



(425) 888-4004 | Toll Free (800) 243-7860 | Fax (425) 888-4240
Mailing Address: PO Box 1978, Snoqualmie, WA 98065
www.snofalls.com

**PLEASE BRING THE FOLLOWING ITEMS WITH
YOU WHEN YOU RETURN YOUR APPLICATION:**

- 1.) Property Tax Assessment
- 2.) Employment verification
 - 2 months' pay stubs or
 - 2 years tax returns if self-employed
- 3.) W-2's from most recent tax year
- 4.) 1 month Bank statements (if other than Sno Falls account)
- 5.) Investment statements (Includes 401K, IRA, Stock, Mutual Fund accounts, CD's)
- 6.) Copy of your Home Owners Insurance Policy
- 7.) Copy of flood insurance policy if you are in a flood hazard zone. (Will be determined by credit union service provider).
- 8.) Copy of year-end of First Mortgage statement or monthly Mortgage Statement showing current balance.



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Borrower's Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a loan from Sno Falls Credit Union. As a part of the application process, the Lender 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 a part of its quality control program.
2. I/We authorize you to provide the lender 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 tax returns.
3. The Lender may address this authorization to any party named in the loan application or disclosed by any consumer credit reporting agency or similar source.
4. A copy of this authorization may be acceptable as an original.
5. Your prompt reply to the Lender is appreciated.

Borrower's Signature

Date

Borrower's Signature

Date

Loan Officer's Signature

Date

Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

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

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 also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. 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 2006, filed in 2007, will not be available from the IRS until 2008. 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 45 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.

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

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

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, 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 RAVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

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
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to 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, a foreign country, or A.P.O. or F.P.O. address	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, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) 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-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Application

NOTE AND COMPLETE NOTICE TO OHIO APPLICANTS: 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.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

SIGNATURE FOR WISCONSIN RESIDENTS ONLY _____ DATE _____

Married Applicants may apply for a separate account.

Individual Credit: Complete **Applicant** section. Complete **Co-Applicant, Spouse**, (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about.

Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Amount Requested \$ _____ **Purpose:** _____

Repayment: Payroll Deduction Cash Automatic Payment Military Allotment _____

STATEMENT OF INTENT Are you interested in having your loan protected? Yes No
If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

APPLICANT INFORMATION			APPLICANT			OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE		
NAME (Last - First - Initial)			NAME (Last - First - Initial)			NAME (Last - First - Initial)		
DRIVER'S LICENSE NUMBER/STATE		BIRTH DATE	DRIVER'S LICENSE NUMBER/STATE		BIRTH DATE	DRIVER'S LICENSE NUMBER/STATE		BIRTH DATE
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	ACCOUNT NUMBER		SOCIAL SECURITY NUMBER
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE	PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE	PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE	PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE	PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)			LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)			LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)		

EMPLOYMENT INFORMATION			EMPLOYMENT INFORMATION		
NAME AND ADDRESS OF EMPLOYER			NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE	SUPERVISOR'S NAME		YOUR TITLE/GRADE	SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS	START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS			IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE		STARTING DATE	ENDING DATE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____			MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		

INCOME INFORMATION			INCOME INFORMATION		
NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		
EMPLOYMENT INCOME \$	PER	<input type="checkbox"/> NET <input type="checkbox"/> GROSS	EMPLOYMENT INCOME \$	PER	<input type="checkbox"/> NET <input type="checkbox"/> GROSS
OTHER INCOME \$	PER	SOURCE	OTHER INCOME \$	PER	SOURCE

REFERENCES			REFERENCES		
Please include Street, City, State and Zip.			Please include Street, City, State and Zip.		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		
RELATIONSHIP	HOME PHONE		RELATIONSHIP	HOME PHONE	
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE			NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE		
HOME PHONE			HOME PHONE		

ASSETS/PROPERTY		Check box for Applicant/Other. List all assets and account number(s)-- Attach other sheets if necessary.						
APPLICANT			OTHER (CO-APPLICANT, SPOUSE)					
SHARE DRAFT OR CHECKING AMOUNT \$	NAME AND ADDRESS OF DEPOSITORY			SHARE DRAFT OR CHECKING AMOUNT \$	NAME AND ADDRESS OF DEPOSITORY			
SAVINGS AMOUNT \$	NAME AND ADDRESS OF DEPOSITORY			SAVINGS AMOUNT \$	NAME AND ADDRESS OF DEPOSITORY			
APPLICANT	OTHER		LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.	MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN			
		HOME*		\$		YES	NO	
				\$		YES	NO	
				\$		YES	NO	
*LIST EVERY LIEN AGAINST YOUR HOME -- This section must be completed for the property which will be given as security, if applicable. A lien is a legal claim filed against property as security for payment of a debt. Liens include mortgages, deeds of trust, land contracts, judgments and past due taxes.								
FIRST MORTGAGE HELD BY			OTHER LIENS (Describe)					
PRESENT BALANCE \$								
IS THE PROPERTY DESCRIBED IN THIS SECTION: YOUR PRINCIPAL DWELLING? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO								
DEBTS In addition to Rent/Mortgage list all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan. Attach other sheets if necessary.								
APPLICANT	OTHER		CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE
		<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE (incl. Tax & Ins.)			\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED					TOTALS	\$	\$	\$

FINANCIAL INFORMATION		These questions apply to both Applicant and Other.		APPLICANT		OTHER	
IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET				YES	NO	YES	NO
DO YOU HAVE ANY OUTSTANDING JUDGMENTS?							
HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?							
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE IN THE LAST 7 YEARS?							
ARE YOU A PARTY IN A LAWSUIT?							
ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?							
IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?							
ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?							
FOR WHOM (Name of Others Obligated on Loan):				TO WHOM (Name of Creditor):			

SIGNATURES	
<p>You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit</p>	<p>report on you. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information in this application.</p> <p>If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">X</div> (SEAL)	<div style="border: 1px solid black; padding: 5px; display: inline-block;">X</div> (SEAL)
APPLICANT'S SIGNATURE	OTHER SIGNATURE
DATE	DATE

CREDIT UNION INFORMATION	
<input type="checkbox"/> LOAN OFFICER	ADVANCE APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CREDIT COMMITTEE OR OTHER	COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED
	OUTSIDE INFORMATION CONSIDERED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE
\$	APPROVED LIMIT
	DEBT RATIO
REFERRED TO/REASON(S) FOR REFERRAL:	
DESCRIBE COUNTER OFFER:	
SPECIFIC REASON(S) FOR REJECTION:	
SIGNATURES:	DATE
<input type="checkbox"/> LOAN OFFICER X	DATE X
<input type="checkbox"/> CREDIT COMMITTEE X	DATE X
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON	(DATE) BY (INITIALS)
LOAN ORIGINATOR ORGANIZATION	NMLSR ID NUMBER
LOAN ORIGINATOR	NMLSR ID NUMBER



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Demographic Information of Applicant and Co-Applicant

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 "Hispanic or Latino" origins, 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 provide some or all of this information, please check below.

Account Number:
Property Address:

APPLICANT

Name: _____

Ethnicity:

Hispanic or Latino – *Check one or more*

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

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

Sex:

Female

Male

I do not wish to provide this information

CO-APPLICANT

Name: _____

Ethnicity:

Hispanic or Latino – *Check one or more*

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

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

Sex:

Female

Male

I do not wish to provide this information

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

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

To Be Completed by Interviewer:

<input type="checkbox"/> Face to face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name <div style="border: 1px solid black; padding: 5px;"> Interviewer's Signature Date X _____ (Seal) Interviewer's Phone Number </div>	Name and Address of Interviewer's Employer
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IMPORTANT TERMS OF OUR HOME EQUITY LINE OF CREDIT PLAN

This disclosure contains important information about our Home Equity Line of Credit Plans. You should read it carefully and keep a copy for your records.

AVAILABILITY OF TERMS: All of the terms described below are subject to change. If these terms change (other than the annual percentage rate) and you decide, as a result, not to enter into an agreement with us, you are entitled to a refund of any fees that you pay to us or anyone else in connection with your application.

SECURITY INTEREST: We will take a security interest in your home. You could lose your home if you do not meet the obligations in your agreement with us.

POSSIBLE ACTIONS: We can terminate your line, require you to pay us the entire outstanding balance in one payment, and charge you certain fees, if (1) you engage in fraud or material misrepresentation in connection with the plan; (2) you do not meet the repayment terms of this plan, or (3) your action or inaction adversely affects the collateral or our rights in the collateral.

We can refuse to make additional extensions of credit or reduce your credit limit if (1) any reasons mentioned above exist; (2) the value of the dwelling securing the line declines significantly below its appraised value for purposes of the line; (3) we reasonably believe that you will not be able to meet the repayment requirements due to a material change in your financial circumstances; (4) you are in default of a material obligation of the agreement; (5) government action prevents us from imposing the annual percentage rate provided for in the agreement; (6) the priority of our security interest is adversely affected by government action to the extent that the value of the security interest is less than 120 percent of the credit line; (7) a regulatory agency has notified us that continued advances would constitute an unsafe and unsound business practice, or (8) the maximum annual percentage rate is reached.

HOME EQUITY PLANS: We offer two plans, the "Fixed/Variable" plan and the "Traditional" plan; terms apply to both plans unless otherwise designated. They differ in the frequency of annual percentage rate changes.

MINIMUM PAYMENT REQUIREMENTS: You can obtain credit advances for 5 years. This period is called the "draw period." At our option, we may renew or extend the draw period. After the draw period ends the repayment period will begin. The length of the repayment period will depend on the balance at the time of the last advance you obtain before the draw period ends. You will be required to make monthly payments during both the draw and repayment periods. At the time of each credit advance a payoff period will be established. The payoff period may vary depending on the amount of your outstanding credit balance after you obtain an advance. The payoff period is shown in the following table:

Range of Balances		Payoff Period
Up To	\$99,999.99	180 Monthly Payments
\$100,000.00	And above	240 Monthly Payments

The payoff period will always be the shorter of the payoff period for your outstanding balance or the time remaining to the maturity date. Your payment will be set to repay the balance after the advance, at the current annual percentage rate, within the payoff period. Your payment will remain the same unless you obtain another credit advance. Your payment may also change if the annual percentage rate increases or decreases. Each time the annual percentage rate changes, we will adjust your payment to repay the balance within the original payoff period. Your payment will include any amounts past due and any amount by which

you have exceeded your credit limit, and all other charges. Your payment will never be less than the smaller of \$150.00, or the full amount that you owe.

MINIMUM PAYMENT EXAMPLE: Fixed/Variable Plan: If you made only the minimum monthly payment and took no other credit advances it would take 6 years 8 months to pay off a credit advance of \$10,000 at an ANNUAL PERCENTAGE RATE of 5.375%. During that period, you would make 79 payments of \$150.00 and one (1) final payment of \$54.12.

MINIMUM PAYMENT EXAMPLE: Traditional Plan: If you made only the minimum monthly payment and took no other credit advances it would take 6 years 5 months to pay off a credit advance of \$10,000 at an ANNUAL PERCENTAGE RATE of 4.375%. During that period, you would make 76 payments of \$150.00 and one (1) final payment of \$77.28.

FEES AND CHARGES: In order to open, use and maintain a line of credit plan, you must pay the following fees to us:

Document Preparation Fee: \$200.00 (Due at closing)

You must pay certain fees to third parties to open the plan. These fees generally total between \$300.00 and \$1,000.00. If you ask, we will provide you with an itemization of the fees you will have to pay third parties.

PROPERTY INSURANCE: You must carry insurance on the property that secures this plan. If the property is located in a Special Flood Hazard Area we will require you to obtain flood insurance if it is available.

REFUNDABILITY OF FEES: If you decide not to enter into this plan within three business days of receiving this disclosure and the home equity brochure, you are entitled to a refund of any fee you may have already paid.

TRANSACTION REQUIREMENTS: The minimum credit advance that you can receive is \$5,000.00 for the first advance and \$1,000.00 for each subsequent advance.

TAX DEDUCTIBILITY: You should consult a tax advisor regarding the deductibility of interest and charges for the plan.

ADDITIONAL HOME EQUITY PLANS: Please ask us about our other available home equity line of credit plans.

FIXED VARIABLE PLAN: In the Fixed/Variable plan the initial interest rate is fixed for five years. The initial rate will be based on the index and margin used for subsequent rate adjustments.

VARIABLE RATE FEATURE: These plans have a variable rate feature and the annual percentage rate (corresponding to the periodic rate) and the minimum payment may change as a result. The annual percentage rate includes only interest and no other costs.

The annual percentage rate is based on the value of an index. The index is the monthly average of the Six Month Treasury Bill Rate (Auction High). Information about the index is published in the Wall Street Journal and is also available from the U.S. Department of the Treasury website. We will use the most recent index value available to us as of 15 days before the date of any annual percentage rate adjustment.

To determine the annual percentage rate that will apply to your account, we add a margin to the value of the Index. If the rate is not already rounded we then round up to the next .125%.

From time to time we may offer an annual percentage rate that is "discounted" –it is not based on the index and margin used for later rate adjustments. If we offer an initial discounted rate it will be in effect for 12 months. Ask us for the current index value, margin, discount and annual percentage rate. After you open a plan, rate information will be provided on periodic statements that we send you.

RATE CHANGES: For the Traditional plan, the annual percentage rate can change annually on the first day of October. For the Fixed/Variable plan, the annual percentage rate can change annually on the first day of October after the expiration of the fixed rate period. The rate cannot increase or decrease more than 2.0 percentage points in any one year period. The maximum ANNUAL PERCENTAGE RATE that can apply is 11.99% or the maximum permitted by law, whichever is less. However, under no circumstances will the ANNUAL PERCENTAGE RATE go below 3.99% for the Traditional plan and below 4.99% for the Fixed/Variable plan.

MAXIMUM RATE AND PAYMENT EXAMPLES: Fixed/Variable: If you had an outstanding balance of \$10,000, the minimum payment at the maximum ANNUAL

PERCENTAGE RATE of 11.99% would be \$150.00. This annual percentage rate could be reached at the time of the 97th payment.

Traditional Plan: If you had an outstanding balance of \$10,000, the minimum payment at the maximum ANNUAL PERCENTAGE RATE of 11.99% would be \$150.00. If the initial annual percentage rate is discounted, this annual percentage rate could be reached at the time of the 49th payment. If the initial annual percentage rate is discounted, this annual percentage rate could be reached at the time of the 37th payment.

HISTORICAL EXAMPLE: The following table shows how the annual percentage rate and the minimum payments for a single \$10,000 credit advance would have changed based on changes in the index over the past 15 years. The index values are from the month of January of each year. While only one payment per year is shown, payments may have varied during each year.

The table assumes that no additional credit advances were taken, that only the minimum payments were made, and that the rate remained constant during each year. It does not necessarily indicate how the index or your payments will change in the future.

6 MONTH TREASURY BILL RATE INDEX TABLE

Year (as of the month of January)	Index (Percent)	Margin ⁽¹⁾	ANNUAL PERCENTAGE RATE	Monthly Payment (Dollars)	Margin ⁽¹⁾	ANNUAL PERCENTAGE RATE	Monthly Payment (Dollars)
		Traditional	Traditional	Traditional	Fixed/Variable	Fixed/Variable	Fixed/Variable
2003.....	1.210	3.74	5.000	150.00 ⁽⁴⁾	4.74	6.500 ⁽⁵⁾	150.00 ⁽⁵⁾
2004.....	0.970	3.74	4.750	150.00 ⁽⁴⁾	4.74	6.500 ⁽⁵⁾	150.00 ⁽⁵⁾
2005.....	2.600	3.74	6.375	150.00 ⁽⁴⁾	4.74	6.500 ⁽⁵⁾	150.00 ⁽⁵⁾
2006.....	4.290	3.74	8.125	150.00 ⁽⁴⁾	4.74	6.500 ⁽⁵⁾	150.00 ⁽⁵⁾
2007.....	4.930	3.74	8.750	150.00 ⁽⁴⁾	4.74	6.500 ⁽⁵⁾	150.00 ⁽⁵⁾
2008.....	2.840	3.74	6.750 ⁽²⁾	150.00 ⁽⁴⁾	4.74	7.750 ⁽²⁾	150.00 ⁽⁵⁾
2009.....	0.310	3.74	4.750 ⁽²⁾	150.00 ⁽⁴⁾	4.74	5.750 ⁽²⁾	150.00 ⁽⁵⁾
2010.....	0.160	3.74	4.000		4.74	5.000	
2011.....	0.180	3.74	4.000		4.74	5.000	
2012.....	0.060	3.74	3.990 ⁽³⁾		4.74	4.990 ⁽³⁾	
2013.....	0.110	3.74	3.990 ⁽³⁾		4.74	4.990 ⁽³⁾	
2014.....	0.070	3.74	3.990 ⁽³⁾		4.74	4.990 ⁽³⁾	
2015.....	0.100	3.74	3.990 ⁽³⁾		4.74	4.990 ⁽³⁾	
2016.....	0.440	3.74	4.250		4.74	5.250	
2017.....	0.610	3.74	4.375		4.74	5.375	

⁽¹⁾ This is a margin we have used recently; your margin may be different.

⁽²⁾ This ANNUAL PERCENTAGE RATE reflects an annual percentage rate periodic cap of 2.000% per year.

⁽³⁾ This ANNUAL PERCENTAGE RATE reflects a 3.99% floor for the traditional plan, and a 4.99% floor for the Fixed/Variable plan.

⁽⁴⁾ This payment reflects the minimum payment of \$150.00.

⁽⁵⁾ The ANNUAL PERCENTAGE RATE does not change for the first five years of the Fixed/Variable plan.

6 MONTH TREASURY BILL RATE INDEX TABLE WITH DISCOUNT

Year (as of the month of January)	Index (Percent)	Margin ⁽¹⁾ (Percent) Traditional	ANNUAL PERCENTAGE RATE Traditional	Monthly Payment (Dollars) Traditional	Margin ⁽¹⁾ (Percent) Fixed/Variable	ANNUAL PERCENTAGE RATE Fixed/Variable	Monthly Payment (Dollars) Fixed/Variable
2003.....	1.210	3.74	1.990 ⁽²⁾	150.00 ⁽⁵⁾	4.74	3.990 ⁽⁴⁾	150.00 ⁽⁵⁾
2004.....	0.970	3.74	4.750	150.00 ⁽⁵⁾	4.74	3.990 ⁽⁴⁾	150.00 ⁽⁵⁾
2005.....	2.600	3.74	6.375	150.00 ⁽⁵⁾	4.74	3.990 ⁽⁴⁾	150.00 ⁽⁵⁾
2006.....	4.290	3.74	8.125	150.00 ⁽⁵⁾	4.74	3.990 ⁽⁴⁾	150.00 ⁽⁵⁾
2007.....	4.930	3.74	8.750	150.00 ⁽⁵⁾	4.74	3.990 ⁽⁴⁾	150.00 ⁽⁵⁾
2008.....	2.840	3.74	6.750 ⁽³⁾	150.00 ⁽⁵⁾	4.74	7.750 ⁽³⁾	150.00 ⁽⁵⁾
2009.....	0.310	3.74	4.750 ⁽³⁾	150.00 ⁽⁵⁾	4.74	5.750 ⁽³⁾	150.00 ⁽⁵⁾
2010.....	0.160	3.74	4.000		4.74	5.000	
2011.....	0.180	3.74	4.000		4.74	5.000	
2012.....	0.060	3.74	3.990 ⁽⁴⁾		4.74	4.990 ⁽⁴⁾	
2013.....	0.110	3.74	3.990 ⁽⁴⁾		4.74	4.990 ⁽⁴⁾	
2014.....	0.070	3.74	3.990 ⁽⁴⁾		4.74	4.990 ⁽⁴⁾	
2015.....	0.100	3.74	3.990 ⁽⁴⁾		4.74	4.990 ⁽⁴⁾	
2016.....	0.440	3.74	4.250		4.74	5.250	
2017.....	0.610	3.74	4.375		4.74	5.375	

⁽¹⁾ This is a margin we have used recently; your margin may be different.

⁽²⁾ This ANNUAL PERCENTAGE RATE reflects a discount that we have provided recently; your plan may be discounted by a different amount.

⁽³⁾ This ANNUAL PERCENTAGE RATE reflects an annual percentage rate periodic cap of 2.000% per year.

⁽⁴⁾ This ANNUAL PERCENTAGE RATE reflects a 3.99% floor for the traditional plan, and a 4.99% floor for the Fixed/Variable plan.

⁽⁵⁾ This payment reflects the minimum payment of \$150.00.

⁽⁶⁾ The ANNUAL PERCENTAGE RATE does not change for the first five years of the Fixed/Variable plan.

Housing counselors near you



10 CLOSEST RESULTS TO ZIP CODE 98065

The counseling agencies on this list are approved by the U.S. Department of Housing and Urban Development (HUD), and they can offer independent advice about whether a particular set of mortgage loan terms is a good fit based on your objectives and circumstances, often at little or no cost to you. This list shows you several approved agencies in your area. You can find other approved counseling agencies at the Consumer Financial Protection Bureau's (CFPB) website: consumerfinance.gov/mortgagehelp or by calling 1-855-411-CFPB (2372). You can also access a list of nationwide HUD-approved counseling intermediaries at http://portal.hud.gov/hudportal/HUD?src=/ohc_nint

- | | | |
|----|--|-------------------------------|
| 1. | Homesight
5117 Rainier Ave S Seattle, WA 98118-1928

Website: http://homesightwa.org

Phone: 206-723-4355

Email Address: Not available

Languages:
Cambodian, English

Services:
Mortgage Delinquency and Default Resolution Course Pre-purchase Counseling
 Pre-purchase Homebuyer Education Workshops | Distance
22.3 miles |
| 2. | El Centro De La Raza
2524 16th Ave S Seattle, WA 98144-5104

Website: http://www.elcentrodelaraza.org/

Phone: 206-957-4605

Email Address: homeownership@elcentrodelaraza.org

Languages:
English, Spanish

Services:
Mortgage Delinquency and Default Resolution Course Financial Management/
Budget Counseling Pre-purchase Counseling Pre-purchase Homebuyer
Education Workshops | Distance
23.6 miles |
-

3. **Urban League of Metropolitan Seattle** **Distance**
105 14th Ave Suite 200 Seattle, WA 98122-5569 23.8 miles
- Website:** <http://www.urbanleague.org>
- Phone:** 206-461-3792
- Email Address:** ltaylor@urbanleague.org
- Languages:**
ASL, English
- Services:**
Mortgage Delinquency and Default Resolution Course | Resolving/Preventing Mortgage Delinquency Workshop | Financial Management/Budget Counseling | Financial, Budgeting and Credit Repair Workshops | Fair Housing Pre-Purchase Education Workshops | Non-Delinquency Post Purchase Workshops | Predatory Lending Education Workshops | Pre-purchase Counseling | Pre-purchase Homebuyer Education Workshops | Rental Housing Counseling | Rental Housing Workshops | Reverse Mortgage Counseling
-
4. **Interim Cda** **Distance**
310 Maynard Ave S Seattle, WA 98104-2719 24.3 miles
- Website:** <http://www.apialliance.org>
- Phone:** 206-623-5132-318
- Email Address:** cjames@interimicda.org
- Languages:**
Cambodian, Cantonese, Chinese Mandarin, English, French, Korean, Vietnamese, Other
- Services:**
Services for Homeless Counseling | Rental Housing Counseling
-
5. **Washington State Housing Finance Commission** **Distance**
1000 2nd Avenue Suite 2700 Seattle, WA 98104-3601 24.8 miles
- Website:** <http://www.wshfc.org>
- Phone:** 206-287-4449
- Email Address:** bill.conner@wshfc.org
- Languages:**
English
- Services:**
Pre-purchase Homebuyer Education Workshops
-

6. **American Financial Solutions** **Distance**
25.6 miles
2815 2nd Avenue Suite 280 Seattle, WA 98121-1272
Website: <http://www.myfinancialgoals.org>
Phone: 888-864-8699
Email Address: housing@myfinancialgoals.org
Languages:
English
Services:
Mortgage Delinquency and Default Resolution Course | Pre-purchase Counseling
| Pre-purchase Homebuyer Education Workshops
-
7. **Solid Ground Washington** **Distance**
25.7 miles
1501 North 45th St Seattle, WA 98103-6708
Website: <http://www.solid-ground.org/>
Phone: 206-694-6766
Email Address: housingcounseling@solid-ground.org
Languages:
English
Services:
Mortgage Delinquency and Default Resolution Course | Predatory Lending
Education Workshops
-
8. **Clearpoint Financial Solutions, Inc.** **Distance**
25.8 miles
9725 3rd Ave NE Ste 400
- Seattle, WA 98115-2024
Website: <http://www.clearpointccs.org>
Phone: 877-877-1995
Email Address: customer.service@clearpointccs.org
Languages:
ASL, English, Spanish, Other
Services:
Mortgage Delinquency and Default Resolution Course | Financial Management/
Budget Counseling | Pre-purchase Counseling
-

9. **Washington Homeownership Center**

17544 Midvale Ave N
Ste LL Shoreline, WA 98133-4921

Distance
28.2 miles

Website: <http://www.homeownership-wa.org>

Phone: 206-542-6612

Email Address: info@homeownership-wa.org

Languages:

Chinese Mandarin, English, Farsi, Hindi, Korean, Spanish, Vietnamese

Services:

Mortgage Delinquency and Default Resolution Course | Resolving/Preventing Mortgage Delinquency Workshop | Financial Management/Budget Counseling | Financial, Budgeting and Credit Repair Workshops | Fair Housing Pre-Purchase Education Workshops | Home Improvement and Rehabilitation Counseling | Services for Homeless Counseling | Non-Delinquency Post Purchase Workshops | Predatory Lending Education Workshops | Pre-purchase Counseling | Pre-purchase Homebuyer Education Workshops | Rental Housing Counseling | Rental Housing Workshops | Reverse Mortgage Counseling

10. **Parkview Services**

17544 Midvale Avenue North Suite LL Shoreline, WA 98133-4921

Distance
28.2 miles

Website: <http://www.parkviewservices.org>

Phone: 206-542-6644-150

Email Address: marc@parkviewservices.org

Languages:

Chinese Mandarin, English, Farsi, Hindi, Korean, Spanish, Vietnamese, Other

Services:

Mortgage Delinquency and Default Resolution Course | Non-Delinquency Post Purchase Workshops | Pre-purchase Counseling | Pre-purchase Homebuyer Education Workshops



(425) 888-4004 | Toll Free (800) 243-7860 | Fax (425) 888-4240
Mailing Address: PO Box 1978, Snoqualmie, WA 98065
www.snofalls.com

Right to Receive a Copy of Appraisal

Date: _____

Borrower: _____

Lender: Sno Falls Credit Union
PO Box 1978
Snoqualmie, WA 98065

Property Address: _____

Loan ID: _____

Type of Loan: _____

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.

Borrower Date