

## **Certification of Receipt of GFE and Intent to Proceed**

The undersigned certifies that the following Loan Applicant(s):

- Has/have been provided with an initial GFE within 3 business days of application date;
- Has/have confirmed receipt of the initial GFE;
- Has/have expressed verbally to you (Broker), their intention to proceed with the loan covered by the issued GFE; and,
- Was/were not charged any fee prior to receipt of the GFE, other than a reasonable credit report fee.

### **Borrower Acknowledgement**

By signing below the borrower acknowledges the above information is correct and that lender is replying on this information to approve and fund the loan.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

## **Consent to Receive Communications Electronically**

The following disclosures are required by the federal Electronic Signatures in Global and National Commerce Act ("ESIGN"). In order for you to receive Communications electronically in connection with your residential mortgage application, you must consent to National Mortgage Service, Inc. providing you these Communications electronically.

Your consent to receive electronic Communications includes but is not limited to: loan documents, disclosures, and the appraisal report. By providing your email address and your signature below, you consent to receiving Communications by email. Each borrower must provide this form even if all borrowers may share the same email address.

**How to Withdraw Consent.** You may withdraw your consent to receiving Communications electronically, at no charge to you, by calling 213-788-3530 or emailing [compliance@nmsigroup.com](mailto:compliance@nmsigroup.com).

**How to Update Your Records.** It is your responsibility to provide us with true, accurate, and complete e-mail address, contact, and other information related to this disclosure and your residential mortgage application, and to maintain and update promptly any changes in this information. You can update information by calling 213-788-3530 or emailing [compliance@nmsigroup.com](mailto:compliance@nmsigroup.com).

**Hardware and Software Requirements.** In order to access, view, and retain electronic Communications that we make available to you, you must have:

- A computer with Internet connectivity, sufficient storage space, and a supported Internet browser capable of 128-bit encryption;
- A supported PDF viewer, such as the current version of Adobe® Reader® ([www.adobe.com/reader](http://www.adobe.com/reader)) and a browser that can print PDF documents;
- A valid e-mail address including an account with an e-mail service provider compatible with your e-mail software.

**Requesting Paper Copies.** We will not send you a paper copy of any Communication from us, unless you request it or we otherwise deem it appropriate to do so. During the residential mortgage application process, you can obtain a paper copy of the electronic Communications by printing them yourself or by requesting that we mail you a paper copy. To request a paper copy, at no charge to you, call us at 213-355-8899 or email [compliance@nmsigroup.com](mailto:compliance@nmsigroup.com).

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

I consent to receiving Communications electronically from National Mortgage Service, Inc.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

## **Undisclosed Debt Acknowledgement**

It is illegal for a person to knowingly withhold debt obligation information regarding a credit application to a financial institution. Withholding such information is mortgage fraud, may be investigated by the Federal Bureau of Investigation (FBI), and punishable by up to thirty (30) years in federal prison.

All additional debt obligations that are expected to exist at or around the time of this transaction closing\*, not included on my loan application, are provided below. This in no way constitutes a loan commitment or approval.

_____ Creditor	_____ Total Obligation	_____ Monthly Payment
_____ Creditor	_____ Total Obligation	_____ Monthly Payment

I (we) \_\_\_\_\_ / \_\_\_\_\_ 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 may be punishable by incarceration in federal prison.

### **Provide an explanation for any inquiry appearing on the credit report:**

Inquiring Creditor: \_\_\_\_\_

Explanation of Inquiry: \_\_\_\_\_

Inquiring Creditor: \_\_\_\_\_

Explanation of Inquiry: \_\_\_\_\_

Inquiring Creditor: \_\_\_\_\_

Explanation of Inquiry: \_\_\_\_\_

Inquiring Creditor: \_\_\_\_\_

Explanation of Inquiry: \_\_\_\_\_

Inquiring Creditor: \_\_\_\_\_

Explanation of Inquiry: \_\_\_\_\_

Inquiring Creditor: \_\_\_\_\_

Explanation of Inquiry: \_\_\_\_\_

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

**Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service     |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check     | <input type="checkbox"/> Other               |

with the following company ("the Company"):

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

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

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)**

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Relationship (if not the individual to whom the SSN was issued): \_\_\_\_\_

**Contact information of individual signing authorization:**

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

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### Privacy Act Statement

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF -----

### NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>

## **ACKNOWLEDGMENT OF RECEIPT OF HOMEOWNERSHIP COUNSELING NOTICE**

By signing below, Borrower confirms receipt of the list of United States Department of Housing and Urban Development ("HUD") -approved homeownership counseling organizations and further confirms that the list of HUD-approved homeownership counseling organizations was provided to Borrower within three business days after Lender's receipt of Borrower's completed loan application.

Date: \_\_\_\_\_

\_\_\_\_\_  
Borrower

# FNMA 1003: URLA Addendum – Notice of Separate Credit (California)

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## Overview

This Addendum to the Uniform Residential Loan Application (URLA) is to be provided to the borrower when he/she is married and whether it is a joint or individual application.

Date: \_\_\_\_\_

### GENERAL INFORMATION

Lender Name: \_\_\_\_\_ Loan #: \_\_\_\_\_

Borrower Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### SEPARATE ACCOUNT DISCLOSURE

Pursuant to Section 1812(j) of the California Civil Code, a married applicant may apply for a separate account.

### ACKNOWLEDGMENT

By signing below, you acknowledge receipt of this disclosure.

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LOSS PAYEE INFORMATION**

National Mortgage Service, Inc. a California Corporation  
Its Successors and/or Assigns  
3700 Wilshire Blvd., Suite 330  
Los Angeles, CA 90010