CA 94611

Please acknowledge your receipt of this disclosure by signing below and returning it with your completed application. You may keep the second copy for your records.

Applicant

Date

Applicant

Date

HOMEOWNER'S INSURANCE INFORMATION
(For Refinance Loans Only)

Applicant's Name: _____

Subject Property: _____

Insurance Info: _____

Agent's Name: _____

Insurance Co: _____

Address: _____

Phone#: _____

Policy#: _____

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LaSalleFinance.com

General 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.

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

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 Form W-2) 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 and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695
	215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax 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 P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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 2800 F Cincinnati, OH 45250
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695
	215-516-2931

Line 1b. Enter your employer identification number (EIN) 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.

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 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 9.

All others. See Internal Revenue Code 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 other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



VERIFICATION BUREAU
MASTERING FRAUD PREVENTION

Acting as an agent on behalf of: NL Inc
(Enter the name of the party to whom the verification will be disclosed)

Authorization for the Social Security Administration to Release
Social Security Number Verification

Printed Name _____ (required)

SSN _____ (required)

Date of Birth _____ (required)

I consent to the Social Security Administration verifying my SSN to Verification Bureau Inc., acting on behalf of NL Inc
(enter the name of party to whom the verification will be disclosed)

I understand that my consent allows no additional information from my Social Security records to be provided to Verification Bureau and that the verification of my Social Security number will be used for credit transactions with NL Inc. I also understand that my Social Security number may not be used for any other purpose other than the one stated above, including resale or redisclosure to other parties. The only other redisclosure permitted by this authorization is for review purposes to ensure that Verification Bureau complies with SSA's consent requirements.

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

Signature _____ Date Signed _____

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above.

Contact information of individual signing authorization:

Address _____

Phone Number _____

If consent is signed other than by the individual named above, indicate relationship: _____