UKRFCU
Ukrainian Selfreliance Federal Credit Union

Loan # __________

MEMBER BUSINESS LOAN CHECK LIST

The following Check List includes additional information Ukrainian Selfreliance Federal Credit Union requires in order to evaluate your application for a Member Business Loan.

NOTE: In order to ensure a timely response, the following information, must be forwarded with the application package:
PLEASE SUBMIT COPIES ONLY

1. ☐ Application
2. ☐ Fully executed Agreement of Sale (if applicable)
3. ☐ Copy of Deed (if applicable)
4. ☐ Copy of current title insurance policy (if applicable)
5. ☐ Survey if applicable. Survey more than 7 years old are not accepted
6. ☐ Copies of all executed leases
7. ☐ Last 2 bank statements showing proof of rental income receipt
8. ☐ Past two years Financial Statements for Borrowing entity and/or guarantors and principals of a Partnerships or a Corporation
9. ☐ Copies of the last 2 years *signed* Federal Income Tax Returns for Borrowing entity (all schedules) and/or guarantors and principals of a Partnership or Corporation. The Returns *must be signed.*
10. ☐ Copies of the last 2 years LLC/SCorp Returns
11. ☐ Copy of most recent work paystub(s) and most recent W-2 forms
12. ☐ Copy of most recent real estate tax bill for subject property
13. ☐ Copy of most recent home-owners insurance declarations page for subject property showing the yearly premium
14. ☐ Copy of Driver's License
15. ☐ Signed and Dated **4506T** form (Request for Transcript of Tax Return) * attached to this Application. *Must also be signed by spouse if joint returns are filed.*
16. ☐ Signed and Dated **1097** form (Borrower's Certification and Authorization) * attached to this Application. *Must also be signed by all aplicants.*
17. ☐ **$495** MBL Application Fee. Please make check payable to UKRFCU and send to 221 W Street Rd., Feasterville PA 19053. Attention Christina or Igor.

I (WE) CERTIFY THAT THE INFORMATION OFFERED TO UKRAINIAN SELFRELIANCE FEDERAL CREDIT UNION IN CONNECTION WITH THE LOAN APPLICATION IS TO THE BEST OF MY (OUR) KNOWLEDGE ACCURATE AND MAY BE RELIED UPON IN JUDGING OF THIS LOAN REQUEST.

Signature of Applicant   Date   Signature of Co-Applicant   Date

Signature of Originator   Application Received Date

UKRFCU
Ukrainian Selfreliance Federal Credit Union

Member Business Loan Application

Loan # ___________

TERMS OF LOAN

Amount $	Rate %	Fixed Term ☐ 6 Year Balloon ☐ 12 Year Balloon ☐ 12 Year Fixed	Amortization Type ☐ 12 Years ☐ 30 Years
Name of Borrowing Entity	Address	EIN	

Borrower **BORROWER INFORMATION** **Co-Borrower**

Name of Borrower (include Jr. or Sr. if applicable)			Name of Co-Borrower (include Jr. or Sr. if applicable)		
Social Security or TIN #	Phone #	DOB (mm/dd/yyyy)	Social Security or TIN #	Phone #	DOB (mm/dd/yyyy)
Present Address (street, city, state & ZIP) ◯ Own ◯ Rent_____No. of Years			Present Address (street, city, state & ZIP) ◯ Own ◯ Rent_____No. of Years		
Mailing Address, if different from Present Address			Mailing Address, if different from Present Address		
eMail Address			eMail Address		

Co-Borrower **Co-Borrower**

Name of Borrower (include Jr. or Sr. if applicable)			Name of Co-Borrower (include Jr. or Sr. if applicable)		
Social Security or TIN #	Phone #	DOB (mm/dd/yyyy)	Social Security or TIN #	Phone #	DOB (mm/dd/yyyy)
Present Address (street, city, state & ZIP) ☐ Own ☐ Rent_____No. of Years			Present Address (street, city, state & ZIP) ☐ Own ☐ Rent_____No. of Years		
Mailing Address, if different from Present Address			Mailing Address, if different from Present Address		
eMail Address			eMail Address		

CURRENT RENT ROLL

For Year Ended December 31, 20________

Property Address: ____

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

☐ If secured by real property, conduct environmental risk analysis:

- Past/present uses of property? ____
- Government contacts? ____

UKRFCU
Ukrainian Selfreliance Federal Credit Union

Loan # ___________

Property Information and Purpose of Loan

Subject Property Address				# of Units	Yr Build
Legal Description	Type of Property	# of Stories	Lot Size	Type of Heat	

Purpose of Loan (Select all that apply) ☐ New Purchase ☐ Refinance Cash Out ☐ Refinance Existing Loan ☐ Purchase of New Property ☐ Property Improvements ☐ Debt Consolidation ☐ Other: ________________________

Year Acquired	Original Cost $	Type of Improvement Made	Cost of Improvement $
Sales Price/Current Market Value $	Current Ownership		Phone #
First Mortgage held by			Amount $

Present Balance $	Rate %	Maturity Date (mm/dd/yyyy)	Monthly Payment $	Annual Real Estate Taxes $	HOI $

Title will be held in what Name(s)

Source of Down Payment, Settlement Charges, and/or Subordinate Financing (explain)

Seller's Attorney	Phone #	Fax #
Attorney's Address		eMail Address
Buyer's Attorney	Phone #	Fax #
Attorney's Address		eMail Address

Gross Rents: Per Month: $_________________ Per Year: $_________________

Is the property Managed by a Company: ◯ YES ◯ NO, if yes, please include name of company and the amount paid to the company on an annual basis:

____

____

If there is a current loan on the subject property, has the loan been called by an existing lender or was the loan ever a Troubled Debt Restructured(TDR)?

◯ YES ◯ NO If yes, please include details below:

____

____

Signature of Borrower Date

Signature of Co-Borrower Date

Signature of Co-Borrowe Date

Signature of Co-Borrower Date

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

Demographic Information of Borrower

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

Ethnicity: *Check one or more*

- ☐ Hispanic or Latino
  - ☐ Mexican ☐ Puerto Rican ☐ Cuban
  - ☐ Other Hispanic or Latino – *Print origin:* ____________________

    For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
- ☐ Not Hispanic or Latino
- ☐ I do not wish to provide this information

Sex

- ☐ Female
- ☐ Male
- ☐ I do not wish to provide this information

Race: *Check one or more*

- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe*: ____________________
- ☐ Asian
  - ☐ Asian Indian ☐ Chinese ☐ Filipino
  - ☐ Japanese ☐ Korean ☐ Vietnamese
  - ☐ Other Asian – *Print race:* ____________________

    For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
  - ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
  - ☐ Other Pacific Islander – *Print race:* ____________________

    For example: Fijian, Tongan, and so on.
- ☐ White
- ☐ I do not wish to provide this information

To Be Completed by Financial Institution (*for application taken in person*):

Was the ethnicity of the Borrower collected on the basis of visual observation or surname? ◯ NO ◯ YES
Was the sex of the Borrower collected on the basis of visual observation or surname? ◯ NO ◯ YES
Was the race of the Borrower collected on the basis of visual observation or surname? ◯ NO ◯ YES

The Demographic Information was provided through:

◯ Face-to-Face Interview (*includes Electronic Media w/ Video Component*) ◯ Telephone Interview ◯ Fax or Mail ◯ Email or Internet

Borrower Name: ____________________

UKRFCU
Ukrainian Selfreliance Federal Credit Union

Loan # ___________

Information Disclosure Authorization

By signing below, you give Ukrainian Selfreliance Federal Credit Union, the authorization to collect financials and pull a credit report in connection with the subject MBL mortgage **every year** until your mortgage is paid off in full. The financials may include Federal Income Tax Returns, Corporate Returns (S Corp or Partnership), Income and Expense Statements, Balance sheet and Profit/Loss statements, which are filed **(yearly/quarterly)** in connection with your property. These financials will be requested from you every year. You will receive a letter in the mail each year from UKRFCU, requesting the documentation.

The undersigned authorize you to release for verification purposes, information concerning:

1. Credit Report
2. Collect Financials
    a. Federal Tax Return
    b. Corporate Returns (S Corp of Partnership
    c. Income and Expense Statements
    d. Balance Sheen and Profit/Loss Statements
3. Banking and Saving Accounts
4. Mortgage Loan Rating
5. Employment Verification
6. Any item deemed necessary in connection with this loan transaction

This information is for the confidential use of Ukrainian Selfreliance Federal Credit Union in compiling a mortgage loan credit report.

A photographic carbon copy of the signed authorization may be deemed an equivalent of the original and may be used as a duplicate original.

Thank you for your cooperation.

Borrower Signature ____________ Date

Co-Borrower Signature ____________ Date

Social Security # ____________

Social Security # ____________

UKRFCU
Ukrainian Selfreliance Federal Credit Union

Operating Statement
MBL Investment Property

Loan #_____________Address:____

Gross Income		**Gross Income**	
One Year Ending 20_____		One Year Ending 20_____	
Apartment/Stores	___________________	Apartment/Stores	____________________
Total Gross	0	**Total Gross**	0
Vac./Col. Loss	___________________	Vac./Col. Loss	____________________
Total Income	0	**Total Income**	0

Fixed Expenses		**Fixed Expenses**	
R. E. Taxes	__________________	R. E. Taxes	____________________
Insurance	__________________	Insurance	____________________
Water / Sewer	__________________	Water / Sewer	____________________
Total Fixed	0	**Total Fixed**	0

Operating Expenses		**Operating Expenses**	
Advertising_____	Auto/Travel________	Advertising_____	Auto/Travel__________
Commisions_____	Fuel	Commisions_____	Fuel
_______________	Gas/Electric________	_______________	Gas/Electric__________
Management Fees	__________________	Management Fees	____________________
Maintenance_____	Painting	Maintenance____	Painting
_______________	Professional Fees ___	_______________	Professional Fees _____
Repairs	__________________	Repairs	____________________
Supplies	__________________	Supplies	____________________
Telephone	__________________	Telephone	____________________
Utilities	__________________	Utilities	____________________
Wages	__________________	Wages	____________________
Miscellaneous___	**Total Operating** 0	Miscellaneous___	**Total Operating** 0
Total Expenses	0	**Total Expenses**	0

Net Income(Loss) 0 ____________________

Net Income(Loss) 0 ____________________

Loan # ___________

UKRFCU
Ukrainian Selfreliance Federal Credit Union

Appraisal Request

Borrower Information:

Name ____

Mailing Address____

Phone # ________________________

e-Mail Address___________________________

Name of Present Owner____

Phone #________________________

Please indicate the Name and Phone Number of the person to contact for the Appraisal Inspection of Premises:

☐ Owner ☐ Broker ☐ Attorney ☐ Other__________________

Name of Contact____

Phone #________________________

UKRFCU
Ukrainian Selfreliance Federal Credit Union

Loan # __________

Title Insurance Information

Attorney for Borrower(s):

____
Name

____
Address

____
Phone #

Attorney for Seller(s):

____
Name

____
Address

____
Phone #

Please indicate the name of the person who will be ordering your Title Report.

☐ Attorney for Borrower

☐ Other____
(Name, Address, & Phone #)

- For refinance only:

Current Title Insurance Company:____

Policy #____

Ukrainian Selfreliance FCU Mortgage Summary

Below is a list of mortgages I/We hold at other financial institutions

Institution	Mortg. Acct. #	Property Address	Loan Balance

I/We hereby certify that the information offered to Ukrainian Selfreliance FCU is to the best of my/our knowledge accurate.

Name of Borrower

Name of Co-Borrower

Borrower Signature Date

Co-Borrower Signature Date

Loan Number:

BORROWER'S CERTIFICATION AND AUTHORIZATION

CERTIFICATION

The undersigned certify the following:

1. I/We have applied for a mortgage loan from UKRAINIAN SELFRELIANCE FCU ("Lender").

In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the downpayment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.

2. I/We understand and agree that Lender reserves the right to change the mortgage loan review process. This may include verifying the information provided on the application with the employer and/or the financial institution.

3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

4. I/We provided Lender with verbal and/or written authorization to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references in connection with my/our application for this loan.

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We have applied for a mortgage loan from Lender. As part of the application process, Lender and the mortgage guaranty insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

2. I/We authorize you to provide to Lender and to any investor to whom you may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.

3. I/We further authorize Lender to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references.

4. Lender or any investor that purchases the mortgage, or the mortgage guaranty insurer (if any), may address this authorization to any party named in the loan application.

5. A copy of this authorization may be accepted as an original.

6. Your prompt reply to Lender, the investor that purchased the mortgage, or the mortgage guaranty insurer (if any) to their requests in connection with your mortgage loan application is appreciated.

7. Mortgage guaranty insurer (if any): N/A

Right of Financial Privacy Act of 1978 Notice- The Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs (VA) have the right to access financial information held by a financial institution in determining whether to qualify a prospective applicant under their respective loan programs. If you are applying for HUD or VA loan, your financial records will be made available to the requesting government agency without further notice to or authorization from you; such financial information will not be disclosed or released outside the requesting agency except as required or permitted by law. Prior to the time that your financial records are disclosed, you may revoke this authorization at any time; however, your refusal to provide the information may cause your application to be delayed or rejected. If you believe that your financial records have been disclosed improperly, you may have legal rights under the Right to Financial Privacy Act of 1978 (12 USC 3400 **et seq.).**

Borrower Date | Social Security Number

Borrower Date | Social Security Number

Borrower Date | Social Security Number

Borrower Date | Social Security Number

Borrower Date | Social Security Number

Borrower Date | Social Security Number

Form **4506-T**
(September 2018)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **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-T, visit *www.irs.gov/form4506t*.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b **First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**

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

2b **Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

QUESTSOFT CORP. 24411 Ridge Route Dr., Suite 220, Laguna Hills, CA 92653 800-575-4632

5b Customer file number (if applicable) (see instructions)

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 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. Most requests will be processed within 10 business days . . . . ☑

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . ☑

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☑

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☑

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2018 | 12/31/2017 | 12/31/2016 |

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-T 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-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions) Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t.* Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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

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

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

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

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

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

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

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

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. 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 be blank on the transcript.

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. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

CAUTION *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 and returned to you if the box is unchecked.*

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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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

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

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-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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

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

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

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

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

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

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

BORROWER CONSENT TO THE USE OF TAX RETURN INFORMATION

Loan Number:

Date:

Lender: Ukrainian Selfreliance FCU

Borrower:

Property Address:

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**

Beneficial Ownership Certification Form as of May 2018

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customer. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

UKRFCU
Ukrainian Selfreliance Federal Credit Union

Serving the Ukrainian Community of Philadelphia
Обслуговуємо Українську Громаду Філадельфії

Persons opening an account on behalf of a *legal entity* must provide the following information

Name of Person Opening Account	
Name of Legal Entity for which the Account is being Opened	
Type of Entity	

Legal entity means a corporation, limited liability company, or other entity that is created by the filing of a public document with a Secretary of State or similar office, a general partnership, and any similar entity formed under the laws of a foreign jurisdiction that opens an account

OWNERSHIP PERCENTAGE

Please provide the following information[1] for **each** individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25% or more** in the equity interests of the legal entity listed above.

Name	Date of Birth	Address	For US Persons: Social Security Number	For Non-US Persons: Passport Number and Country of Issuance[2]	ID Type and Expiration	Ownership

1. We may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.
2. In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

CONTROL PERSON

Please provide the following information[3] for **<u>one</u>** individual with **significant responsibility for managing the legal entity listed above**, such as:

☐ An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer); OR

☐ Any other individual who regularly performs similar functions.

Name	Date of Birth	Address	For US Persons: Social Security Number	For Non-US Persons: Passport Number and Country of Issuance[4]	ID Type and Expiration	Title

CERTIFICATION & AGREEMENT TO NOTIFY

I, _______________________________________, hereby certify, to the best of my knowledge, that the information provided herein is complete and correct. I also agree to notify Ukrainian Selfreliance Federal Credit Union of any change in the information provided within this Certification.

Signature: ____ Date: ____

3. We may also ask to see a copy of an identifying document for each beneficial owner lister on this form.
4. In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other goverment-issued document evidencing nationality or residence and bearing a photography or similar safeguard.

Corporate Borrowing Resolution

I, the undersigned Secretary or Assistant Secretary of ____, (the "Corporation"), HEREBY CERTIFY that the Corporation is organized and existing under and by virtue of the laws of the State of Pennsylvania as a Nonprofit Corporation, with its principal office at ____ ___________________________________, and is duly authorized to transact business in the Commonwealth of Pennsylvania.

I FURTHER CERTIFY that at a meeting of the Directors of the Corporation, duly called and held on ________________, 20____, at which a quorum was present and voting, or by other duly authorized corporate action in lieu of a meeting, the following resolutions were adopted:

BE IT RESOLVED, that the following named officers, employees, or agents of this Corporation, whose actual signatures are shown below:

NAME	POSITION	ACTUAL SIGNATURE
________________________________	________________________________	x________________________________
________________________________	________________________________	x________________________________
________________________________	________________________________	x________________________________

acting for and on behalf of the Corporation and as its act and deed be, and he or she hereby is, authorized and empowered:

To borrow from time to time from Ukrainian Selfreliance FCU ("Lender"), on such terms as may be agreed upon between the Corporation and Lender, such sum or sums of money as in his or her judgment should be borrowed, however such sum or sums shall not exceed $___________________. To mortgage, pledge, transfer, endorse, hypothecate, or otherwise encumber and deliver to Lender, as security for the payment of any loans or credit accommodations so obtained, any promissory notes so executed, or any other further indebtedness of the Corporation to Lender at any time owning, any property now or hereafter belonging to the Corporation or in which the Corporation now or hereafter may have an interest. Such property may be mortgaged, pledged, transferred, endorsed, hypothecated, or encumbered at the time such loans are obtained or such indebtedness is incurred, or at any other time or times, and may be either in addition to or in lieu of any property theretofore mortgaged, pledged, transferred, endorsed, hypothecated, or encumbered.

To execute and deliver to Lender the promissory note or notes, or other evidence of credit accommodations of the Corporation on Lender's forms, at such rates of interest and on such terms as may be agreed upon, evidencing the sums of money so borrowed or any indebtedness of the Corporation to Lender, and also to execute and deliver to Lender one or more renewals, extensions, modifications, refinancings, consolidations, or substitutions for one or more of the notes, any portion of the notes, or any other evidence of credit accommodations.

RESOLVED FURTHER that if two or more resolutions of this Corporation authorizing any transactions with the Lender are outstanding concurrently at any time the provisions thereof shall be deemed to be cumulative.

RESOLVED FURTHER that all loans heretofore made by said officer in the name of this Corporation and all promissory notes and other documents executed by them in connection therewith or to secure the name are hereby ratified and approved.

RESOLVED FURTHER that this resolution shall remain in full force and effect until revoked.

In TESTIMONY WHEREOF, I have hereunto set my hand and seal on _________________, 20____, and attest that the signatures set opposite the names listed above are their genuine signatures.

CERTIFIED TO AND ATTESTED BY:

X_____________________________________
Secretary of Corporation

Name:	Business Phone:
Residence Address:	Residence Phone:
City, State and Zip Code:	
Business Name of Applicant/Borrower:	

ASSETS		LIABILITIES	
Cash on hand & in banks	$ _______________	Accounts payable	$ _______________
Savings accounts	$ _______________	Notes Payable to Banks and Others	$ _______________
IRA or Other Retirement Account	$ _______________	(Describe in Section 2)	
Accounts & Notes Receivable	$ _______________	Installment Account (Auto)	$ _______________
Life Insurance - Cash Surrender Value Only	$ _______________	Monthly Payment $_____	
(Complete in Section 8)		Installment Account (other)	$ _______________
Stocks and Bonds	$ _______________	Monthly Payment $_____	$ _______________
(Describe in Section 3)		Loan on Life Insurance	$ _______________
Real Estate	$ _______________	Mortgages on Real Estate	$ _______________
(Describe in Section 4)		(Describe in Section 4)	
Automobile - Present Value	$ _______________	Unpaid Taxes	$ _______________
Automobile - Present Value	$ _______________	(Describe in Section 6)	
Other Personal Property	$ _______________	Other Liabilities	$ _______________
(Describe in Section 5)		(Describe in Section 7)	
Other Assets	$ _______________	**Total Liabilities**	$ _______________
(Describe in Section 5)		**Net Worth**	$ _______________
Total Assets	$ _______________	**Total Liabilities & Net Worth**	$ _______________

Section 1. Source of Income

Source of Income		Contingent Liabilities	
Salary	$	As Endorser or Co-Maker	$
Net Investment Income	$	Legal Claims and Judgments	$
Real Estate Income	$	Provision for Federal Income Tax	$
Other Income (Describe below)	$	Other Special Debt	$

Description of Other Income in Section 1.
*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured/ Endorsed Type of Collateral

Section 3. Stocks and Bonds

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned.

(List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Personal Property and Other Assets.

(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes.

(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities.

(Describe in detail.)

Section 8. Life Insurance Held.

(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	**Date:**	**Social Security Number:**
Signature:	**Date:**	**Social Security Number:**