



Welcome to BankFinancial!

Dear Valued Customer:

Thank you for considering *BankFinancial* for your loan. We value your business and we are committed to providing you with the best customer service and solutions to your financial needs.

Enclosed you will find everything you need to get started on your *BankFinancial* loan application. We've designed the loan application kit so that you are able to apply for a loan from the comfort of your home at a time that is best for you. We'll take you through the process step-by-step. If you have questions, we have answers. Call our Customer Service Center at 888-409-5200 at any time in the process.

Again, thank you for considering *BankFinancial*.

Sincerely,

BankFinancial

Member FDIC
Equal Housing Lender

P.S. Financial Assurance, a subsidiary of *BankFinancial*, offers a wide variety of insurance products to help you find the best available insurance solution at the lowest possible cost. Call Financial Assurance at 888-409-5300 today and start saving money.

Commercial Real Estate Loan Application



Loan Officer:	Loan Number:
Applicant(s) Name:	

I. Loan Information

Loan Amount:	Amortization:	Interest Rate:	Loan Fee:
Product: <input type="checkbox"/> 3 yr Fixed/1 yr ARM <input type="checkbox"/> 5 yr Fixed/1 yr ARM <input type="checkbox"/> 7 yr Fixed/1 yr ARM <input type="checkbox"/> Fixed/10 yr <input type="checkbox"/> Fixed/15 yr <input type="checkbox"/> Other:			
Will you be choosing the lower rate option for opening an operating account at <i>BankFinancial</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently have a deposit account with <i>BankFinancial</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is account number?			

II. Property Information

Subject Property Address:	
City, State, Zip:	
Property Type: <input type="checkbox"/> Multi-Family <input type="checkbox"/> Mixed Use <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Other:	
Total Number of Units:	Total Number of Vacant Units:
If mixed use or commercial, how many units are commercial units?	
What is the estimated square footage of the rented commercial units?	Vacant commercial units?
Is there an owner's association? <input type="checkbox"/> Yes <input type="checkbox"/> No	Association details if applicable:
Please provide a detailed list of improvements made over the last two years (Description/\$'s):	

III. Loan Purpose Information

Purchase	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete this section	Mortgage contingency date:
Purchase Price: \$	Contract expiration date:
What is the source of down payment: <input type="checkbox"/> Home equity <input type="checkbox"/> Savings <input type="checkbox"/> Gift <input type="checkbox"/> 1031 Starker exchange <input type="checkbox"/> Seller financing	
If Starker exchange, what is expiration of Starker exchange:	
If seller financing: Amount: \$	Interest rate: %
Maturity Date:	Amortization/ Months:

Refinance

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete this section	
Cash Out: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount of cash out: \$	If yes, purpose of the cash out:
Date property was purchased:	Purchase Price: \$

Other:

Are there any subsidized (section 8 or other) leases? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many units are subsidized? -
Are there any month-to-month leases? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many units?

Title Information

In what name is title for property currently held?
Will title change from how it is currently held? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will a new entity be formed as a result of the change in title holder? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of entity will be formed? <input type="checkbox"/> Individual <input type="checkbox"/> Land Trust <input type="checkbox"/> Living Trust <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corporation <input type="checkbox"/> Other:
Name of New Title Holder:

Borrower's Information	
First Borrower's Full Legal Name:	% of Ownership:
Type of entity: <input type="checkbox"/> Individual <input type="checkbox"/> Land Trust <input type="checkbox"/> Living Trust <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corporation <input type="checkbox"/> Other:	
If a Corporation or S-Corp, what is ownership breakdown?	Tax ID number:
If a Land Trust, who are beneficiaries?	
If a Living Trust, who is Trustee?	
If a LLC, who are the members and managing partner?	Tax ID Number:
If a Limited Partnership, who are partners and general partner?	
Second Borrower's Full Legal Name:	% of Ownership:
Type of entity: <input type="checkbox"/> Individual <input type="checkbox"/> Land Trust <input type="checkbox"/> Living Trust <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corporation <input type="checkbox"/> Other:	
If a Corporation or S-Corp, what is ownership breakdown?	Tax ID Number:
If a Land Trust, who are beneficiaries?	
If a Living Trust, who is Trustee?	
If a LLC, who are the members and managing partner?	Tax ID Number:
If a Limited Partnership, who are partners and general partner?	
Third Borrower's Full Legal Name:	% of Ownership:
Type of entity: <input type="checkbox"/> Individual <input type="checkbox"/> Land Trust <input type="checkbox"/> Living Trust <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corporation <input type="checkbox"/> Other:	
If a Corporation or S-Corp, what is ownership breakdown?	Tax ID Number:
If a Land Trust, who are beneficiaries?	
If a Living Trust, who is Trustee?	
If a LLC, who are the members and managing partner?	Tax ID Number:
If a Limited Partnership, who are partners and general partner?	

Representations and Warranties

The undersigned ("Applicant") specifically represents and warrants that: (1) the loan requested by this application will be secured by a first mortgage on the property described herein; (2) the Applicant is either the current owner or the acquiring party of the property; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining the loan indicated herein and are true and correct; (5) the Applicant acknowledges that the lender will rely on the information provided and agrees that he/she/it will have a continuing obligation to amend or supplement the information provided if any material facts change prior to closing; and (6) the property will be occupied and used as indicated in the application.

Date:	Borrower's Signature:
Date:	Co-Applicant's Signature
Date:	Co-Applicant's Signature

Date:	<i>BankFinancial</i> Representative Signature
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**COMMERCIAL REAL ESTATE LOAN APPLICATION
PERSONAL FINANCIAL STATEMENT AS OF _____**

Date

Submitted to: *BankFinancial*

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Home Address			Home Address		
Home Phone No.	Cell Phone No.	Fax No.	Home Phone No.	Cell Phone No.	Fax No.
Email Address			Email Address		
Social Security No.		Date of Birth	Social Security No.		Date of Birth
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years with Employer	Title/Position	Business Phone No.	No. of Years with Employer	Title/Position
Name of previous employer & position (if with current employer less than 3 yrs.)		No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs.)		No. of Yrs.
Name / Phone No. of your Accountant			Name / Phone No. of your Accountant		
Name / Phone No. of your Attorney			Name / Phone No. of your Attorney		
Name / Phone No. of your Insurance Advisor			Name / Phone No. of your Insurance Advisor		

Cash Income & Expenditures Statement For Year Ended _____ (Omit Cents)

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Dividend/Interest Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Alimony/Child Support	
Social Security	
Pension	
Other Income (List)**	
TOTAL INCOME	\$

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential Investment
Property Taxes	Residential Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony / Child Support	
Tuition	
Other Living Expense	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENDITURES	\$

Any significant changes expected in the next 12 months? • Yes • No (if yes, attach information).

**Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Please Answer The Following Questions:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? • Yes • No
If yes, what year(s)? _____
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? • Yes • No
If yes, please provide details: _____
3. Have you drawn a will? • Yes • No
If yes, please furnish the name of the executor(s) and year will was drawn: _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? • Yes • No
6. Did you include two years federal and state tax returns? • Yes • No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? • Yes • No
If so, please indicate where, how much, and name of banker: _____
8. Have you directly or indirectly been obligated on any loan which resulted in a foreclosure, transfer or title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond or loan guarantee?) • Yes • No
If "Yes", please provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action. _____

9. Do you anticipate any substantial inheritances? • Yes • No
If yes, please explain: _____

Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquires you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date

Your Signature

Date

Co-Applicant's Signature (if you are requesting
the financial accommodation jointly)

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact BankFinancial F.S.B., ATTN: Commercial Loan Servicing, 15W060 N Frontage Road, Burr Ridge, IL 60527 (888-404-5200) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of Thrift Supervision, 1475 Peachtree St. N.E., Atlanta, GA 30309.

Information for Government Monitoring Purposes

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race". The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Applicant:

I do not wish to furnish this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Sex:

- Female
- Male

Co-Applicant:

I do not wish to furnish this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Sex:

- Female
- Male

<p>To be Completed by Interviewer This application was taken by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone 	<p>Interviewer's Name (print or type)</p> <hr/> <p>Interviewer's Signature</p> <hr/> <p>Interviewer's Phone Number (incl. area code)</p>	<p>Name and Address of Interviewer's employer</p> <p>Bank <i>Financial</i> F.S.B 15W060 North Frontage Road Burr Ridge, Illinois 60527</p>
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CHANGE OF ADDRESS OR NAME

DATE SSN/TIN #

PRESENT NAME AND ADDRESS NAME _____ PHONE _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ E-MAIL _____

NEW NAME AND ADDRESS NAME _____ PHONE _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ E-MAIL _____

ACCOUNT NUMBER(S)

- PLEASE INDICATE YOUR ACCOUNTS BY CHECK MARK
- | | |
|--|---|
| <input type="checkbox"/> REGULAR CHECKING _____ | <input type="checkbox"/> SAFETY DEPOSIT BOX _____ |
| <input type="checkbox"/> IRA _____ | <input type="checkbox"/> LOANS _____ |
| <input type="checkbox"/> SAVINGS _____ | <input type="checkbox"/> INSURANCE _____ |
| <input type="checkbox"/> CERTIFICATES OF DEPOSIT _____ | <input type="checkbox"/> CASH CARD _____ |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

COMMENTS: _____

SIGNATURE _____
Expere™ ©Bankers Systems, Inc., St. Cloud, MN Form 94-CA NCR 11/15/2002

TAKEN BY _____
BankFinancial
15W060 N Frontage Rd
Burr Ridge, IL 60527
630-242-7231

Commercial Building Rent Roll Worksheet

# of Units		Borrower:					Property Address:							
Unit	Unit #	** Tenant Name	Date of Occupancy	Lease Type <small>M=Monthly A=Annual</small>	Section #	Gross Rent	Market Rent	Lease Start Date	Lease End Date	Security Deposit	# of Bedrooms	# of Baths	Unit Sq Footage	CAM
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Grand Totals	Monthly	
	Annual	

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Attach signed copies of leases or month to month lease affidavits **Signed Lease Provided (X)	Preparer's Signature Date:
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MONTH TO MONTH TENANCY
RENT VERIFICATION AFFIDAVIT

TO: _____ DATE: _____

RE: BORROWER(S): _____

LOAN #: _____

PROPERTY ADDRESS: _____

LANDLORD NAME(S): _____

TENANT NAME(S): _____

APARTMENT NO.: _____ TENANT(S) PHONE NO.: (_____)

DATE OF ORIGINAL OCCUPANCY: _____

CURRENT MONTHLY RENT PAYMENT: \$ _____

AMOUNT OF SECURITY DEPOSIT HELD BY CURRENT OWNER: \$ _____

CURRENT MONTHLY RENT HAS BEEN IN EFFECT SINCE: _____
(MONTH/YEAR)

CURRENT MONTHLY RENT IS PAID THROUGH: _____
(MONTH/YEAR)

WE THE UNDERSIGNED AFFIANT'S REPRESENT AND WARRANT THAT THERE IS CURRENTLY A MONTH TO MONTH TENANCY AND THAT THE RENTAL DATE STATED ABOVE IS TRUE AND ACCURATE. THIS AFFIDAVIT IS MADE TO INDUCE THE LENDER TO CONSIDER THIS RENTAL INCOME VERIFICATION IN LIEU OF A CURRENT LEASE AGREEMENT.

(SEAL) _____ (SEAL)
LANDLORD *TENANT*

(SEAL) _____ (SEAL)
LANDLORD *TENANT*

Form **4506-T**
(January 2004)

Request for Transcript of Tax Return

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-1872

TIP: Use new Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	

4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

CAUTION: Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.

6 Product requested. Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶ _____

- a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years
- b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns
- c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years
- d Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year
- e Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

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

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T.

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

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

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

A Change To Note

• New Form 4506-T, Request for Transcript of Tax Return, is used to request tax return transcripts, tax account transcripts, W-2 information, 1099 information, verification of non-filing, and a record of account. Form 4506, Request for Copy of Tax Return, is now used only to request copies of tax returns.

Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

Note: If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series)

If you lived in and filed an individual return:	Mail or fax to the Internal Revenue Service at:
Maine, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, West Virginia, Rhode Island	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741 512-460-2272
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4992
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999 816-823-7667
Ohio, Virginia	RAIVS Team 5333 Cetwell Rd. Stop 2826 Memphis, TN 38118 901-546-4175

Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP SE 135 Philadelphia, PA 19255-0695 215-516-2931
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Chart for all other transcripts

If you lived in:	Mail to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84201 801-620-6922

Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250 859-669-3592
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Line 1b. Enter your employer identification number if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

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. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

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

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 11 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send the form to this address. Instead, see Where to file on this page.



AUTHORIZATION TO PROVIDE CERTIFIED TRUST AGREEMENT

TO *BANKFINANCIAL*, F.S.B.

_____ (Name of beneficiaries)

I/WE, the beneficial owner(s) with power of direction of land trust number _____ dated _____ at _____ hereby authorize the land trustee to provide BankFinancial, F.S.B. with a certified copy of the Trust Agreement including any and all assignments or amendments thereto. The cost of said copies shall be billed to the beneficiaries at the address set forth in the files of the land trustee.

Dated: _____, 20__

Beneficiaries:

NOTICE OF INSURANCE REQUIREMENTS FOR *BankFinancial*, F.S.B. BORROWERS

Your mortgage agreement requires *BankFinancial*, F.S.B. to make sure that the mortgage premises are protected by insurance so that your investments, as well as ours, will be secured in the event of destruction by fire or other insurable hazard.

INSURANCE PLACED THROUGH FINANCIAL ASSURANCE

BankFinancial, F.S.B. can arrange to have the property insurance placed for you through their insurance subsidiary, Financial Assurance. If insurance is purchased through Financial Assurance, they will provide *BankFinancial*, F.S.B. with proof of insurance for your closing. The first year’s premium is payable at the time of closing. Financial Assurance does offer mortgage life and disability insurance.

INSURANCE PLACED THROUGH OUTSIDE AGENCY

For those who desire to obtain insurance through an outside source, the following requirements **MUST** be met to protect your mortgage and financial investments:

1. The property insurance must be written through a company rated A+ (Best’s Key Rating Guide). Reinsurance certificates are not acceptable.
2. Original policy issued by the insuring company must be presented three (3) days before closing with a one year paid receipt. A binder is not sufficient.
3. The insurance must be in sufficient amount to protect this Bank’s insurable investments.
4. *BankFinancial*, F.S.B. must appear on the policy as the mortgagee with a lender’s loss payable or mortgagee clause endorsement.
5. Renewal policies must be delivered fifteen (15) days prior to the expiration of existing insurance.
6. Policies are to be written for a term of one or three years and must have a ten (10) day Notice of Cancellation clause. Annual extension certificates are required on all continuous policies.
7. Payment of insurance premiums are mortgagor’s responsibility. There is no escrow held to pay these premiums.

_____ I (we) hereby authorize *BankFinancial*, F.S.B.
initials

_____ I (we) do not authorize *BankFinancial*, F.S.B.
initials

To provide Financial Assurance with any person/credit information about me (us) that is needed for the purpose of providing me (us) with an insurance quote. Typically the only personal/credit information that is needed is a copy of my (our) property appraisal, and information concerning the premiums, terms and conditions of existing or proposed insurance coverages, insurance claims, and insurance history, but in some cases other information may be needed.



Profit & Loss Statement
From _____ through _____

Payroll: _____ Phone: _____

Marketing: _____ Contributions: _____

Insurance: _____ Supplies: _____

Rent: _____ Taxes: _____

Utilities: _____ Miscellaneous: _____

Total Expenses: _____

Total Income /200_: _____

Total Profit FYE 200_: _____

I certify that the above information is true to the best of my knowledge.

Signature: _____

Signature: _____

CERTIFICATE OF INCUMBENCY

The undersigned _____, Secretary of _____ certifies to BankFinancial, that the officers listed below are the officers of the Corporation, that they were duly elected at the last meeting of the Board of Directors, and that they have power to act on behalf of the Corporation, including, but not limited to, the execution of any and all documents necessary to the completion of a loan from BankFinancial:

_____	President
_____	Vice President
_____	Secretary
_____	Treasurer

I further certify that _____ is a valid and duly organized Corporation under the laws of the State of _____, and is in good standing as of the date of this certificate.

Dated this _____ day of _____, 200__.

Name: _____
Title: _____

EXHIBIT A

I. RATE LOCK REQUIREMENTS

BORROWER INFORMATION

- Fully completed and signed Loan Application.
 - Fully completed and signed Schedule of Real Estate Owned (if applicable).
 - Copies of the previous three years Personal Tax Returns, currently signed and dated by all filers, with all supporting schedules (including K-1's) and W-2's attached.
 - Pay stubs covering the past 30 days (if applicable).
 - Complete copies of all deposit account statements covering the past 60 days.
 - Application Fee
- For Self-Employed Borrowers Only:***
- Copies of the previous three years Business Tax Returns for self employed applicants (i.e. Partnership, Corporations, LLCs etc.), currently signed and dated by all owners, including all supporting schedules.
 - Current Year-to-date Profit and Loss Statement

PROPERTY INFORMATION

<i>Purchase Transactions</i>	<i>Refinance Transactions</i>
<ul style="list-style-type: none"> <input type="checkbox"/> Fully executed sales contract including all amendments and riders. <input type="checkbox"/> Current Rent Roll signed by the Seller. <input type="checkbox"/> Copies of all leases or month to month affidavit supporting Rent Roll. <input type="checkbox"/> Historical Operating Statements on a fully completed BankFinancial Form for 2 previous years and current year-to-date information, signed by the Seller. <input type="checkbox"/> Plat of survey dated within preceding 6 months. <input type="checkbox"/> Condominium Association Declarations of Covenants, Conditions, Easements, Restrictions and Party Wall Rights, Bylaws, evidence of insurance and two-year budget for the Association, (if applicable). <input type="checkbox"/> IRS S. 1031 Information & HUD-1 (if applicable) <input type="checkbox"/> Environmental performed Phase I or Phase II (if applicable). <input type="checkbox"/> Contractor Estimates for construction or up-grades (if applicable). 	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of owner's Title Insurance Policy. <input type="checkbox"/> Current Rent Roll. <input type="checkbox"/> Copies of all leases or month to month affidavit supporting Rent Roll. <input type="checkbox"/> Historical Operating Statements on a fully completed BankFinancial Form for 2 previous years and current year-to-date information, signed by you. <input type="checkbox"/> Plat of survey dated within preceding 6 months. <input type="checkbox"/> Condominium Association Declarations of Covenants, Conditions, Easements, Restrictions and Party Wall Rights, Bylaws, evidence of insurance and two-year budget for the Association, (if applicable). <input type="checkbox"/> Evidence of Property & Casualty Insurance. <input type="checkbox"/> Contractor Estimates for construction or up-grades (if applicable).

<u>OWNERSHIP INFORMATION</u>	
<i>Corporations</i>	<i>Limited Liability Companies (LLC)</i>
<input type="checkbox"/> Copy of certified and filed Articles of Incorporation. <input type="checkbox"/> Copy of Certificate of Good Standing for Corporation. <input type="checkbox"/> If Property is outside Corporation's state of incorporation, a copy of certified and filed Certificate of Authority to Transact Business. <input type="checkbox"/> Copy of Corporate By-Laws and Resolution certified by corporate secretary and all Borrowers disclosing that Borrower(s) own 51% of Corporation.	<input type="checkbox"/> Copy of certified and filed Articles of Organization. <input type="checkbox"/> Copy of Certificate of Good Standing for LLC. <input type="checkbox"/> If Property is outside LLC's state of registration, a copy of certified and filed Certificate of Authority to Transact Business. <input type="checkbox"/> Copy of Operating Agreement for LLC, certified by LLC Manager disclosing that Borrower(s) are the only Members.
<i>Partnerships</i>	<i>Trusts & Sole Proprietorships</i>
<p><u>General Partnerships:</u></p> <input type="checkbox"/> Copy of General Partnership Agreement disclosing that Borrowers are the only General Partners. <p><u>Limited Partnerships:</u></p> <input type="checkbox"/> Copy of certified and filed Articles of Limited Partnership. <input type="checkbox"/> Copy of Certificate of Good Standing for Limited Partnership <input type="checkbox"/> If Property is outside Partnership's state, a copy of certified and filed Certificate of Authority to Transact Business. <input type="checkbox"/> Copy of Limited Partnership Agreement signed by all Borrowers disclosing that Borrower(s) are the only General Partners and that Borrower(s) collectively own 10% of the partnership. <input type="checkbox"/> Copy of all partnership documents for Entity General Partner (if applicable).	<p><u>Land Trusts:</u></p> <input type="checkbox"/> Certified Copy of Land Trust Agreement dated within past 90 days (including all amendments) disclosing Borrower(s) are the sole beneficiary(s). <input type="checkbox"/> Copy of any Assignments of Beneficial Interest, including Collateral Assignments. <p><u>Living Trusts:</u></p> <input type="checkbox"/> Copy of Living Trust Agreement certified by all Trustees disclosing Borrower(s) are the sole beneficiary(s). <p><u>Sole Proprietorships:</u></p> <input type="checkbox"/> Copy of Assumed Name Certificate <p>Note:</p> <input type="checkbox"/> If multiple entities are involved, you will need to provide all required information for each entity.