



R E A L E O

1320 Flynn Rd, Ste 201
Camarillo, CA 93012

NOTARY CHECKLIST

(Please initial and sign)

Documents are legible and not cut-off

Documents signed and dated correctly

Mortgage and Riders - all pages initialed and signed, do not rely on the name(s) on the 1st page as there may be a non-borrowing spouse. Check the signature lines to confirm on who needs to initial

Note - all pages initialed and signed. (Only the borrower(s) are to initial, there may be only 1 borrower but multiple signers. Check the signature lines to see who will need to initial)

Notice of Right to Cancel – There are to be no markings/cross outs in the “I wish to cancel box”

Closing Disclosure ALTA SS

Loan Application/1003

4506C, 4506 and W9 - **Very Important, these documents cannot have any manual corrections on them. New document will be required to be signed if there are any errors/corrections**

Copy of photo ID or verification form

Patriot Act Form w/ “Notary Public” on Printed Name/Title line

Appraisal Acknowledgement - please make sure a choice is selected on all

Undisclosed Debt Acknowledgement - please make sure completed, not just signed

Letter of Explanation, if applicable

****IF CLOSING IN A TRUST, PLEASE HAVE THE BORROWER SIGN THEIR NAME ONLY, NO TRUSTEE VERBIAGE**

I confirm these documents were executed correctly.

X

Notary Signature

DATE



R E A L E O
1320 Flynn Rd, Ste 201
Camarillo, CA 93012

AFFIDAVIT OF MARRIAGE

I hereby declare my name is _____ . I am _____ years old and currently reside at 124 Congaree CtSantee, SC 29142 (property address).

I further certify that I am:

- Currently Unmarried.
- Legally and ceremonially married as of _____ To _____ . We were married in the State of _____ .

I hereby declare to the best of my knowledge and belief this document to be true, correct and complete.

May 16, 2025
Date

Christine Drummond

**STATE OF South Carolina
COUNTY OF Orangeburg**

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____ whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the same date.

Given under my hand this _____ day of _____ , 20_____ .

Notary Public

My Commission Expires: _____



R E A L E O

BORROWER'S AUTHORIZATION

I/We hereby authorize REALEO, INC. ("title/closing agent"), its agents or assigns, to order mortgage payoff information, mortgage verifications, mortgage releases and any other liability information. It is understood a photocopy of this form will also serve as authorization. The information the title/closing agent obtains is to be used in the processing of my real estate closing.

The property located at: 124 Congaree Ct, Santee, SC 29142

Christine Drummond

XXX-XX-0320



R E A L E O
(888) 732-5361

REALEO, INC. 1320 Flynn Rd. Suite 201 Camarillo, CA 93012 (888) REALEO1

Borrower's Compliance Agreement

Borrower(s): Christine Tant Drummond

Closing No: 25984

Lender:

Property Address: 124 Congaree Ct, Santee, SC 29142

In consideration of the services to be provided by Realeo, Inc. ("*Realeo, Inc.*") in connection with the closing of the above referenced loan transaction ("Loan"), and without regard to the reason for any loss, misplacement, rejection by County Recorder or other public official, omission, misstatement, or inaccuracy in any Loan documentation, the above named Borrower agrees as follows:

1. If any document is lost, misplaced, omitted, misstated, rejected for recording or other registration in the public records. Borrower agrees that it will comply with the request to execute, acknowledge, initial and/or deliver to Realeo, Inc. any documentation Realeo, Inc. deems necessary to replace and/or correct the lost, misplaced, omitted, misstated, or inaccurate document(s) ("**Requested Documents**"). Borrower agrees to deliver the Requested Documents within ten (10) days after receipt by Borrower of a written or verbal request from either of Realeo, Inc. or the above referenced Lender for such replacement. Borrower understands that if they fail to comply with the correction, or re-execution of said documents, that Realeo, Inc., its affiliates or Underwriter have the right to file suit with the District or Civil Courts in the County of which the property lies to force compliance and court cost, attorney fees or any fees associated with request will be the expense of the Borrower.
2. Borrower agrees to pay any additional fees necessary to clear from title to the above referenced Property any mortgages, liens, taxes or judgments, which for whatever reason was/were not collected at the closing of this loan transaction and also agrees that it will pay any additional amounts which were previously disclosed to Borrower as a cost or fee associated with the Loan, but which, for whatever reason, were not collected at closing. (Collectively, "**Additional Funds**"). The borrower agrees that whenever it is responsible for the payment of Additional Funds, such payment shall be made in certified funds only.
3. The borrower agrees to save and hold harmless Realeo, Inc., its affiliates and Underwriter from any liability arising under, and as a result of, any discrepancies in any information regarding existing loans. Borrower acknowledges that all information regarding existing loans affecting the Property (e.g., loan balance, reserve account information, late charges, interest due, etc.) was provided by lenders and/or their agents and that Realeo does not guarantee the accuracy or completeness of this information. Borrower also acknowledges that in the case of a payoff being inaccurate and the existing lien is not able to be paid in full, the borrower will immediately satisfy the payoff in full or will reimburse Realeo for any funds advanced to satisfy and release the lien.

Any request under this Agreement may be made by either Realeo, Inc. or the Lender, including assignees and persons acting on behalf of the Lender, and shall be prima facie evidence of the necessity for same. A written statement addressed to the Borrower of the Property indicated above shall be considered conclusive evidence of the necessity for Requested Documents or Additional Funds.

Borrower Liability: Borrower understands that Realeo, Inc. is relying on the representations contained in this **BORROWER'S COMPLIANCE AGREEMENT FOR LOAN TRANSACTION** and agrees to be liable for any and all loss or damage which Realeo, Inc. reasonable sustains thereby including, but not limited to, all reasonable attorneys' fees and costs incurred by Realeo, Inc. in the event that Borrower fails or refuses to execute, acknowledge, initial, or deliver the Requested Documents or render the Additional Funds to Realeo, Inc. later than ten (10) days after being requested to do so by Realeo, Inc. or Lender,.

This Agreement shall survive the closing of the Loan and inure to the benefit of Realeo, Inc. and be binding upon the heirs, devisees, personal representatives, successors, and assigns of Borrower.

Christine Drummond

State of South Carolina
County of Orangeburg

On this the _____ day of _____ 20 _____, before me a notary public, the undersigned officer, personally
Appeared _____, known to me (or satisfactorily proven)
to be the person whose name is subscribed to the within instrument and acknowledged that he/she/they executed the
same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

R E A L E O

Realeo, Inc.

Main Escrow Account

Domestic Wire Instructions

ABA / Routing Number: 267090594

BankUnited
15201 NW 6th Ave
Maimi Lakes, Florida 33014

SWIFT/BIC Code: BUFB US 3M
(For International Wires)

Beneficiary Account Name: Realeo, Inc.

Beneficiary Account Number: 9856214450

Please reference borrower's loan information on wire transfer.

Order Number: 25984
Loan Number: RUM-250415683
Property Address: 124 Congaree Ct, Santee, SC 29142
Borrower/Buyer: Christine Tant Drummond

****WARNING! WIRE FRAUD ADVISORY: Wire fraud and email hacking/phishing attacks are on the rise!**
If you have an escrow or closing transaction with us and you receive an email containing Wire Transfer Instructions, DO NOT RESPOND TO THE EMAIL! Instead, call your escrow officer/closer immediately, using previously known contact information and NOT information provided in the email, to verify the information prior to sending funds.

REALEO

CORRECTION AGREEMENT

Each of the undersigned (individually and collectively "Borrower") authorize Realeo, Inc. ("Settlement Agent") to make the corrections authorized by this Agreement in Borrower's loan documents that Borrower signed in connection with the closing of Borrower's mortgage loans with ("Lender") on .

Settlement Agent is authorized, on Borrower's behalf, to place Borrower's initials on any page delivered to Borrower at closing but that Borrower failed to initial and to place Borrower's initials on Borrower's behalf on the documents where Borrower made changes but failed to initial. In addition, Settlement Agent is authorized on Borrower's behalf to correct and initial typographical or clerical errors in the documents as directed by Lender. Examples of typographical or clerical errors that Settlement Agent can correct on Borrower's behalf include:

1. Errors in the spelling of Borrower's name, mailing or property address, or in the legal description of Borrower's property.
2. Adding in the legal description of Borrower's property if it was inadvertently omitted from mortgage or deed of trust.
3. If applicable, adding the name of Borrower's condominium or planned urban development (PUD) project if it was inadvertently omitted.
4. Any other change Borrower and Lender authorize in advance.

In no event shall this Correction Agreement be used to change in any way the terms of Borrower's loan including (but not limited to) the interest rate, loan amount, monthly payment or closing fees.

The borrower will be provided with a copy of the corrected document if the Settlement Agent exercises the authorization granted by this Correction Agreement.

This authority granted under this Correction Agreement shall automatically terminate sixty (60) days from the Closing Date.

May 16, 2025

Date

Christine Drummond

State of South Carolina
County of Orangeburg

This instrument was acknowledged before me on _____, by _____

Notary Public

My commission expires _____



R E A L E O
1320 Flynn Rd, Ste 201
Camarillo, CA 93012

FREEZE AND CLOSE LETTER

AUTHORIZATION TO CLOSE LINE OF CREDIT

ESCROW NUMBER: 25984

CLOSING DATE: 05/16/2025

BORROWER NAME: Christine Tant Drummond

PROPERTY ADDRESS: 124 Congaree Ct Santee, SC 29142

BANK NAME:

ACCOUNT NUMBER:

I/We agree that the line of credit below mentioned is to be closed upon the Bank's receipt and processing for this signed authorization and payment of the balance in full.

I/We also understand that the right to obtain advances is terminated and NO FURTHER CHECKS OR AUTOMATIC DEDUCTIONS WILL BE HONORED OR APPLIED TO THE LINE OF CREDIT.

This letter does not relieve me/us from any liability for any unpaid balance that I/we owe on the line of credit, including any balances that may result from: the reversing of prior payments; any preauthorized transactions made after or before the closing has been processed; or checks paid prior to closing.

Christine Drummond



R E A L E O
1320 Flynn Rd, Ste 201
Camarillo, CA 93012

BORROWER'S AFFIDAVIT AND INDEMNITY

Escrow No.: 25984

The Undersigned, Owner-Borrower of the Real Estate and Improvements located at:
_____ and more particularly described as follows:

SEE ATTACHED EXHIBIT "A"

Hereinafter referred to as the "property," being first duly sworn on oath, for the purposes of inducing **Realeo, INC**, to issue its ALTA Policy of Title Insurance, Commitment NO. 25984 In connection with the property, do hereby make the following representations with full knowledge and intent that **Realeo, INC** shall rely thereon:

Initials

1. _____ There are no unpaid bills, and to the extent there may be unpaid bills that the undersigned undertakes and agrees to cause the same to be paid such that there shall be no mechanic's or materialmen's liens affecting the property for materials or labor furnished for the construction and erection, repairs or improvements contracted by or on behalf of the undersigned on the property.
2. _____ There are no public improvements affecting the property prior to the date of closing that would give rise to a special property tax assessment against the property after the date of closing.
3. _____ There are no pending proceedings or unsatisfied judgments of record, in any Court, State or Federal, nor any tax liens filed or taxes assessed against us which may result in liens, and that if there are judgments, bankruptcies, probate proceedings, state or federal tax liens of record against parties with same or similar names, they are not against us.
4. _____ There are no unrecorded contracts, leases, easements, or other agreements or interests relating to said premises of which we have knowledge.
5. _____ I/we are in sole possession of the real property described herein other than lease hold estates reflected as recorded items under the subject commitment for title insurance.
6. _____ There are no unpaid charges and assessments that could result in a lien in favor of any association of homeowners which are provided for in any document referred to in Schedule B of Commitment referenced herein.
7. _____ Any payoff figures shown on the settlement statement have been supplied to Realeo, INC by the borrower's lender and are subject to confirmation upon tender of the payoff to the lender. If the payoff figures are inaccurate, we hereby agree to immediately pay any shortage(s) that may exist.

8. _____ If any deed of trust recorded against my property secures an open line of credit or a revolving line of credit, I/we affirm that I/we have not drawn additional funds from the line of credit since the date of the payoff statement from my/our lender to Realeo INC.
9. _____ I/we further agree and affirm that I/we will not make any further draws on the line of credit after the date of this affidavit. I/we further affirm that I/we have not taken out any loans against our property other than those shown on the above referenced commitment number.

In light of the foregoing facts, the undersigned, in consideration of the issuance by Realeo INC of a policy of Title Insurance covering said property in the manner described by the undersigned as set out above, hereby promise, covenant and agree to hold harmless, protect and indemnify Realeo INC from and against any liability, loss, damage expenses and charges, including but not limited to reasonable attorney's fees (including attorney's fees in the enforcement of this agreement) and expenses of litigation arising out of any inaccuracies in the above representations.

Signature

Signature

**STATE OF South Carolina
COUNTY OF Orangeburg**

Subscribed and sworn to before me, this _____ day of _____, 20_____, by

Witness my hand and Official Seal.

My Commission expires: _____

Notary Public

EXHIBIT A
Legal Description

ALL THAT CERTAIN PIECE, PARCEL OR LOT OF LAND, WITH BUILDINGS AND IMPROVEMENTS LOCATED THEREON, SITUATE, LYING AND BEING IN THE TOWN OF SANTEE, COUNTY OF ORANGEBURG, STATE OF SOUTH CAROLINA, SHOWN AND DESIGNATED AS LOT 76, AS SHOWN AND DEPICTED ON THAT CERTAIN PLAT ENTITLED "A PLAT OF CENTER POINT SUBDIVISION, PHASE III, PREPARED FOR HIC CENTER POINT, LLC" PREPARED BY EDISTO ENGINEERS & SURVEYORS, INC., DATED FEBRUARY 27, 2023 AND RECORDED MAY 18, 2023 IN PLAT BOOK 00D570 AT PAGE 0001, IN THE OFFICE OF THE REGISTER OF DEEDS FOR ORANGEBURG COUNTY, SOUTH CAROLINA, WHICH PLAT IS REFERENCED FOR A MORE COMPLETE DESCRIPTION.

PARCEL ID: 0307-20-01-106.000

APN #:

ALTA Universal ID:

File No./Escrow No.: 25984
 Printed Data & Time: 05/12/2025
 Officer/Escrow Officer:
 Settlement Agent: Realeo, Inc.
 Settlement Location: 111 Technology Pittsburgh, PA 15275

Property Address: 124 Congaree Ct, Santee, SC 29142
 Borrower: Christine Tant Drummond
 124 Congaree Ct,
 Santee, SC 29142

Lender: Royal United Mortgage, LLC
 Loan Number: RUM-250415683

Settlement Date: 5/16/2025
 Disbursement Date: 5/21/2025

Description	Borrower/Buyer	
	Debit	Credit
Financial		
Loan Amount		\$169,922.00
Loan Charges		
0% of Loan Amount (Points) to Royal United Mortgage, LLC	\$4,703.44	
Processing Fee to Royal United Mortgage, LLC	\$1,899.00	
Appraisal Fee to ServiceLink POC (B) \$650.00		
Credit Report Fee to Settlement One	\$601.42	
Credit Verification to Settlement One	\$173.58	
MERS Registration Fee to MERS	\$24.95	
MI Initial Premium to HUD	\$2,922.50	
Technology Fee to ICE Mortgage Technology, Inc	\$151.00	
Prepaid Interest to Royal United Mortgage, LLC \$26.19 per day from 05/21/2025 to 06/01/2025 Royal United Mortgage, LLC	\$288.09	
Impounds		
Homeowner's Insurance \$91.67 per month for 9 month(s) to Other	\$825.03	
Property Taxes \$136.33 per month for 7 month(s) to Other	\$954.31	
Aggregate Adjustment to Royal United Mortgage, LLC	\$-183.34	

Title Charges & Escrow / Settlement Charges			
Title - ALTA 5	Planned Unit Development to Realeo, Inc.		
Title - ALTA 8.1	Environmental Protection Lien to Realeo, Inc.		
Title - ALTA 9	Restrictions, Encroachments, Minerals to Realeo, Inc.		
Title - Attorney Fee to Carolina Attorney Network		\$350.00	
Title - Closing Protection Letter - Lender to Westcor Land Title Insurance Company		\$25.00	
Title - Lender Premium to Realeo, Inc.		\$477.00	
Title - Settlement Fee to Realeo, Inc.		\$425.00	
Commission			
Government Recording and Transfer Charges			
Recording Fee For Mortgage to Register of Deeds		\$25.00	
Payoff(s) and Payments			
Creditor Payment to JPMCB CARD		\$2,538.00	
Creditor Payment to BARCLAYS BANK DELAWARE		\$1,996.00	
Creditor Payment to CAPITAL ONE		\$1,949.00	
Creditor Payment to ELAN FIN SVCS/SSB		\$574.00	
Mortgage Payoff to REGIONS BANK		\$148,082.67	
Miscellaneous			
		Debit	Credit
Subtotals		\$168,801.65	\$169,922.00
Due to Borrower		\$1,120.35	
Totals		\$169,922.00	\$169,922.00

Acknowledgement

We/I have carefully reviewed the ALTA Settlement Statement and find it to be a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction and further certify that I have received a copy of the ALTA Settlement Statement. We/I authorize _____ Realeo, Inc. _____ to cause the funds to be disbursed in accordance with this statement.

Christine Drummond

Escrow Officer

Date



R E A L E O

1320 Flynn Rd, Ste 201
Camarillo, CA 93012

Owner's Affidavit and Indemnification Agreement

The undersigned being first duly sworn on oath deposes and says: That affiant _____, owner of certain (joint, sole, former, officer of, authorized representative of, personal representative of) property located at Orangeburg County, South Carolina (state), described in Title Commitment No 25984. That there have been no improvements constructed or repairs of existing improvements on said property within the last six months, (or)

1. That all improvements upon said property, including the construction or repair thereof made within the last six months have been made under owner's supervision, no contractor having been employed.
2. That all improvements upon said property, including the construction or repair thereof made within the last six months have been under the supervision of _____ as contractor employed by owner(s) to make said improvements and that same were accepted as fully completed. NOTE: FILL IN ONLY APPLICABLE PARAGRAPHS ABOVE AND STRIKE OUT OTHERS.
3. That all bills or obligations incurred in connection with said improvements including the construction or repair thereof, have been paid in full, and that there are no claims for labor, services, or materials furnished in connection with said improvements which remain unpaid, except: _____.
NOTE: SET OUT NAMES AND INTEREST CLAIMED; IF NONE, WORD "NONE" MUST BE ADDED
4. That there is no person in actual possession or having a right to possession of said property or any part thereof other than the owner(s), except: _____.
5. That there are no easements, encroachments, walkways or driveways affecting said property except those specifically referred to in the commitment and that no claims of easements, encroachments, walkways or driveways other than those specifically referred to in the commitment have been made against said property during the period said property was owned by the current owner(s). 6. That no bankruptcy (Chapters 7, 11, or 13) or guardianship currently exists on the owner(s) or the spouse(s) of the owner(s) except as cited in the commitment, and that the owner(s) do(es) not intend to file for bankruptcy or a guardianship.
6. That no construction lien, or any state or federal tax lien, remains unsatisfied against the owner(s) or spouse(s) of the owner(s) except as cited in the commitment.
7. That the owner(s) has (have) not been named defendant in any action in which a judgment was rendered against the owner's spouse(s) except as cited in the commitment and that there are no unsatisfied judgments against the owner(s) except as cited in the commitment.
8. That no mortgage, security interest, or financing statement is filed on said property except as cited in the commitment.
9. That the owner(s) has (have) not received notice of any pending cause of action, or made any conveyance of the said property since the effective date of the commitment.

10. If a sale: The Seller is not a non-resident alien, foreign corporation, foreign trust, foreign estate or other foreign entity (as defined in the Internal Revenue Code and Income Tax Regulations). Seller's U.S. Employer Identification Number (or Social Security Number) is: N/A. Seller's address (office address if Seller is an entity; home address if Seller is an individual) is: ,

That this affidavit is made for the purpose of inducing **REALEO** to insure the title to said property without exception to possible claims of mechanics, materialmen and laborers and to rights of any person or entity which might have a claim adverse to the rights of said owner(s) and that the undersigned on the undersigned's own behalf and on behalf of any person or entity represented by the undersigned hereby expressly agrees to indemnify and save **REALEO** and agent from any and all loss and attorney's fees arising from claims from the inaccuracy of the above. Agreement Each undersigned, being the buyer(s) and/or seller(s) of the property covered by Title Commitment issued by **REALEO** ("Company"), as agent for the underwriter shown on the Title Commitment, being first duly sworn, deposes, states, and warrants, that:

Compliance Agreement: The Company has prepared certain closing documents in reliance upon information and materials obtained by the Company and/or supplied to the Company by others. I understand and agree that (a) the Documents may contain errors, (b) the Company shall not be responsible or liable for the accuracy or completeness of the information contained in the Documents, (c) the Documents are accepted as true and correct by me, and (d) if any of the Documents are misplaced, misstated or inaccurately reflect the terms and conditions of the transaction contemplated by the parties to the subject transaction, I agree to promptly comply with the Company's request to correct any such errors, including the execution of replacement or corrected closing documents and/or the deposit of additional funds with the Company which, for whatever reason, were not collected at closing, or the return of funds to the Company which were disbursed in error to a party at closing.

I acknowledge that (a) the Company has not provided legal advice to me, and (b) I have had an opportunity to seek appropriate legal counsel to assist with the review of the Documents.

Christine Drummond

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public:

Commission Expires

REALEO

1320 Flynn Rd, Ste 201
Camarillo, CA 93012

Escrow Number: 25984

Borrower(s): Christine Tant Drummond

Property Address: 124 Congaree Ct, Santee, SC 29142

PROCEEDS/CREDITOR LETTER

This form serves as instructions to the Settlement Agent regarding disbursement of proceeds listed on line 303 of the Settlement Statement.

Indicate below how you would like your proceeds delivered. This document needs to be signed by all parties that appear as Buyer/Borrower or Seller/Sellers as listed on the Settlement Statement.

****FAILURE TO COMPLETE AND SIGN THIS DOCUMENT WILL RESULT IN ALL PROCEEDS BEING SENT VIA U.S. MAIL****

SELECT ONE OF THE FOLLOWING METHODS:

- STANDARD DELIVERY ~ 3-7 Business days U.S. Mail
- OVERNIGHT DELIVERY~ Next Business Day FEDEX

Name: _____
Address: _____

- EXPEDITED ~ Wire Transfer

Bank Name: _____
Bank Address: _____
Bank Phone Number: _____
Name(s) on Account: _____
Routing Number: _____
Account Number: _____

****IF YOU SELECTED YOUR PROCEEDS TO BE WIRED BUT WOULD LIKE YOUR CREDITOR CHECKS SENT TO A DIFFERENT ADDRESS OTHER THAN THE SUBJECT PROPERTY (IF APPLICABLE), PLEASE PROVIDE THE COMPLETE ADDRESS:**

Address: _____

***TO RECEIVE FUNDS BY WIRE YOU MUST PROVIDE A
VOIDED CHECK WITH THIS FORM****

If payment is in the form of a personal check please provide to your closing specialist.

Christine Drummond

STATE OF SOUTH CAROLINA)

COUNTY OF ORANGEBURG)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____ whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this ____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Realeo, Inc.
1320 Flynn Rd, Ste 201
Camarillo, CA 93012
Phone: (888) 732-5361

R E A L E O

Tax Affidavit

Date: 05/16/2025
Borrower(s): Christine Tant Drummond
Property Address: 124 Congaree Ct, Santee, SC 29142

The undersigned Borrower(s) hereby agree as follows:

1. The closing of the above-referenced transaction took place on 05/16/2025
2. The Real Estate Taxes for the current year were NOT available at the time of closing, therefore, the real estate taxes for the previous year were used as a basis for the taxes as shown on the Closing Disclosure and Settlement Statement.
3. The Borrower(s) hereby agrees to hold harmless and indemnify Realeo, Inc. from any loss or damage due to the above. Borrower is responsible for payment of any amount due and payable once the new tax bill is available/received.

May 16, 2025

Date

Christine Drummond

State of South Carolina
County of Orangeburg

Subscribed and sworn to (or affirmed) before me on this _____ day of _____ 20____ by
, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Notary Public

(Notary Seal)

ORIGIN ID: OILA
REALEO, INC

SHIP DATE: 12 MAY 25
ACTWGT: 100 LB
DIMS: 26x36x17 IN
PO: 111 TECHNOLOGY DRIVE
UNITED STATES US

TO: VISIONET
REALEO, INC

PITTSBURGH PA 15275
(412) 927-0226
INV: 00201
PO:

REF: DEPT:

58CJ3/630D/C6C4

PITTSBURGH PA 15275
(412) 927-0226
INV: 00201
PO:

REF: DEPT:

DEPT:



TUE - 13 MAY 5:00P
STANDARD OVERNIGHT

TRK# 8812 0446 6300
0201

65 OILA

PA-US PIT
15275



CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH
After printing this label:
1. Fold the printed page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document FedEx for any loss, including intrinsic value of the package, losses of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

Closing Disclosure

This form is a statement of final loan terms and closing costs. Compare this document with your Loan Estimate.

Closing Information

Date Issued 5/12/2025
Closing Date 5/16/2025
Disbursement Date 5/21/2025
Settlement Agent Carolina Attorney Network, **Lender**
File # 25984
Property 124 Congaree Ct
 Santee, SC 29142-9513
Appraised Prop. Value \$248,000

Transaction Information

Borrower Christine Tant Drummond
 124 Congaree Ct
 Santee, SC 29142-9513

Royal United Mortgage LLC

Loan Information

Loan Term 30 years
Purpose Refinance
Product Fixed Rate
Loan Type Conventional FHA
 VA
Loan ID # RUM-250415683
MIC # 461-9121338-703

Loan Terms

Can this amount increase after closing?

Loan Amount	\$169,922	NO
Interest Rate	5.625 %	NO
Monthly Principal & Interest	\$978.17	NO
<i>See Projected Payments below for your Estimated Total Monthly Payment</i>		
	Does the loan have these features?	
Prepayment Penalty	NO	
Balloon Payment	NO	

Projected Payments

Payment Calculation	Years 1-11	Years 12-30
Principal & Interest	\$978.17	\$978.17
Mortgage Insurance	+ 69.17	+ —
Estimated Escrow <i>Amount can increase over time</i>	+ 228.00	+ 228.00
Estimated Total Monthly Payment	\$1,275.34	\$1,206.17
Estimated Taxes, Insurance & Assessments <i>Amount can increase over time</i> <i>See page 4 for details</i>	\$270.92 Monthly	<p>This estimate includes</p> <p><input checked="" type="checkbox"/> Property Taxes YES <input checked="" type="checkbox"/> Homeowner's Insurance YES <input checked="" type="checkbox"/> Other: HOA Dues NO</p> <p><i>See Escrow Account on page 4 for details. You must pay for other property costs separately.</i></p>

Costs at Closing

Closing Costs	\$14,311.98	Includes \$12,402.89 in Loan Costs + \$1,909.09 in Other Costs - \$0 in Lender Credits. <i>See page 2 for details.</i>
Cash to Close	\$1,120.35	Includes Closing Costs. <i>See Calculating Cash to Close on page 3 for details.</i> <input type="checkbox"/> From <input checked="" type="checkbox"/> To Borrower



Closing Cost Details

		Borrower-Paid	Paid by Others
		At Closing	Before Closing
Loan Costs			
A. Origination Charges		\$6,602.44	
01 2.768 % of Loan Amount (Points)		\$4,703.44	
02 Processing Fees		\$1,899.00	
03			
04			
05			
06			
07			
08			
B. Services Borrower Did Not Shop For		\$5,800.45	
01 Appraisal Fee	to ServiceLink		\$650.00
02 Credit Reporting Fee	to Settlement One	\$601.42	
03 Credit Verifications	to Settlement One	\$173.58	
04 MERS(R) Registration Fee	to MERS	\$24.95	
05 Mortgage Insurance Premium	to HUD	\$2,922.50	
06 Technology Fee	to ICE Mortgage Technology, Inc.	\$151.00	
07 Title - Attorney Fee	to Carolina Attorney Network	\$350.00	
08 Title - Closing Protection Letter	to Westcor Land Title Insurance Company	\$25.00	
09 Title - Lender's Title Insurance	to Realeo, Inc.	\$477.00	
10 Title - Settlement Fee	to Realeo, Inc.	\$425.00	
C. Services Borrower Did Shop For			
01			
02			
03			
04			
05			
06			
07			
08			
D. TOTAL LOAN COSTS (Borrower-Paid)		\$12,402.89	
Loan Costs Subtotals (A + B + C)		\$11,752.89	\$650.00
Other Costs			
E. Taxes and Other Government Fees		\$25.00	
01 Recording Fees	Deed: Mortgage: \$25.00	\$25.00	
02			
F. Prepays		\$288.09	
01 Homeowner's Insurance Premium (mo.)			
02 Mortgage Insurance Premium (mo.)			
03 Prepaid Interest (\$26.19 per day from 5/21/25 to 6/1/25)		\$288.09	
04 Property Taxes (mo.)			
05			
G. Initial Escrow Payment at Closing		\$1,596.00	
01 Homeowner's Insurance	\$91.67 per month for 9 mo.	\$825.03	
02 Mortgage Insurance	per month for mo.		
03 Property Taxes	\$136.33 per month for 7 mo.	\$954.31	
04			
05			
06			
07			
08 Aggregate Adjustment		-\$183.34	
H. Other			
01			
02			
03			
04			
05			
06			
07			
08			
I. TOTAL OTHER COSTS (Borrower-Paid)		\$1,909.09	
Other Costs Subtotals (E + F + G + H)		\$1,909.09	
J. TOTAL CLOSING COSTS (Borrower-Paid)		\$14,311.98	
Closing Costs Subtotals (D + I)		\$13,661.98	\$650.00
Lender Credits			



Payoffs and Payments

Use this table to see a summary of your payoffs and payments to others from your loan amount.

TO	AMOUNT
01 REGIONS BANK	\$148,082.67
02 JPMCB CARD	\$2,538.00
03 BARCLAYS BANK DELAWARE	\$1,996.00
04 CAPITAL ONE	\$1,949.00
05 ELAN FIN SVCS/SSB	\$574.00
06	
07	
08	
09	
10	
11	
12	
13	
14	
15	
K. TOTAL PAYOFFS AND PAYMENTS	\$155,139.67

Calculating Cash to Close

Use this table to see what has changed from your Loan Estimate.

	Loan Estimate	Final	Did this change?
Loan Amount	\$169,922.00	\$169,922.00	NO
Total Closing Costs (J)	-\$15,900.00	-\$14,311.98	YES · See Total Other Costs (I).
Closing Costs Paid Before Closing	\$0	\$650.00	YES · You paid these Closing Costs before closing .
Total Payoffs and Payments (K)	-\$155,412.00	-\$155,139.67	YES · See Payoffs and Payments (K).
Cash to Close	\$1,390.00 <input checked="" type="checkbox"/> From <input type="checkbox"/> To Borrower	\$1,120.35 <input type="checkbox"/> From <input checked="" type="checkbox"/> To Borrower	Closing Costs Financed (Paid from your Loan Amount) \$13,661.98



Additional Information About This Loan

Loan Disclosures

Assumption

If you sell or transfer this property to another person, your lender will allow, under certain conditions, this person to assume this loan on the original terms. will not allow assumption of this loan on the original terms.

Demand Feature

Your loan

has a demand feature, which permits your lender to require early repayment of the loan. You should review your note for details. does not have a demand feature.

Late Payment

If your payment is more than 15 days late, your lender will charge a late fee of *4% of the principal and interest overdue*.

Negative Amortization (Increase in Loan Amount)

Under your loan terms, you

- are scheduled to make monthly payments that do not pay all of the interest due that month. As a result, your loan amount will increase (negatively amortize), and your loan amount will likely become larger than your original loan amount. Increases in your loan amount lower the equity you have in this property.
- may have monthly payments that do not pay all of the interest due that month. If you do, your loan amount will increase (negatively amortize), and, as a result, your loan amount may become larger than your original loan amount. Increases in your loan amount lower the equity you have in this property.
- do not have a negative amortization feature.

Partial Payments

Your lender

- may accept payments that are less than the full amount due (partial payments) and apply them to your loan.
- may hold them in a separate account until you pay the rest of the payment, and then apply the full payment to your loan.
- does not accept any partial payments.

If this loan is sold, your new lender may have a different policy.

Security Interest

You are granting a security interest in
124 Congaree Ct, Santee, SC 29142-9513

You may lose this property if you do not make your payments or satisfy other obligations for this loan.

Escrow Account

For now, your loan

will have an escrow account (also called an "impound" or "trust" account) to pay the property costs listed below. Without an escrow account, you would pay them directly, possibly in one or two large payments a year. Your lender may be liable for penalties and interest for failing to make a payment.

Escrow		
Escrowed Property Costs over Year 1	\$3,268.87	Estimated total amount over year 1 for your escrowed property costs: <i>See attached page for additional information</i>
Non-Escrowed Property Costs over Year 1	\$472.12	Estimated total amount over year 1 for your non-escrowed property costs: <i>HOA Dues</i> You may have other property costs.
Initial Escrow Payment	\$1,596.00	A cushion for the escrow account you pay at closing. See Section G on page 2.
Monthly Escrow Payment	\$297.17	The amount included in your total monthly payment.

will not have an escrow account because you declined it your lender does not offer one. You must directly pay your property costs, such as taxes and homeowner's insurance. Contact your lender to ask if your loan can have an escrow account.

No Escrow		
Estimated Property Costs over Year 1		Estimated total amount over year 1. You must pay these costs directly, possibly in one or two large payments a year.
Escrow Waiver Fee		

In the future,

Your property costs may change and, as a result, your escrow payment may change. You may be able to cancel your escrow account, but if you do, you must pay your property costs directly. If you fail to pay your property taxes, your state or local government may (1) impose fines and penalties or (2) place a tax lien on this property. If you fail to pay any of your property costs, your lender may (1) add the amounts to your loan balance, (2) add an escrow account to your loan, or (3) require you to pay for property insurance that the lender buys on your behalf, which likely would cost more and provide fewer benefits than what you could buy on your own.



Loan Calculations

Total of Payments. Total you will have paid after you make all payments of principal, interest, mortgage insurance, and loan costs, as scheduled.	\$373,218.29
Finance Charge. The dollar amount the loan will cost you.	\$201,217.87
Amount Financed. The loan amount available after paying your upfront finance charge.	\$159,309.44
Annual Percentage Rate (APR). Your costs over the loan term expressed as a rate. This is not your interest rate.	6.592 %
Total Interest Percentage (TIP). The total amount of interest that you will pay over the loan term as a percentage of your loan amount.	107.405 %

Other Disclosures

Appraisal

If the property was appraised for your loan, your lender is required to give you a copy at no additional cost at least 3 days before closing. If you have not yet received it, please contact your lender at the information listed below.

Contract Details

See your note and security instrument for information about

- what happens if you fail to make your payments,
- what is a default on the loan,
- situations in which your lender can require early repayment of loan, and
- the rules for making payments before they are due.

Liability after Foreclosure

If your lender forecloses on this property and the foreclosure does not cover the amount of unpaid balance on this loan,

state law may protect you from liability for the unpaid balance. If you refinance or take on any additional debt on this property, you may lose this protection and have to pay any debt remaining even after foreclosure. You may want to consult a lawyer for more information.

state law does not protect you from liability for the unpaid balance.

Refinance

Refinancing this loan will depend on your future financial situation, the property value, and market conditions. You may not be able to refinance this loan.

Tax Deductions

If you borrow more than this property is worth, the interest on the loan amount above this property's fair market value is not deductible from your federal income taxes. You should consult a tax advisor for more information.

Contact Information

	Lender	Mortgage Broker	Settlement Agent
Name	Royal United Mortgage, LLC		Carolina Attorney Network, Inc.
Address	10194 Crosspoint Blvd. Suite 110 Indianapolis, IN 46256		115 Driftwood Drive Barr, SC 29072
NMLS ID	13390		
SC License ID	MLS - 13390		
Contact	Jonathon Burdine		Diane Temple
Contact NMLS ID	2413497		
Contact SC License ID	MLO - 2413497		
Email	jonathon.burdine@royalunited.com		scheduling@carolinaattorneynetwork.com
Phone	317-720-1720		803-520-2043

Confirm Receipt

By signing, you are only confirming that you have received this form. You do not have to accept this loan because you have signed or received this form.

Applicant Signature

Date



Addendum to Closing Disclosure

This form is a continued statement of final loan terms and closing costs.

Settlement Agent Carolina Attorney Network, Inc.

Additional Information About This Loan

Loan Disclosures

Escrow Account

ESCROW		
Escrowed Property Costs over Year 1	\$3,268.87	Estimated total amount over year 1 for your escrowed property costs: <i>Property Taxes, Homeowner's Insurance, Mortgage Insurance</i>



Note to Notary:

**Please discontinue closing if the borrower cannot complete the attestation on the next page.
This page may be omitted from the signature package.**

End of Page



ATTESTATION REGARDING FINANCIAL STABILITY

Christine Drummond

124 Congaree Ct Santee, SC 29142-9513

Loan# RUM-250415683

Thank you for trusting Royal United Mortgage with your home loan needs. It is critical to ensure that Royal United's customers have access to long-term, sustainable homeownership and that the loan program you are accepting is right for you based on your current and future financial obligations. Therefore, Royal United Mortgage requests that you make the following attestations prior to completing your loan closing:

- 1. The monthly income reflected in your loan application has not decreased;**

Initial

Initial

- 2. You are not aware of any future changes in your employment status and/or income;**

Initial

Initial

- 3. You are not aware of any future circumstances that are likely to occur which would impact your ability to make payments as required under your loan.**

Initial

Initial

IF YOU ARE UNABLE TO ATTEST TO THE ITEMS ABOVE, PLEASE DO NOT PROCEED WITH YOUR LOAN CLOSING AND NOTIFY YOUR LOAN ADVISOR RIGHT AWAY.

Your signature below indicates that you are attesting to statements #1, #2, #3 above. Any material misrepresentation in these statements will constitute a default of the Mortgage/Deed of Trust and may result in acceleration of the loan according to the terms of the Security Instrument.

Borrower Signature

Date

Co-Borrower Signature

Date



Uniform Residential Loan Application

Verify and complete the information on this application. If you are applying for this loan with others, each additional Borrower must provide information as directed by your Lender.

Section 1: Borrower Information.

This section asks about your personal information and your income from employment and other sources, such as retirement, that you want considered to qualify for this loan.

1a. Personal Information

Name (First, Middle, Last, Suffix) Christine Tant Drummond	Social Security Number 249-31-0320 (or Individual Taxpayer Identification Number)
Alternate Names – List any names by which you are known or any names under which credit was previously received (First, Middle, Last, Suffix)	Date of Birth (mm/dd/yyyy) 01/18/1961 Citizenship <input checked="" type="radio"/> U.S. Citizen <input type="radio"/> Permanent Resident Alien <input type="radio"/> Non-Permanent Resident Alien
Type of Credit <input checked="" type="radio"/> I am applying for individual credit. <input type="radio"/> I am applying for joint credit. Total Number of Borrowers: _____ Each Borrower intends to apply for joint credit. Your initials: _____	List Name(s) of Other Borrower(s) Applying for this Loan (First, Middle, Last, Suffix) - Use a separator between names
Marital Status <input type="radio"/> Married <input type="radio"/> Separated <input checked="" type="radio"/> Unmarried <i>(Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship)</i>	Contact Information Home Phone 843-514-8168 Cell Phone 843-514-8168 Work Phone _____ Ext. _____ Email Cdrumm8755@aol.com

Current Address

Street 124 Congaree Ct Unit # _____
 City Santee State SC ZIP 29142-9513 Country US
 How Long at Current Address? 1 Years 6 Months Housing No primary housing expense Own Rent (\$ _____ /month)

If at Current Address for LESS than 2 years, list Former Address Does not apply Unit # _____
 Street 214 S. Pine St.
 City Summerville State SC ZIP 29483 Country US
 How Long at Former Address? 2 Years 6 Months Housing No primary housing expense Own Rent (\$ _____ /month)

Mailing Address – if different from Current Address Does not apply Unit # _____
 Street _____
 City _____ State _____ ZIP _____ Country _____

1b. Current Employment/Self Employment and Income

Does not apply

1c. IF APPLICABLE, Complete Information for Additional Employment/Self Employment and Income			<input type="checkbox"/> Does not apply
Employer or Business Name _____ Phone _____			Gross Monthly Income
Street _____ Unit # _____ City _____ State _____ ZIP _____ Country _____			Base _____ /month Overtime _____ /month Bonus _____ /month Commission _____ /month Military _____ Entitlements _____ /month Other _____ /month TOTAL _____ /month
Position or Title _____ Start Date _____ / _____ / _____ (mm/dd/yyyy) How long in this line of work? _____ Years _____ Months		Check if this statement applies: <input type="checkbox"/> I am employed by a family member, property seller, real estate agent, or other party to the transaction.	
<input type="checkbox"/> Check if you are the Business Owner or Self-Employed		<input type="radio"/> I have an ownership share of less than 25%. <input type="radio"/> I have an ownership share of 25% or more.	
		Monthly Income (or Loss) _____	



1d. IF APPLICABLE, Complete Information for Previous Employment/Self Employment and Income

 Does not apply

Provide at least 2 years of current and previous employment and income.

Employer or Business Name _____				Previous Gross Monthly Income _____ /month	
Street _____	Unit # _____	City _____ State _____ ZIP _____		Country _____	
Position or Title _____					
Start Date _____ / _____ / _____ (mm/dd/yyyy)	<input type="checkbox"/> Check if you were the Business Owner or Self-Employed			End Date _____ / _____ / _____ (mm/dd/yyyy)	

1e. Income from Other Sources Does not apply

Include income from other sources below. Under Income Source, choose from the sources listed here:

- Alimony
- Child Support
- Interest and Dividends
- Notes Receivable
- Royalty Payments
- Unemployment Benefits
- Automobile
- Disability
- Mortgage Credit
- Public Assistance
- Separate Maintenance
- VA Compensation
- Allowance
- Foster Care
- Certificate
- Retirement
- Social Security
- Other
- Boarder Income
- Housing or Parsonage
- Mortgage Differential Payments
- (e.g., Pension, IRA)
- Trust

NOTE: Reveal alimony, child support, separate maintenance, or other income ONLY IF you want it considered in determining your qualification for this loan.

Income Source - use list above	Monthly Income
Social Security	\$2,893.40
Provide TOTAL Amount Here	\$2,893.40

Section 2: Financial Information — Assets and Liabilities.

This section asks about things you own that are worth money and that you want considered to qualify for this loan. It then asks about your liabilities (or debts) that you pay each month, such as credit cards, alimony, or other expenses.

2a. Assets - Bank Accounts, Retirement, and Other Accounts You Have

Include all accounts below. Under Account Type, choose from the types listed here:

- Checking
- Certificate of Deposit
- Stock Options
- Bridge Loan Proceeds
- Trust Account
- Savings
- Mutual Fund
- Bonds
- Individual Development Account
- Cash Value of Life Insurance (used for the transaction)
- Money Market
- Stocks
- Retirement (e.g., 401k, IRA)

Account Type - use list above	Financial Institution	Account Number	Cash or Market Value
Provide TOTAL Amount Here			

2b. Other Assets and Credits You Have Does not apply2c. Liabilities - Credit Cards, Other Debts, and Leases that You Owe Does not apply

List all liabilities below (except real estate) and include deferred payments. Under Account Type, choose from the types listed here:

- Revolving (e.g., credit cards)
- Installment (e.g., car, student, personal loans)
- Open 30-Day (balance paid monthly)
- Lease (not real estate)
- Other

Account Type - use list above	Company Name	Account Number	Unpaid Balance	To be paid off at or before closing	Monthly Payment
Collections Judgments And Liens	REPUBLIC	6628000065011	\$13,784.00	<input type="checkbox"/>	\$0.00
Revolving	JPMCB CARD	414740041766	\$2,538.00	<input checked="" type="checkbox"/>	\$76.00
Revolving	BARCLAYS BANK DELAWARE	000480505564025	\$1,996.00	<input checked="" type="checkbox"/>	\$50.00

Borrower Name: Christine Tant Drummond

Uniform Residential Loan Application

Freddie Mac Form 65 · Fannie Mae Form 1003

Effective 1/2021

Lender NMLS ID#: 13390



2c. Liabilities - Credit Cards, Other Debts, and Leases that You Owe

 Does not apply

Account Type – use list above	Company Name	Account Number	Unpaid Balance	To be paid off at or before closing	Monthly Payment
Revolving	CAPITAL ONE	517805973182	\$1,949.00	<input checked="" type="checkbox"/>	\$64.00
Collections Judgments And Liens	ALLY	673925877090	\$1,136.00	<input type="checkbox"/>	\$0.00
Collections Judgments And Liens	WAKEFIELD & ASSOCIATES	1240271032	\$602.00	<input type="checkbox"/>	\$0.00
Revolving	ELAN FIN SVCS/SSB	4147769769007077	\$574.00	<input checked="" type="checkbox"/>	\$54.00

2d. Other Liabilities and Expenses

 Does not apply

Section 3: Financial Information — Real Estate.

This section asks you to list all properties you currently own and what you owe on them.

 I do not own any real estate

3a. Property You Own

If you are refinancing, list the property you are refinancing FIRST.

Address Street	124 Congaree Ct	City Santee	State SC	ZIP 29142-9513	Unit # _____	Country US
Property Value	Status: Sold, Pending Sale, or Retained	Intended Occupancy: Investment, Primary Residence, Second Home, Other	Monthly Insurance, Taxes, Association Dues, etc. if not included in Monthly Mortgage Payment	For 2-4 Unit Primary or Investment Property	Monthly Rental Income	For LENDER to calculate: Net Monthly Rental Income
\$248,000.00	Retained	Primary Residence	\$340.09	\$	\$	
Mortgage Loans on this Property <input type="checkbox"/> Does not apply						
Creditor Name	Account Number	Monthly Mortgage Payment	Unpaid Balance	To be paid off at or before closing	Type: FHA, VA, Conventional, USDA-RD, Other	Credit Limit (if applicable)
REGIONS BANK	4011899045636	\$1,107.00	\$148,082.67	<input checked="" type="checkbox"/>		\$0.00
				<input type="checkbox"/>		

3b. IF APPLICABLE, Complete Information for Additional Property

 Does not apply

3c. IF APPLICABLE, Complete Information for Additional Property

 Does not apply

Section 4: Loan and Property Information.

This section asks about the loan's purpose and the property you want to purchase or refinance.

4a. Loan and Property Information

Loan Amount \$ 169,922.00 Loan Purpose Purchase Refinance Other (specify) _____

Property Address Street 124 Congaree Ct Unit # _____

City Santee State SC ZIP 29142-9513 County Orangeburg

Number of Units 1 Property Value \$ 248,000.00

Occupancy Primary Residence Second Home Investment Property FHA Secondary Residence 1. Mixed-Use Property. If you will occupy the property, will you set aside space within the property to operate your own business? (e.g., daycare facility, medical office, beauty/barber shop) NO YES2. Manufactured Home. Is the property a manufactured home? (e.g., a factory built dwelling built on a permanent chassis) NO YES

4b. Other New Mortgage Loans on the Property You are Buying or Refinancing

 Does not apply

4c. Rental Income on the Property You Want to Purchase

For Purchase Only Does not apply

4d. Gifts or Grants You Have Been Given or Will Receive for this Loan

 Does not apply

Include all gifts and grants below. Under Source, choose from the sources listed here:

- Community Nonprofit
- Federal Agency
- Relative
- State Agency
- Employer
- Local Agency
- Religious Nonprofit
- Unmarried Partner
- Lender
- Other

Section 5: Declarations.

This section asks you specific questions about the property, your funding, and your past financial history.

5a. About this Property and Your Money for this Loan

A. Will you occupy the property as your primary residence? If YES, have you had an ownership interest in another property in the last three years? If YES, complete (1) and (2) below:	<input type="radio"/> NO <input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES <hr/> (1) What type of property did you own: primary residence (PR), FHA secondary residence (SR), second home (SH), or investment property (IP)? <hr/> (2) How did you hold title to the property: by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?
B. If this is a Purchase Transaction: Do you have a family relationship or business affiliation with the seller of the property?	<input type="radio"/> NO <input type="radio"/> YES
C. Are you borrowing any money for this real estate transaction (<i>e.g., money for your closing costs or down payment</i>) or obtaining any money from another party, such as the seller or realtor, that you have not disclosed on this loan application? If YES, what is the amount of this money?	<input checked="" type="radio"/> NO <input type="radio"/> YES \$ _____
D. 1. Have you or will you be applying for a mortgage loan on another property (not the property securing this loan) on or before closing this transaction that is not disclosed on this loan application? 2. Have you or will you be applying for any new credit (<i>e.g., installment loan, credit card, etc.</i>) on or before closing this loan that is not disclosed on this application?	<input checked="" type="radio"/> NO <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES
E. Will this property be subject to a lien that could take priority over the first mortgage lien, such as a clean energy lien paid through your property taxes (<i>e.g., the Property Assessed Clean Energy Program</i>)?	<input checked="" type="radio"/> NO <input type="radio"/> YES

5b. About Your Finances

F. Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?	<input checked="" type="radio"/> NO <input type="radio"/> YES
G. Are there any outstanding judgments against you?	<input checked="" type="radio"/> NO <input type="radio"/> YES
H. Are you currently delinquent or in default on a Federal debt?	<input checked="" type="radio"/> NO <input type="radio"/> YES
I. Are you a party to a lawsuit in which you potentially have any personal financial liability?	<input checked="" type="radio"/> NO <input type="radio"/> YES
J. Have you conveyed title to any property in lieu of foreclosure in the past 7 years?	<input checked="" type="radio"/> NO <input type="radio"/> YES
K. Within the past 7 years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?	<input checked="" type="radio"/> NO <input type="radio"/> YES
L. Have you had property foreclosed upon in the last 7 years?	<input checked="" type="radio"/> NO <input type="radio"/> YES
M. Have you declared bankruptcy within the past 7 years? If YES, identify the type(s) of bankruptcy:	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13
	<input checked="" type="radio"/> NO <input type="radio"/> YES



Section 6: Acknowledgements and Agreements.

This section tells you about your legal obligations when you sign this application.

Acknowledgments and Agreements

Definitions:

- "Lender" includes the Lender's agents, service providers, and any of their successors and assigns.
- "Other Loan Participants" includes (i) any actual or potential owners of a loan resulting from this application (the "Loan"), (ii) acquirers of any beneficial or other interest in the Loan, (iii) any mortgage insurer, (iv) any guarantor, (v) any servicer of the Loan, and (vi) any of these parties' service providers, successors or assigns.

I agree to, acknowledge, and represent the following:

(1) The Complete Information for this Application

- The information I have provided in this application is true, accurate, and complete as of the date I signed this application.
- If the information I submitted changes or I have new information before closing of the Loan, I must change and supplement this application, including providing any updated/supplemented real estate sales contract.
- For purchase transactions: The terms and conditions of any real estate sales contract signed by me in connection with this application are true, accurate, and complete to the best of my knowledge and belief. I have not entered into any other agreement, written or oral, in connection with this real estate transaction.
- The Lender and Other Loan Participants may rely on the information contained in the application before and after closing of the Loan.
- Any intentional or negligent misrepresentation of information may result in the imposition of:
 - (a) civil liability on me, including monetary damages, if a person suffers any loss because the person relied on any misrepresentation that I have made on this application, and/or
 - (b) criminal penalties on me including, but not limited to, fine or imprisonment or both under the provisions of Federal law (18 U.S.C. §§ 1001 *et seq.*).

(2) The Property's Security

The Loan I have applied for in this application will be secured by a mortgage or deed of trust which provides the Lender a security interest in the property described in this application.

(3) The Property's Appraisal, Value, and Condition

- Any appraisal or value of the property obtained by the Lender is for use by the Lender and Other Loan Participants.
- The Lender and Other Loan Participants have not made any representation or warranty, express or implied, to me about the property, its condition, or its value.

(4) Electronic Records and Signatures

- The Lender and Other Loan Participants may keep any paper record and/or electronic record of this application, whether or not the Loan is approved.

- If this application is created as (or converted into) an "electronic application", I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable Federal and/or state electronic transactions laws.
- I intend to sign and have signed this application either using my:
 - (a) electronic signature; or
 - (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

- I agree that the application, if delivered or transmitted to the Lender or Other Loan Participants as an electronic record with my electronic signature, will be as effective and enforceable as a paper application signed by me in writing.

(5) Delinquency

- The Lender and Other Loan Participants may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report and will likely affect my credit score.
- If I have trouble making my payments I understand that I may contact a HUD-approved housing counseling organization for advice about actions I can take to meet my mortgage obligations.

(6) Authorization for Use and Sharing of Information

By signing below, in addition to the representations and agreements made above, I expressly authorize the Lender and Other Loan Participants to obtain, use, and share with each other (i) the loan application and related loan information and documentation, (ii) a consumer credit report on me, and (iii) my tax return information, as necessary to perform the actions listed below, for so long as they have an interest in my loan or its servicing:

- (a) process and underwrite my loan;
- (b) verify any data contained in my consumer credit report, my loan application and other information supporting my loan application;
- (c) inform credit and investment decisions by the Lender and Other Loan Participants;
- (d) perform audit, quality control, and legal compliance analysis and reviews;
- (e) perform analysis and modeling for risk assessments;
- (f) monitor the account for this loan for potential delinquencies and determine any assistance that may be available to me; and
- (g) other actions permissible under applicable law.

Borrower Signature

Christine Tant Drummond

Date (mm/dd/yyyy)

Borrower Name: Christine Tant Drummond

Uniform Residential Loan Application

Freddie Mac Form 65 · Fannie Mae Form 1003

Effective 1/2021

Lender NMLS ID#: 13390



Section 7: Military Service.

This section asks questions about your (or your deceased spouse's) military service.

Military Service of Borrower

Military Service – Did you (or your deceased spouse) ever serve, or are you currently serving, in the United States Armed Forces? NO YES
If YES, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____ / ____ / ____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Section 8: Demographic Information.

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



Section 9: Loan Originator Information.

To be completed by your Loan Originator.

Loan Originator Information

Loan Originator Organization Name Royal United Mortgage, LLC

Address 10194 Crosspoint Blvd., Suite 110, Indianapolis, IN 46256

Loan Originator Organization NMLSR ID# 13390 State License ID# MLS - 13390

Loan Originator Name Jonathon Burdine

Loan Originator NMLSR ID# 2413497 State License ID# MLO - 2413497

Email jonathon.burdine@royalunited.com Phone 317-720-1720

Signature _____ Date (mm/dd/yyyy) _____



Uniform Residential Loan Application — Unmarried Addendum

For Borrower Selecting the Unmarried Status

Lenders Instructions for Using the Unmarried Addendum

The Lender may use the Unmarried Addendum only when a Borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how State property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title.

For example, the Lender may use the Unmarried Addendum when the Borrower resides in a State that recognizes civil unions, domestic partnerships, or registered reciprocal beneficiary relationships or when the property is located in such a State. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1, is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? NO YES

If YES, indicate the type of relationship and the State in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the State in which you currently reside or where the property is located.

Civil Union Domestic Partnership Registered Reciprocal Beneficiary Relationship Other (*explain*) _____

State _____



To be completed by the Lender:

Lender Loan No./Universal Loan Identifier RUM-250415683/
549300UG7QXKM7KGV847RUM25041568337

Agency Case No. 461-9121338-703

Uniform Residential Loan Application — Continuation Sheet

Continuation Sheet

Use this continuation sheet if you need more space to complete the Uniform Residential Loan Application.

State of South Carolina Required Disclosure — Pursuant to the laws of South Carolina, Title 37, Chapter 10, Section 37-10-102(a), you are hereby notified that: (1) You have a right to select your own attorney to represent you in all matters related to this transaction. You can make this determination on your own or can work with the mortgage broker or lender to obtain assistance; and, (2) You have a right to select your own insurance agent(s) for homeowner's insurance and/or flood insurance (when required). You can make this determination on your own or you can work with the mortgage broker or lender to obtain assistance. YOU WILL BE REQUESTED TO PROVIDE THESE SELECTIONS PRIOR TO THE LOAN CLOSING ON A FORM THAT WILL BE PROVIDED SHORTLY ONCE YOU COMPLETE AND SUBMIT THIS APPLICATION FOR A MORTGAGE LOAN.

Borrower Name (*First, Middle, Last, Suffix*) Christine Tant Drummond

Additional Information

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of federal law (18 U.S.C. §§ 1001 *et seq.*).

Borrower Signature Christine Tant Drummond Date (mm/dd/yyyy) _____



Uniform Residential Loan Application — Lender Loan Information

This section is completed by your Lender.

L1. Property and Loan Information

Community Property State <input type="checkbox"/> At least one borrower lives in a community property state. <input type="checkbox"/> The property is in a community property state.	Refinance Type <input type="radio"/> No Cash Out <input type="radio"/> Limited Cash Out <input checked="" type="radio"/> Cash Out	Refinance Program <input checked="" type="radio"/> Full Documentation <input type="radio"/> Interest Rate Reduction <input type="radio"/> Streamlined without Appraisal <input type="radio"/> Other _____
Transaction Detail <input type="checkbox"/> Conversion of Contract for Deed or Land Contract <input type="checkbox"/> Renovation <input type="checkbox"/> Construction-Conversion/Construction-to-Permanent <input type="radio"/> Single-Closing <input type="radio"/> Two-Closing	Energy Improvement <input type="checkbox"/> Mortgage loan will finance energy-related improvements. <input type="checkbox"/> Property is currently subject to a lien that could take priority over the first mortgage lien, such as a clean energy lien paid for through property taxes (e.g., the <i>Property Assessed Clean Energy</i> program).	
Construction/Improvement Costs \$ _____ Lot Acquired Date ____ / ____ / ____ (mm/dd/yyyy) Original Cost of Lot \$ _____		
Project Type <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Planned Unit Development (PUD) <input checked="" type="checkbox"/> Property is not located in a project		

L2. Title Information

Title to the Property Will be Held in What Name(s): Christine Tant Drummond	For Refinance: Title to the Property is Currently Held in What Name(s):
Estate Will be Held in <input checked="" type="radio"/> Fee Simple <input type="checkbox"/> Leasehold Expiration Date ____ / ____ / ____ (mm/dd/yyyy)	Trust Information <input type="radio"/> Title Will be Held by an <i>Inter Vivos (Living)</i> Trust <input type="radio"/> Title Will be Held by a Land Trust
Manner in Which Title Will be Held <input type="radio"/> Sole Ownership <input type="radio"/> Joint Tenancy with Right of Survivorship <input type="radio"/> Life Estate <input type="radio"/> Tenancy by the Entirety <input type="radio"/> Tenancy in Common <input checked="" type="radio"/> Other	Indian Country Land Tenure <input type="radio"/> Fee Simple On a Reservation <input type="radio"/> Individual Trust Land (<i>Allotted/Restricted</i>) <input type="radio"/> Tribal Trust Land On a Reservation <input type="radio"/> Tribal Trust Land Off Reservation <input type="radio"/> Alaska Native Corporation Land

L3. Mortgage Loan Information

Mortgage Type Applied For <input type="radio"/> Conventional <input type="radio"/> USDA-RD <input checked="" type="radio"/> FHA <input type="radio"/> VA <input type="radio"/> Other: _____	Terms of Loan Note Rate 5.625 % Loan Term 360 (months)	Mortgage Lien Type <input checked="" type="radio"/> First Lien <input type="radio"/> Subordinate Lien
Amortization Type <input checked="" type="radio"/> Fixed Rate <input type="radio"/> Other (explain): _____ <input type="radio"/> Adjustable Rate If Adjustable Rate: Initial Period Prior to First Adjustment _____ (months) Subsequent Adjustment Period _____ (months)	Proposed Monthly Payment for Property First Mortgage (P & I) \$ 978.17 Subordinate Lien(s) (P & I) \$ _____ Homeowner's Insurance \$ 91.67 Supplemental Property Insurance \$ _____ Property Taxes \$ 136.33 Mortgage Insurance \$ 69.17 Association/Project Dues (Condo, Co-Op, PUD) \$ 42.92 Other \$ _____ Total \$ 1,318.26	
Loan Features <input type="checkbox"/> Balloon / Balloon Term _____ (months) <input type="checkbox"/> Interest Only / Interest Only Term _____ (months) <input type="checkbox"/> Negative Amortization <input type="checkbox"/> Prepayment Penalty / Prepayment Penalty Term _____ (months) <input type="checkbox"/> Temporary Interest Rate Buydown / Initial Buydown Rate _____ % <input checked="" type="checkbox"/> Other (explain): Standard LCOR		



L4. Qualifying the Borrower – Minimum Required Funds or Cash Back

DUE FROM BORROWER(S)	
A. Sales Contract Price	\$
B. Improvements, Renovations, and Repairs	\$
C. Land (<i>if acquired separately</i>)	\$
D. For Refinance: Balance of Mortgage Loans on the Property to be paid off in the Transaction <i>(See Table 3a. Property You Own)</i>	\$ 148,082.67
E. Credit Cards and Other Debts Paid Off <i>(See Table 2c. Liabilities — Credit Cards, Other Debts, and Leases that You Owe)</i>	\$ 7,057.00
F. Borrower Closing Costs (<i>including Prepaid and Initial Escrow Payments</i>)	\$ 8,958.54
G. Discount Points	\$ 4,703.44
H. TOTAL DUE FROM BORROWER(s) (<i>Total of A thru G</i>)	\$ 168,801.65
TOTAL MORTGAGE LOANS	
I. Loan Amount Loan Amount Excluding Financed Mortgage Insurance (<i>or Mortgage Insurance Equivalent</i>) \$ 167,000.00 Financed Mortgage Insurance (<i>or Mortgage Insurance Equivalent</i>) Amount \$ 2,922.00	\$ 169,922.00
J. Other New Mortgage Loans on the Property the Borrower(s) is Buying or Refinancing <i>(See Table 4b. Other New Mortgage Loans on the Property You are Buying or Refinancing)</i>	\$
K. TOTAL MORTGAGE LOANS (<i>Total of I and J</i>)	\$ 169,922.00
TOTAL CREDITS	
L. Seller Credits (<i>Enter the amount of Borrower(s) costs paid by the property seller</i>)	\$
M. Other Credits (<i>Enter the sum of all other credits — Borrower Paid Fees, Earnest Money, Employer Assisted Housing, Lease Purchase Fund, Lot Equity, Relocation Funds, Sweat Equity, Trade Equity, Other</i>)	\$
N. TOTAL CREDITS (<i>Total of L and M</i>)	\$
CALCULATION	
TOTAL DUE FROM BORROWER(s) (<i>Line H</i>)	\$ 168,801.65
LESS TOTAL MORTGAGE LOANS (<i>Line K</i>) AND TOTAL CREDITS (<i>Line N</i>)	- \$ 169,922.00
Cash From/To the Borrower (<i>Line H minus Line K and Line N</i>)	
NOTE: This amount does not include reserves or other funds that may be required by the Lender to be verified.	(\$ 1,120.35)



Discount Point Fee Disclosure

Christine Drummond	05/16/2025 Royal United Mortgage LLC 124 Congaree Ct Santee, SC 29142-9513
--------------------	--

This disclosure explains the effect of your election to pay a fee, commonly known as a discount point(s), which is a percentage of the loan amount and impacts the interest rate on the loan. The comparison below demonstrates the impact that payment of discount point(s) will have on the interest rate for this loan.

	Starting Adjusted Rate		Bought Down or Actual Rate
Interest Rate	7.625%	Interest Rate	5.625%
Discount Points to Obtain Starting Adjusted Rate	0.000	Discount Points Paid to Obtain the Bought Down Rate	2.8164

There are a total of 2.768 discount point(s) on this loan, which may be paid by the borrower, seller, lender and/or third party. You are paying 2.768 of the 2.768 discount points.

Your interest rate and discount point(s) may be subject to adjustment based on the risk factors of your mortgage application and credit profile. The interest rates and discount point(s) listed above may change prior to loan closing. In addition, if you have not locked in your interest rate, the rates and discount point reflected may change prior to closing the loan.

I/We have read the above disclosure and acknowledge receiving a copy by signing below.

Borrower Date

Borrower Date

Borrower Date

Borrower Date



HUD Addendum to Uniform Residential Loan Application

OMB Approval No. HUD: 2502-0059 (exp. 10/31/26)

Part I – Identifying Information HUD/FHA Application for Insurance under the National Housing Act and Borrower Certification		FHA Case No. (include any suffix) 461-9121338-703	Mortgagee Case No. RUM-250415683
Mortgagee ID 2724500007		Sponsor ID	Agent ID
Mortgagee Name, Address (include ZIP Code), and Telephone Number Royal United Mortgage, LLC 10194 Crosspoint Blvd. 110 Indianapolis, IN 46256 NMLS ID: 13390 317-664-7700		Name and Address of Sponsor	Name and Address of Agent
Borrower's Name & Present Address (include ZIP Code) Christine Tant Drummond 124 Congaree Ct Santee, SC 29142-9513		Property Address (include name of subdivision, lot & block no., & ZIP Code) 124 Congaree Ct Santee, SC 29142-9513	
Sponsored Originations	Name of Third-Party Originator	NMLS ID of Third-Party Originator	

Part II – Borrower Consent for Social Security Administration to Verify Social Security Number

I authorize the Social Security Administration (SSA) to verify my Social Security Number (SSN) to the Mortgagee and HUD/FHA. I authorize SSA to provide explanatory information to HUD/FHA in the event of a discrepancy. This consent is valid for 180 days from the date signed, unless indicated otherwise by the individual(s) named in this loan application.

Signature(s) of Borrower(s) – Read consent carefully. Review accuracy of SSNs provided on this application.

Borrower's Name: Christine Tant Drummond
Date of Birth: January 18, 1961
Social Security Number: 249-31-0320
Signature(s) of Borrower(s)

Date Signed

Co-Borrower's Name: _____
Date of Birth: _____
Social Security Number: _____
Signature(s) of Co-Borrower(s)

Date Signed

Christine Tant Drummond

DATE

Part III – Borrower Notices, Information, and Acknowledgment

Public Reporting Burden

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number, which can be located on the OMB Internet page at <http://www.reginfo.gov/public/do/PRAMain>.

WARNING: This warning applies to all certifications made in this document.

Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties. 18 U.S.C. §§ 287, 1001 and 31 U.S.C. § 3729



Caution: Delinquencies, Defaults, Foreclosures, and Abuses

Delinquencies, defaults, foreclosures, and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The Mortgagee in this transaction, its agents and assigns, as well as the Federal Government, its agencies, agents, and assigns are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgage loan described in the attached application: (1) Report your name and account information to a credit bureau; (2) Assess additional interest and penalty charges for the period of time that payment is not made; (3) Assess charges to cover additional administrative costs incurred by the Federal Government to service your account; (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency, or mortgage servicing agency to collect the amount due; foreclose the mortgage; sell the property; and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice (DOJ) for litigation in the courts; (7) If you are a current or retired Federal employee, take action to offset your salary or civil service retirement benefits; (8) Refer your debt to the Internal Revenue Service for offset against any amount owed to you as an income tax refund; and (9) Report any resulting written off debt of yours to the Internal Revenue Service as your taxable income. All of these actions may be used to recover any debts owed when it is determined to be in the interest of the Mortgagee or Federal Government, or both.

As a mortgage loan borrower, you will be legally obligated to make the mortgage payments called for by your mortgage loan contract. The fact that you dispose of your property after the loan has been made will not relieve you of liability for making these payments.

Payment of the loan in full is ordinarily the way liability on a mortgage note is ended. Some home buyers have the mistaken impression that if they sell their homes when they move to another locality, or dispose of it for any other reasons, they are no longer liable for the mortgage payments and that liability for these payments is solely that of the new owners. Even though the new owners may agree in writing to assume liability for your mortgage payments, this assumption agreement will not relieve you from liability to the holder of the note which you signed when you obtained the loan to buy the property. Unless you are able to sell the property to a buyer who is acceptable to HUD/FHA who will assume the payment of your obligation to the lender, you will not be relieved from liability to repay any claim which HUD/FHA may be required to pay your lender on account of default in your loan payments. The amount of any such claim payment may be a debt owed by you to the Federal Government and subject to established collection procedures.

Fair Housing Act

I and anyone acting on my behalf are, and will remain, in compliance with the Fair Housing Act, 42 U.S.C. § 3604, et seq., with respect to the dwelling or property covered by the loan and in the provision of services or facilities in connection therewith. I recognize that any restrictive covenant on this property related to race, color, religion, sex, disability, familial status, or national origin is unlawful under the Fair Housing Act and unenforceable. I further recognize that in addition to administrative action by HUD, a civil action may be brought by the DOJ in any appropriate U.S. court against any person responsible for a violation of the applicable law.

Certification and Acknowledgment

All information in this application is given for the purpose of obtaining a loan to be insured under the National Housing Act and the information in the Uniform Residential Loan Application and this Addendum is true and complete to the best of my knowledge and belief. Verification may be obtained from any source named herein. I have read and understand the foregoing concerning my liability on the loan and Part III, Borrower Notices, Information, and Acknowledgment.

Signature(s) of Borrower(s) – Do not sign unless this application is fully completed. Read the certification carefully and review accuracy of this application.

Signature(s) of Borrower(s)

Date Signed

Signature(s) of Co-Borrower(s)

Date Signed

Christine Tant Drummond

DATE

Part IV – Direct Endorsement Approval for a HUD FHA-Insured Mortgage**A. Underwriting the Borrower**Date Mortgage Approved: May 8, 2025Date Approval Expires: August 13, 2025

For mortgages rated as an “accept” or “approve” by FHA’s Technology Open To Approved Lenders (TOTAL) Mortgage Scorecard:

- The information submitted to TOTAL was documented in accordance with HUD Handbook 4000.1, *FHA Single Family Housing Policy Handbook* (Handbook 4000.1) and accurately represents the final information obtained by the mortgagee; and
- This mortgage complies with Handbook 4000.1 section II.A.4.e Final Underwriting Decision (TOTAL) to the extent that no defect exists in connection with the underwriting of this mortgage such that it should not have been approved in accordance with FHA requirements.

I certify that the statements above are materially correct, with the understanding that in the event HUD elects to pursue a claim arising out of or relating to any inaccuracy of this certification, HUD will interpret the severity of such inaccuracy in a manner that is consistent with the HUD Defect Taxonomy in effect as of the date this mortgage is endorsed for insurance.

Mortgagee Representative Signature: _____

Printed Name: James Todd ZFHA

Title: _____

OR

For mortgages rated as a “refer” by FHA’s TOTAL Mortgage Scorecard, or manually underwritten by a Direct Endorsement (DE) underwriter:

- I have personally reviewed and underwritten the borrower’s credit application;
- The information used to underwrite the borrower was documented in accordance with Handbook 4000.1 and accurately represents the final information obtained by the mortgagee; and
- This mortgage complies with Handbook 4000.1 section II.A.5.d Final Underwriting Decision (Manual) to the extent that no defect exists in connection with the underwriting of this mortgage such that it should not have been approved in accordance with FHA requirements.

I certify that the statements above are materially correct, with the understanding that in the event HUD elects to pursue a claim arising out of or relating to any inaccuracy of this certification, HUD will interpret the severity of such inaccuracy in a manner that is consistent with the HUD Defect Taxonomy in effect as of the date this mortgage is endorsed for insurance.

Direct Endorsement Underwriter Signature: _____ DE's ID Number: _____

B. Underwriting the Property

For all mortgages where FHA requires an appraisal, I have personally reviewed and underwritten the appraisal according to FHA requirements. I certify that the statements above are materially correct, with the understanding that in the event HUD elects to pursue a claim arising out of or relating to any inaccuracy of this certification, HUD will interpret the severity of such inaccuracy in a manner that is consistent with the HUD Defect Taxonomy in effect as of the date this mortgage is endorsed for insurance.

Direct Endorsement Underwriter Signature: _____ DE's ID Number: LN02**James Todd**

Part V. – Mortgagee's Certification

- I have personally reviewed the mortgage documents and the application for insurance endorsement; and
- This mortgage complies with Handbook 4000.1 section II.A.7 Post-closing and Endorsement to the extent that no defect exists that would have changed the decision to endorse or submit the mortgage for insurance.

I certify that the statements above are materially correct, with the understanding that in the event HUD elects to pursue a claim arising out of or relating to any inaccuracy of this certification, HUD will interpret the severity of such inaccuracy in a manner that is consistent with the HUD Defect Taxonomy in effect as of the date this mortgage is endorsed for insurance.

Mortgagee Royal United Mortgage, LLC	
Name of Mortgagee's Representative James Todd	
Title of Mortgagee's Representative Underwriter	
Signature of the Mortgagee's Representative	Date

Privacy Act Notice

Authority: Section 203 of the National Housing Act (12 U.S.C. § 1709) and Section 255 of the National Housing Act (12 U.S.C. § 1715z-20) authorize HUD to process applications for FHA insurance of eligible Single Family and Home Equity Conversion Mortgages and respond to inquiries regarding applications for mortgage insurance. 31 U.S.C. § 7701 and 42 U.S.C. § 3543 authorize HUD to collect taxpayer identifying numbers, which may include Social Security Numbers (SSNs).

Purpose: HUD will use this information to determine eligibility for FHA mortgage insurance, and for other purposes described in the published Privacy Act System of Records Notice (SORN).

Routine Uses: Pursuant to the published SORN, HUD may share the information with other program offices within HUD, law enforcement, other government agencies, government sponsored enterprises (GSEs), lenders, and other program participants, as necessary to verify eligibility, process mortgage insurance applications, engage in research and analysis, enforce the law, assist in matters related to court proceedings, respond to potential or actual threats to the security of Federal information systems and related data, and for any other routine use published in the SORN.

Disclosure: Providing this information is voluntary; however, failure to provide the requested information may delay or restrict your eligibility for an FHA-insured mortgage loan, or other benefits you are seeking.

The System of Records Notice (SORN) for this collection is the Computerized Homes Underwriting Management System (CHUMS), and is publicly available at: https://www.hud.gov/program_offices/officeofadministration/privacy_act/pia/fednotice/SORNs_LoB#housing.



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

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name Christine	ii. Middle initial T	iii. Last name/BMF company name Drummond	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions) 249-31-0320			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.) 124 Congaree Ct			b. City Santee	c. State SC	d. ZIP code 29142-9513
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name SettlementOne Data LLC			ii. IVES participant ID number 0000301441	iii. SOR mailbox ID TAXRTRNS	
iv. Street address (including apt., room, or suite no.) 480 Town Center Drive N #443			v. City Mooresville	vi. State IN	vii. ZIP code 46158
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Royal United Mortgage LLC			ii. Telephone number 317-664-7700		
iii. Street address (including apt., room, or suite no.) 7999 Knue Rd Ste 300			iv. City Indianapolis	v. State IN	vi. ZIP code 46250

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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

a. Return Transcript b. Account Transcript c. Record of Account

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

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

12 / 31 / 2023 12 / 31 / 2022 12 / 31 / 2021 / /

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a 843-514-8168
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name Christine Tant Drummond			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)		Date	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				



Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



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 if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

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

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

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

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

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

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

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

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

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name Christie	ii. Middle initial	iii. Last name/BMF company name Drummond	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions) 249-31-0320			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.) 124 Congaree Ct			b. City Santee	c. State SC	d. ZIP code 29142-9513
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name SettlementOne Data LLC			ii. IVES participant ID number 0000301441	iii. SOR mailbox ID TAXRTRNS	
iv. Street address (including apt., room, or suite no.) 480 Town Center Drive N # 443			v. City Mooresville	vi. State IN	vii. ZIP code 46158
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Royal United Mortgage LLC			ii. Telephone number 317-664-7700		
iii. Street address (including apt., room, or suite no.) 10194 Crosspoint Blvd Ste 110			iv. City Indianapolis	v. State IN	vi. ZIP code 46256

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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

a. Return Transcript b. Account Transcript c. Record of Account

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

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

12 / 31 / 2024 12 / 31 / 2023 12 / 31 / 2022 / /

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name Christine Tant Drummond			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)		Date	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				



Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



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 if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

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

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

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

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

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

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

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

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

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name			ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)			v. City	vi. State	vii. ZIP code
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)			iv. City	v. State	vi. ZIP code

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)**6. Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcriptsa. Return Transcript b. Account Transcript c. Record of Account 7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

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

/ / / / / / / /

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

 Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				



Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



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 if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

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

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

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

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

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

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

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

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

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name			ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)			v. City	vi. State	vii. ZIP code
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)			iv. City	v. State	vi. ZIP code

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)**6. Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcriptsa. Return Transcript b. Account Transcript c. Record of Account 7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

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

/ / / / / / / /

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

 Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			



Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



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 if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

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

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

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

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

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

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

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

To be completed by the Lender:

Lender Loan No./Universal Loan Identifier RUM-250415683/549300UG7QXKM7KGV847RUM25041568337 Agency Case No. 461-9121338-703

Supplemental Consumer Information Form

The purpose of the Supplemental Consumer Information Form (SCIF) is to collect information on homeownership education and housing counseling and/or language preference to help lenders better understand the needs of borrowers during the home buying process.

Borrower Name (First, Middle, Last, Suffix) Christine Tant Drummond

Homeownership Education and Housing Counseling

Homeownership education and housing counseling programs are offered by independent third parties to help the Borrower understand the rights and responsibilities of homeownership.

Has the Borrower(s) completed homeownership education (group or web-based classes) within the last 12 months?

NO YES

If YES: (1) **What format was it in:** (Check the most recent) Attended Workshop in Person Completed Web-Based Workshop

(2) **Who provided it:**

If a HUD-approved agency, provide Housing Counseling Agency ID # _____

For a list of HUD approved agencies go to: https://www.hud.gov/program_offices/housing/sfh/hcc

If not a HUD-approved agency, or unsure of HUD approval, provide the name of the Housing Education Program: _____

(3) **Date of Completion** _____ mm/dd/yyyy

Has the Borrower(s) completed housing counseling (customized counselor-to-client services) within the last 12 months?

NO YES

If YES: (1) **What format was it in:** (Check the most recent) Face-to-Face Telephone Internet Hybrid

(2) **Who provided it:**

If a HUD-approved agency, provide Housing Counseling Agency ID # _____

For a list of HUD approved agencies go to: https://www.hud.gov/program_offices/housing/sfh/hcc

If not a HUD-approved agency, or unsure of HUD approval, provide name of the Housing Counseling Agency: _____

(3) **Date of Completion** _____ mm/dd/yyyy

Language Preference

Language Preference – Your loan transaction is likely to be conducted in English. This question requests information to see if communications are available to assist you in your preferred language. Please be aware that communications may NOT be available in your preferred language.

Optional – Mark the language you would prefer, if available:

English Chinese Korean Spanish Tagalog Vietnamese Other: _____
(中文) (한국어) (Español) (Tagalog) (Tiếng Việt) I do not wish to respond

Your answer will NOT negatively affect your mortgage application. Your answer does not mean the Lender or Other Loan Participants agree to communicate or provide documents in your preferred language. However, it may let them assist you or direct you to persons who can assist you.

Language assistance and resources may be available through housing counseling agencies approved by the U.S. Department of Housing and Urban Development. To find a housing counseling agency, contact one of the following Federal government agencies:

- U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or https://www.hud.gov/program_offices/housing/sfh/hcc.
- Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/find-a-housing-counselor.



HUD Addendum to Uniform Residential Loan Application

OMB Approval No. HUD: 2502-0059 (exp. 10/31/26)

Part I – Identifying Information HUD/FHA Application for Insurance under the National Housing Act and Borrower Certification		FHA Case No. (include any suffix) 461-9121338-703	Mortgagee Case No. RUM-250415683
Mortgagee ID 2724500007		Sponsor ID	Agent ID
Mortgagee Name, Address (include ZIP Code), and Telephone Number Royal United Mortgage, LLC 10194 Crosspoint Blvd. 110 Indianapolis, IN 46256 NMLS ID: 13390 317-664-7700		Name and Address of Sponsor	Name and Address of Agent
Borrower's Name & Present Address (include ZIP Code) Christine Tant Drummond 124 Congaree Ct Santee, SC 29142-9513		Property Address (include name of subdivision, lot & block no., & ZIP Code) 124 Congaree Ct Santee, SC 29142-9513	
Sponsored Originations	Name of Third-Party Originator	NMLS ID of Third-Party Originator	

Part II – Borrower Consent for Social Security Administration to Verify Social Security Number

I authorize the Social Security Administration (SSA) to verify my Social Security Number (SSN) to the Mortgagee and HUD/FHA. I authorize SSA to provide explanatory information to HUD/FHA in the event of a discrepancy. This consent is valid for 180 days from the date signed, unless indicated otherwise by the individual(s) named in this loan application.

Signature(s) of Borrower(s) – Read consent carefully. Review accuracy of SSNs provided on this application.

Borrower's Name: Christine Tant Drummond
Date of Birth: January 18, 1961
Social Security Number: 249-31-0320
Signature(s) of Borrower(s)

Co-Borrower's Name: _____
Date of Birth: _____
Social Security Number: _____
Signature(s) of Co-Borrower(s)

Date Signed

Date Signed

CHRISTINE TANT DRUMMOND

DATE

Part III – Borrower Notices, Information, and Acknowledgment

Public Reporting Burden

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number, which can be located on the OMB Internet page at <http://www.reginfo.gov/public/do/PRAMain>.

WARNING: This warning applies to all certifications made in this document.

Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties. 18 U.S.C. §§ 287, 1001 and 31 U.S.C. § 3729



Caution: Delinquencies, Defaults, Foreclosures, and Abuses

Delinquencies, defaults, foreclosures, and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The Mortgagee in this transaction, its agents and assigns, as well as the Federal Government, its agencies, agents, and assigns are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgage loan described in the attached application: (1) Report your name and account information to a credit bureau; (2) Assess additional interest and penalty charges for the period of time that payment is not made; (3) Assess charges to cover additional administrative costs incurred by the Federal Government to service your account; (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency, or mortgage servicing agency to collect the amount due; foreclose the mortgage; sell the property; and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice (DOJ) for litigation in the courts; (7) If you are a current or retired Federal employee, take action to offset your salary or civil service retirement benefits; (8) Refer your debt to the Internal Revenue Service for offset against any amount owed to you as an income tax refund; and (9) Report any resulting written off debt of yours to the Internal Revenue Service as your taxable income. All of these actions may be used to recover any debts owed when it is determined to be in the interest of the Mortgagee or Federal Government, or both.

As a mortgage loan borrower, you will be legally obligated to make the mortgage payments called for by your mortgage loan contract. The fact that you dispose of your property after the loan has been made will not relieve you of liability for making these payments.

Payment of the loan in full is ordinarily the way liability on a mortgage note is ended. Some home buyers have the mistaken impression that if they sell their homes when they move to another locality, or dispose of it for any other reasons, they are no longer liable for the mortgage payments and that liability for these payments is solely that of the new owners. Even though the new owners may agree in writing to assume liability for your mortgage payments, this assumption agreement will not relieve you from liability to the holder of the note which you signed when you obtained the loan to buy the property. Unless you are able to sell the property to a buyer who is acceptable to HUD/FHA who will assume the payment of your obligation to the lender, you will not be relieved from liability to repay any claim which HUD/FHA may be required to pay your lender on account of default in your loan payments. The amount of any such claim payment may be a debt owed by you to the Federal Government and subject to established collection procedures.

Fair Housing Act

I and anyone acting on my behalf are, and will remain, in compliance with the Fair Housing Act, 42 U.S.C. § 3604, et seq., with respect to the dwelling or property covered by the loan and in the provision of services or facilities in connection therewith. I recognize that any restrictive covenant on this property related to race, color, religion, sex, disability, familial status, or national origin is unlawful under the Fair Housing Act and unenforceable. I further recognize that in addition to administrative action by HUD, a civil action may be brought by the DOJ in any appropriate U.S. court against any person responsible for a violation of the applicable law.

Certification and Acknowledgment

All information in this application is given for the purpose of obtaining a loan to be insured under the National Housing Act and the information in the Uniform Residential Loan Application and this Addendum is true and complete to the best of my knowledge and belief. Verification may be obtained from any source named herein. I have read and understand the foregoing concerning my liability on the loan and Part III, Borrower Notices, Information, and Acknowledgment.

Signature(s) of Borrower(s) – Do not sign unless this application is fully completed. Read the certification carefully and review accuracy of this application.

Signature(s) of Borrower(s)

Date Signed

Signature(s) of Co-Borrower(s)

Date Signed

CHRISTINE TANT DRUMMOND

DATE

Part IV – Direct Endorsement Approval for a HUD FHA-Insured Mortgage**A. Underwriting the Borrower**Date Mortgage Approved: May 8, 2025Date Approval Expires: August 13, 2025

For mortgages rated as an “accept” or “approve” by FHA’s Technology Open To Approved Lenders (TOTAL) Mortgage Scorecard:

- The information submitted to TOTAL was documented in accordance with HUD Handbook 4000.1, *FHA Single Family Housing Policy Handbook* (Handbook 4000.1) and accurately represents the final information obtained by the mortgagee; and
- This mortgage complies with Handbook 4000.1 section II.A.4.e Final Underwriting Decision (TOTAL) to the extent that no defect exists in connection with the underwriting of this mortgage such that it should not have been approved in accordance with FHA requirements.

I certify that the statements above are materially correct, with the understanding that in the event HUD elects to pursue a claim arising out of or relating to any inaccuracy of this certification, HUD will interpret the severity of such inaccuracy in a manner that is consistent with the HUD Defect Taxonomy in effect as of the date this mortgage is endorsed for insurance.

Mortgagee Representative Signature: _____

Printed Name: James Todd ZFHA

Title: _____

OR

For mortgages rated as a “refer” by FHA’s TOTAL Mortgage Scorecard, or manually underwritten by a Direct Endorsement (DE) underwriter:

- I have personally reviewed and underwritten the borrower’s credit application;
- The information used to underwrite the borrower was documented in accordance with Handbook 4000.1 and accurately represents the final information obtained by the mortgagee; and
- This mortgage complies with Handbook 4000.1 section II.A.5.d Final Underwriting Decision (Manual) to the extent that no defect exists in connection with the underwriting of this mortgage such that it should not have been approved in accordance with FHA requirements.

I certify that the statements above are materially correct, with the understanding that in the event HUD elects to pursue a claim arising out of or relating to any inaccuracy of this certification, HUD will interpret the severity of such inaccuracy in a manner that is consistent with the HUD Defect Taxonomy in effect as of the date this mortgage is endorsed for insurance.

Direct Endorsement Underwriter Signature: _____ DE’s ID Number: _____

B. Underwriting the Property

For all mortgages where FHA requires an appraisal, I have personally reviewed and underwritten the appraisal according to FHA requirements. I certify that the statements above are materially correct, with the understanding that in the event HUD elects to pursue a claim arising out of or relating to any inaccuracy of this certification, HUD will interpret the severity of such inaccuracy in a manner that is consistent with the HUD Defect Taxonomy in effect as of the date this mortgage is endorsed for insurance.

Direct Endorsement Underwriter Signature: _____ DE’s ID Number: LN02**James Todd**

Part V. – Mortgagee's Certification

- I have personally reviewed the mortgage documents and the application for insurance endorsement; and
- This mortgage complies with Handbook 4000.1 section II.A.7 Post-closing and Endorsement to the extent that no defect exists that would have changed the decision to endorse or submit the mortgage for insurance.

I certify that the statements above are materially correct, with the understanding that in the event HUD elects to pursue a claim arising out of or relating to any inaccuracy of this certification, HUD will interpret the severity of such inaccuracy in a manner that is consistent with the HUD Defect Taxonomy in effect as of the date this mortgage is endorsed for insurance.

Mortgagee Royal United Mortgage, LLC	
Name of Mortgagee's Representative James Todd	
Title of Mortgagee's Representative Underwriter	
Signature of the Mortgagee's Representative	Date

Privacy Act Notice

Authority: Section 203 of the National Housing Act (12 U.S.C. § 1709) and Section 255 of the National Housing Act (12 U.S.C. § 1715z-20) authorize HUD to process applications for FHA insurance of eligible Single Family and Home Equity Conversion Mortgages and respond to inquiries regarding applications for mortgage insurance. 31 U.S.C. § 7701 and 42 U.S.C. § 3543 authorize HUD to collect taxpayer identifying numbers, which may include Social Security Numbers (SSNs).

Purpose: HUD will use this information to determine eligibility for FHA mortgage insurance, and for other purposes described in the published Privacy Act System of Records Notice (SORN).

Routine Uses: Pursuant to the published SORN, HUD may share the information with other program offices within HUD, law enforcement, other government agencies, government sponsored enterprises (GSEs), lenders, and other program participants, as necessary to verify eligibility, process mortgage insurance applications, engage in research and analysis, enforce the law, assist in matters related to court proceedings, respond to potential or actual threats to the security of Federal information systems and related data, and for any other routine use published in the SORN.

Disclosure: Providing this information is voluntary; however, failure to provide the requested information may delay or restrict your eligibility for an FHA-insured mortgage loan, or other benefits you are seeking.

The System of Records Notice (SORN) for this collection is the Computerized Homes Underwriting Management System (CHUMS), and is publicly available at: https://www.hud.gov/program_offices/officeofadministration/privacy_act/pia/fednotice/SORNs_LoB#housing.



Appraisal Valuation Acknowledgment

Loan Number: RUM-250415683

Date: 05/16/2025

Borrower: Christine Tant Drummond

Property Address:

124 Congaree Ct
Santee, SC 29142-9513

Lender: Royal United Mortgage LLC

You are entitled to receive a copy of any appraisal report that is obtained on your behalf, concerning your subject property, at least three business days prior to the closing of your loan. A copy of any and all such appraisal reports ("appraisal report") should have already been delivered to you, allowing you at least three business days to review it prior to the closing of your loan.

If you wish to proceed with the loan closing, your signature will acknowledge either:

1. Your receipt of the Valuation report three or more business days prior to your loan closing, or alternatively,

2. That you previously had waived your right to review the appraisal report three or more business days prior to the closing of your loan.

Christine Tant Drummond Date

Date





Customer Feedback Survey

Loan Number: RUM-250415683

Borrower(s): Christine Drummond

Property Address: 124 Congaree Ct

City, State and Zip: Santee, SC 29142-9513

Thank you for choosing Royal United Mortgage LLC for your mortgage financing needs. The purpose of the below survey is to assess your satisfaction with your loan's application, processing, and closing. Please fill out the below items:

1. How would you rate your overall experience with Royal United Mortgage? (Check One)

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative

2. How would you rate your experience with your loan advisor, Jonathon Burdine?

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative

3. How would you rate your experience with your loan processor, Nicole Montgomery?

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative

4. What was the #1 Reason you chose to do business with Royal United Mortgage?

- Interest Rate/Payment/Costs
- Online Reviews
- Referral from friend/family member
- Customer Service (Jonathon Burdine / Nicole Montgomery)
- Other: _____

5. How many other lenders did you speak with before making your decision to move forward with Royal United Mortgage? _____

6. Based on the services you received, would you be likely to refer Royal United Mortgage to a Friend or Family Member? Circle One YES / NO

7. Have a friend or family member who you would like us to contact?

Referral Name: _____

Phone/Email: _____



FHA Appraisal Certification

Christine Drummond

Property Located At: 124 Congaree Ct
Santee, Orangeburg 29142-9513

Loan Number: RUM-250415683

I (We) the undersigned certify that I (we) have been provided with a copy of the appraisal and/or copy of the Conditional Commitment from HUD 92800.5B for the above referenced property.

Christine Drummond

Date



Inspection and Repair Disclosure

Borrower Name(s):

Christine Drummond

Loan Number: RUM-250415683

Property Address: 124 Congaree Ct Santee, SC 29142-9513

Lender: Royal United Mortgage

By signing below, Borrower agrees to cooperate with Lender in scheduling and allowing access for any inspections, appraisals, or repairs deemed necessary by the lender within three years of the loan closing date. Lender agrees to cover the cost of any Lender-required inspections or appraisals unless otherwise specified in writing. Any repairs required resulting from inspection or appraisal will be discussed between Borrower and Lender with the responsibilities of each party clearly defined in writing. Lender will provide the Borrower with reasonable notice prior to any inspection, appraisal, or repair appointment. Borrower agrees to provide access to the property for the purpose of completing the necessary inspections, appraisals, or repairs. Failure to comply with this agreement may result in additional actions as permitted by law and the terms of the loan agreement.

Christine Drummond

Date

Date



PLEASE REVIEW: UNDISCLOSED DEBT ACKNOWLEDGMENT

Royal United Mortgage relies on its applicants to provide accurate details regarding all outstanding debts or liabilities. Although we have pulled a copy of your credit report, there are occasions when not all liabilities appear on credit. You are required by law to disclose ALL outstanding liabilities, as well as any new or additional liabilities you may incur prior to your loan closing. Below is a list of the outstanding debts appearing on your credit report which Royal United Mortgage is accounting for in your loan transaction. If there are ANY obligations that you currently have (or expect to have) beyond what's listed below, please disclose them immediately:

Current Liabilities:

Liability	Balance	Mo. Payment
REGIONS BANK	148,082.67	1,107.00
REPUBLIC	13,784.00	0.00
JPMCB CARD	2,538.00	76.00
BARCLAYS BANK DELAWARE	1,996.00	50.00
CAPITAL ONE	1,949.00	64.00
ALLY	1,136.00	0.00
WAKEFIELD & ASSOCIATES	602.00	0.00
ELAN FIN SVCS/SSB	574.00	54.00

Debts Provided by Borrower(s) not currently reporting to credit report:

Creditor:	Total Obligation (\$):	Monthly Payment:

****By Initialing below, I/we certify that I/we have reviewed the list of liabilities above and confirmed that I/we do not have any outstanding liabilities other than what is listed.**



Additionally, below is a list of creditors which appear to have pulled your credit report within the last 120 days. It's critical that you let Royal United Mortgage know if any of these inquiries resulted (or may result) in new credit obligations not already reporting to your credit report:

Credit Inquiries:

****By Initialing below, I/we certify that I/we have reviewed the list of credit inquiries above and confirmed that the associated responses and explanations are complete and accurate.**

I/we, Christine Drummond/ , acknowledge and certify that I/we have no other debt obligations that are expected to exist at or around the time of this transaction closing beyond what I/we provided on my/our loan application and what is provided above on this document. I/we further acknowledge and certify that I/we understand that knowingly withholding debt obligation information is mortgage fraud, which is punishable by incarceration in federal prison.

Borrower's Signature

Date

Borrower's Signature

Date

Loan Number: RUM-250415683

Application Date: 04/15/2025

Prepared by: Royal United Mortgage LLC



Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*Signifies a required field. **Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

Christine Drummond	01/18/1961	249-31-0320
*My Full Name	*My Date of Birth (MM/DD/YYYY)	*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION: LANDMARK QCS FBO ROYAL UNITED MORTGAGE LLC	*ADDRESS OF PERSON OR ORGANIZATION: 817 SW OAK STREET SUITE 301 PORTLAND, OR 97205
--	---

*I want this information released because: INCOME VERIFICATION FOR MORTGAGE LOAN APPLICATION
We may charge a fee to release information for non-program purposes.

*Please release the following information selected from the list below:

Check at least one box. We will not disclose records unless you include date ranges where applicable.

1. Verification of Social Security Number
2. Current monthly Social Security benefit amount
3. Current monthly Supplemental Security Income payment amount
4. My benefit or payment amounts from date _____ to date _____
5. My Medicare entitlement from date _____ to date _____
6. Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. Complete medical records from my claims folder(s)
8. Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: _____

*Date: _____

**Address: 124 Congaree Ct Santee, SC 29142-9513

**Daytime Phone: Cdrumm8755@aol.com

Relationship (if not the subject of the record): _____

**Daytime Phone: _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1.Signature of witness	2.Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)

PLEASE REVIEW: UNDISCLOSED DEBT ACKNOWLEDGMENT

Royal United Mortgage relies on its applicants to provide accurate details regarding all outstanding debts or liabilities. Although we have pulled a copy of your credit report, there are occasions when not all liabilities appear on credit. You are required by law to disclose ALL outstanding liabilities, as well as any new or additional liabilities you may incur prior to your loan closing. Below is a list of the outstanding debts appearing on your credit report which Royal United Mortgage is accounting for in your loan transaction. If there are ANY obligations that you currently have (or expect to have) beyond what's listed below, please disclose them immediately:

Current Liabilities:

Liability	Balance	Mo. Payment
REGIONS BANK	148,355.42	1,107.00
REPUBLIC	13,784.00	0.00
JPMCB CARD	2,538.00	76.00
BARCLAYS BANK DELAWARE	1,996.00	50.00
CAPITAL ONE	1,949.00	64.00
ALLY	1,136.00	0.00
WAKEFIELD & ASSOCIATES	602.00	0.00
ELAN FIN SVCS/SSB	574.00	54.00

Debts Provided by Borrower(s) not currently reporting to credit report:

Creditor:	Total Obligation (\$):	Monthly Payment:

****By Initialing below, I/we certify that I/we have reviewed the list of liabilities above and confirmed that I/we do not have any outstanding liabilities other than what is listed.**

Additionally, below is a list of creditors which appear to have pulled your credit report within the last 120 days. It's critical that you let Royal United Mortgage know if any of these inquiries resulted (or may result) in new credit obligations not already reporting to your credit report:

Credit Inquiries:

****By Initialing below, I/we certify that I/we have reviewed the list of credit inquiries above and confirmed that the associated responses and explanations are complete and accurate.**

I/we, Christine Drummond/ , acknowledge and certify that I/we have no other debt obligations that are expected to exist at or around the time of this transaction closing beyond what I/we provided on my/our loan application and what is provided above on this document. I/we further acknowledge and certify that I/we understand that knowingly withholding debt obligation information is mortgage fraud, which is punishable by incarceration in federal prison.

Borrower's Signature

Date

Borrower's Signature

Date

Loan Number: RUM-250415683

Application Date: 04/15/2025

Letter of Explanation

Loan Number: RUM-250415683
Borrower(s): Christine Drummond

Property Address: 124 Congaree Ct
City, State and Zip: Santee, SC 29142-9513

Thank you for choosing Royal United Mortgage for your mortgage financing needs. The purpose of this letter is for you to explain the reason for cash out obtained through the completion of this mortgage.

Note: All fields may not be required to be completed.

Reason for Cash Out:

Debt consolidation

By signing this letter I/we are stating these explanations are true and accurate.

Borrower's Signature

Date

Co-Borrower's Signature

Date

LETTER OF EXPLANATION

Loan Number: RUM-250415683

Borrower(s): Christine Drummond

Property Address: 124 Congaree Ct Santee, SC 29142-9513

Application Date: 04/15/2025

Thank you for choosing Royal United Mortgage for your mortgage financing needs. The purpose of this letter is for you to explain the variations of your name(s) and address(es) that have appeared on your credit report or other documentation required as part of your mortgage application.

Credit Report Discrepancies:

Type	Discrepancy	Explanation	Ownership Interest?
Address	214 S PINE ST APT H, SUMMERTON, 29483-6061	Old Address	No
Address	124 CONGAREE CT, SANTEE, 29142-9513	Primary Address	Yes
Address	400 BEAUFORT ST, SUMMERTON, 29483-4306	Old Address	No
Address	124 CONGAREE CT, SANTEE, 29142	Primary Address	Yes
Address	214 S PINE ST # H, SUMMERTON, 29483-6061	Old Address	No
Address	400 BEAUFORT ST, SUMMERTON, 29483	Old Address	No
Address	214 S PINE ST APT H, SUMMERTON, 29483	Old Address	No
Name	DRUMMOND CHRISTINE	Borrowers Name	
Name	DRUMMOND CHRRISTIE	Borrowers Name	
Name	CHRISTINE DRUMMOND	Borrowers Name	
Name	DRUMMOND,CHRISTIE,T	Borrowers Name	
Name	CHRISTINE TANT DRUMMOND	Borrowers Name	
Name	CHRISTIE DRUMMOND	Borrowers Name	
Name	CHRISTINE T DRUMMOND	Borrowers Name	

Other Explanations (If Necessary):

I am not required to file due to the type/amount of income received.

By signing this letter, I/we are stating these explanations are true and accurate.

Borrower's Signature

Date

Borrower's Signature

Date