

Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower", as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when the income or assets of a person other than the "Borrower" (including the Borrower's spouse) will be used as a basis for loan qualification or the income or assets of the Borrower's spouse will not be used as a basis for loan qualification, but his or her liabilities must be considered because the Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

I. TYPE OF MORTGAGE AND TERMS OF LOAN

Mortgage Applied for:	<input type="checkbox"/> VA	<input type="checkbox"/> Conventional	<input type="checkbox"/> Other (explain):	Agency Case Number	Lender Case Number
	<input type="checkbox"/> FHA	<input type="checkbox"/> USDA/Rural Housing Service			
Amount	Interest Rate	No. of Months	Amortization Type:	<input type="checkbox"/> Fixed Rate	<input type="checkbox"/> Other (explain):
\$	%			<input type="checkbox"/> GPM	<input type="checkbox"/> ARM (type):

II. PROPERTY INFORMATION AND PURPOSE OF LOAN

Subject Property Address (street, city, state, & ZIP)		No. of Units
Legal Description of Subject Property (attach description if necessary)		Year Built
Purpose of Loan	<input type="checkbox"/> Purchase	<input type="checkbox"/> Construction
	<input type="checkbox"/> Refinance	<input type="checkbox"/> Construction-Permanent
	<input type="checkbox"/> Other (explain):	
Property will be:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Secondary Residence
	<input type="checkbox"/> Investment	

Complete this line if construction or construction-permanent loan.

Year Lot Acquired	Original Cost	Amount Existing Liens	(a) Present Value of Lot	(b) Cost of Improvements	Total (a + b)
\$	\$	\$	\$	\$	\$

Complete this line if this is a refinance loan.

Year Acquired	Original Cost	Amount Existing Liens	Purpose of Refinance	Describe Improvements	<input type="checkbox"/> made	<input type="checkbox"/> to be made
\$	\$	\$		Cost: \$		

Title will be held in what Name(s)	Manner in which Title will be held	Estate will be held in:
		<input type="checkbox"/> Fee Simple
		<input type="checkbox"/> Leasehold (show expiration date)

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

III. BORROWER INFORMATION

Borrower's Name (include Jr. or Sr. if applicable)				Co-Borrower's Name (include Jr. or Sr. if applicable)			
Social Security Number	Home Phone (incl. area code)	DOB (MM/DD/YYYY)	Yrs. School	Social Security Number	Home Phone (incl. area code)	DOB (MM/DD/YYYY)	Yrs. School
<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried (include single, divorced, widowed)	Dependents (not listed by Co-Borrower) no. ages		<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried (include single, divorced, widowed)	Dependents (not listed by Borrower) no. ages	
<input type="checkbox"/> Separated				<input type="checkbox"/> Separated			
Present Address (street, city, state, ZIP)	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	No. Yrs.	Present Address (street, city, state, ZIP)	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	No. Yrs.

Mailing Address, if different from Present Address	Mailing Address, if different from Present Address
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If residing at present address for less than two years, complete the following:

Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	No. Yrs.	Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	No. Yrs.
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IV. EMPLOYMENT INFORMATION

Borrower		Co-Borrower	
Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job	Yrs. on this job
		Yrs. employed in this line of work/profession	Yrs. employed in this line of work/profession
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)	Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)
		Monthly Income			Monthly Income
		\$			\$
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)		

Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)	Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)
		Monthly Income			Monthly Income
		\$			\$
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)		



V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income *	\$	\$	\$	Rent	\$	
Overtime				First Mortgage (P&I)		\$
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other (before completing, see the notice in "describe other income," below)				Homeowner Assn. Dues		
				Other:		
Total	\$	\$	\$	Total	\$	\$

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

B/C	Describe Other Income Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.	Monthly Amount
		\$

VI. ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Co-Borrower section was completed about a spouse, this Statement and supporting schedules must be completed about that spouse also.

Completed Jointly Not Jointly

ASSETS	Cash or Market Value	LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance
Description		Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property.		
Cash deposit toward purchase held by:	\$	Name and address of Company	\$ Payment/Months	\$
<i>List checking and savings accounts below</i>		Acct. no.		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
Acct. no.	\$	Acct. no.		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
Acct. no.	\$	Acct. no.		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
Acct. no.	\$	Acct. no.		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
Acct. no.	\$	Acct. no.		
Stocks & Bonds (Company name/number & description)	\$	Name and address of Company	\$ Payment/Months	\$
Life insurance net cash value	\$	Acct. no.		
Face amount: \$		Name and address of Company	\$ Payment/Months	\$
Subtotal Liquid Assets	\$	Acct. no.		
Real estate owned (enter market value from schedule of real estate owned)	\$	Name and address of Company	\$ Payment/Months	\$
Vested interest in retirement fund	\$	Acct. no.		
Net worth of business(es) owned (attach financial statement)	\$	Name and address of Company	\$ Payment/Months	\$
Automobiles owned (make and year)	\$	Acct. no.		
Other Assets (itemize)	\$	Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	
		Job-Related Expense (child care, union dues, etc.)	\$	
		Total Monthly Payments	\$	
Total Assets a.	\$	Total Liabilities b.	\$	

Continuation Sheet/Residential Loan Application

Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark B for Borrower or C for Co-Borrower.	Borrower:	Agency Case Number:
	Co-Borrower:	Lender Case Number:

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 Title 18, United States Code, Section 1001, et seq.

Borrower's Signature: X	Date	Co-Borrower's Signature: X	Date
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This addendum is incorporated into and shall be deemed to amend and supplement the Financial Statement to which it is attached.
Schedule of Real Estate Owned

Applicant's Signature _____ Date _____

Property Address	% Owned	Property Type/No. of Units	Acq. Date	Acquisition Cost	Present Market Value	Maturity Date	Amount of Mortgages and Liens	Lender and Loan Number	(1) Effective Gross Income	(2) Total Operating Expenses (include taxes and ins.)	(3) Annual Payments (exclude impounds)	Cash Flow (column 1 less columns 2&3)
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Commercial Operating History

Property Address:

Instructions: Please provide complete operating statements for the previous two full years and for the current year to date. You may attach your own operating statement format or provide your Schedule E's from your Federal Income Tax returns. If your property is new, please complete the YTD operating statement and provide a 12 month proforma in one of the historical columns.

Annual Income	2001	2002	2003 YTD		
Rental Income Collected					
NNN Reimbursement					
Parking Income					
Other Income					
Total Income Collected					
Annual Expenses					
Taxes					
Insurance					
License/Accounting/Legal					
Electricity *(Y/N)					
Rubbish					
Water *(Y/N)					
Gas *(Y/N)					
Security					
Gardener					
Offsite Management					
Supplies					
Elevator					
Cleaning Expense					
Advertising					
Telephone					
Building Maint & Repair					
Pest Control					
Parking Service					
Amortization					
Total Expenses					
Capital Improvements(Non-Recurring Expenses)					
Replacement Reserves					
Tenant Improvements					
Leasing Commissions					
Other					
Total Capital Improvements					
Total Expenses					
Net Operating Income					
I certify that under penalty of perjury that the information herein is true and correct as of					
					Date
Borrower/ Seller		Date		Borrower/ Seller	Date



VENTURE WEST FUNDING

USA PATRIOT Act Disclosure

Effective on all loans funding on or after October 1, 2003 Venture West Funding, Inc. will be required to comply with Section 326 of the USA PATRIOT Act. Section 326 creates a statutory obligation to “verify the identity of each customer/borrower”. This requires Venture West Funding, Inc. (“VWF”) to implement and follow procedures that allow VWF to have a reasonable belief that it knows the identity of the customer/borrower. VWF, in response has created a Customer Identification Program (CIP).

In order to help the Government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

VWF will require that its employees perform the necessary steps of the CIP Program in order that VWF meets the regulatory requirements of the Act. Agreements with the employees will be enhanced so they are responsible for providing the CIP Notice to the applicant, and that they collect applicant identity information (Name, Physical Address*, DOB and SS# or other government issued identification documents). Because the employee pulls a credit report they must compare the credit report information with that provided by the applicant and document any discrepancy resolution. If the Employee collects paycheck stubs, tax returns, or other documents, they are responsible for comparing the information on those documents to the identity information provided by the applicant and document any discrepancy resolution.

Forms of Identification: There are two types of documents suitable for verifying the identification of an applicant: Primary and Secondary forms of Identification. “Primary” forms are documents that include the applicant’s picture. “Secondary” forms are documents that do not necessarily include a picture. For all applications taken in person (“face to face”), at least one of the documents used to verify must be from the list of Primary forms of ID. For applications taken by phone, mail or internet you may use any combination of Primary or Secondary documents.

Primary Forms of Identification	Secondary Forms of Identification
Current State Issued Driver License Current State Issued ID Card Current Military ID Card Valid Passport** Current US Alien Registration Card** Current Canadian Driver License	Social Security Card Government Issued Visa** Birth Certificate Home/Car/renter insurance documents Recent Utility Bill Voter Registration Card Non US/Canadian Driver License Organizational Membership Card

Prior to taking any of the above information, The Employee is responsible for providing notice to the customer indicating that Federal law requires it to obtain, verify and record information that identifies each person on the loan application.

I/we have read this disclosure form, and understand its contents, as evidenced by my/our signature(s) below.

Acknowledgement of Receipt:

Borrower: _____ Date: _____

Date of Birth: _____

Co-Borrower: _____ Date: _____

Date of Birth: _____

* Physical Address where the borrower can be located after the loan closes; if the borrower does not have a physical address, nearest living relative information should be provided.

** For applicants who have no social security number or tax identification number, the Lender will require VWF review a Passport, US Alien Registration Card, or a Government-issued Visa as one of the two forms of Identification.



VENTURE WEST FUNDING

BORROWER'S CERTIFICATION & AUTHORIZATION 1097 FORM

The undersigned certify the following:

1. I/we have applied for a mortgage loan through **VENTURE WEST FUNDING, INC.** In applying for this loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/we made no misrepresentation in the loan application or in the other documents, nor did I/we omit any pertinent information.
2. I/we understand that it is a Federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for a mortgage, as applicable under the provisions of Title 18, United State Code, Section 1014.

AUTHORIZATION TO RELEASE INFORMATION

1. I/we have applied for a mortgage loan through **VENTURE WEST FUNDING, INC.** As part of the application process, **VENTURE WEST FUNDING, INC.** may verify information contained in my/our loan application and in other documents required in connection with the loan.
2. I/we authorize you to provide **VENTURE WEST FUNDING, INC.** any and all information and documentation they request. Such information includes, but is not limited to employment history and income, bank, money market, and similar account balances, credit history, and copies of income tax returns.
3. A copy of this authorization may be accepted as an original.
4. Your prompt reply to **VENTURE WEST FUNDING, INC.** is appreciated.

Borrower's Signature

Social Security Number

Date

Co-Borrower's Signature

Social Security Number

Date

Form **4506**

(Rev. May 1997)

Department of the Treasury
Internal Revenue Service

Request for Copy or Transcript of Tax Form

▶ **Read instructions before completing this form.**

OMB No. 1545-0429

▶ **Type or print clearly. Request may be rejected if the form is incomplete or illegible.**

Note: Do not use this form to get tax account information. Instead, see instructions below.

<p>1a Name shown on tax form. If a joint return, enter the name shown first.</p>	<p>1b First social security number on tax form or employer identification number (see instructions)</p>
<p>2a If a joint return, spouse's name shown on tax form</p>	<p>2b Second social security number on tax form</p>
<p>3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code</p>	
<p>4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3</p>	
<p>5 If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address</p>	
<p>6 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here <input type="checkbox"/></p>	
<p>7 If name in third party's records differs from line 1a above, enter that name here (see instructions) ▶</p>	
<p>8 Check only one box to show what you want. There is no charge for items 8a, b, and c:</p> <p>a <input type="checkbox"/> Tax return transcript of Form 1040 series filed during the current calendar year and the 3 prior calendar years (see instructions).</p> <p>b <input type="checkbox"/> Verification of nonfiling.</p> <p>c <input type="checkbox"/> Form(s) W-2 information (see instructions).</p> <p>d <input type="checkbox"/> Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). The charge is \$23 for each period requested.</p> <p>Note: If these copies must be certified for court or administrative proceedings, see instructions and check here <input type="checkbox"/></p>	
<p>9 If this request is to meet a requirement of one of the following, check all boxes that apply.</p> <p><input type="checkbox"/> Small Business Administration <input type="checkbox"/> Department of Education <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Financial institution</p>	
<p>10 Tax form number (Form 1040, 1040A, 941, etc.)</p>	<p>12 Complete only if line 8d is checked.</p> <p>Amount due:</p> <p>a Cost for each period \$ 23.00</p> <p>b Number of tax periods requested on line 11</p> <p>c Total cost. Multiply line 12a by line 12b. \$</p> <p><i>Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service."</i></p>
<p>11 Tax period(s) (year or period ended date). If more than four, see instructions.</p>	

Caution: Before signing, make sure all items are complete and the form is dated.

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. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

Please Sign Here	Signature. See instructions. If other than taxpayer, attach authorization document.	Date	Telephone number of requester ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		Best time to call
	Spouse's signature	Date	TRY A TAX RETURN TRANSCRIPT (see line 8a instructions)

Instructions

Section references are to the Internal Revenue Code.

TIP: If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.

Purpose of Form.—Use Form 4506 to get a tax return transcript, verification that you did not file a Federal tax return, Form W-2 information, or a copy of a tax form. Allow 6 weeks after you file a tax form before you request a copy of it or a transcript. For W-2

information, wait 13 months after the end of the year in which the wages were earned. For example, wait until Feb. 1999 to request W-2 information for wages earned in 1997.

Do not use this form to request Forms 1099 or tax account information. See this page for details on how to get these items.

Note: Form 4506 must be received by the IRS within 60 calendar days after the date you signed and dated the request.

How Long Will It Take?—You can get a tax return transcript or verification of nonfiling within 7 to 10 workdays after the IRS receives your request. It can take up to 60 calendar

days to get a copy of a tax form or W-2 information. To avoid any delay, be sure to furnish all the information asked for on Form 4506.

Forms 1099.—If you need a copy of a Form 1099, contact the payer. If the payer cannot help you, call or visit the IRS to get Form 1099 information.

Tax Account Information.—If you need a statement of your tax account showing any later changes that you or the IRS made to the original return, request tax account information. Tax account information lists

(Continued on back)

Tax Information Authorization

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name _____
 Telephone (____) _____
 Function _____
 Date ____/____/____

▶ IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

1 Taxpayer information.

Taxpayer name(s) and address (please type or print)	Social security number(s) _____ _____	Employer identification number _____
	Daytime telephone number (____) _____	Plan number (if applicable) _____

2 Appointee.

Name and address (please type or print)	CAF No. _____ Telephone No. (____) _____ Fax No. (____) _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line.

(a) Type of Tax (Income, Employment, Excise, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. (See the instructions on page 2.)
 If you checked this box, skip lines 5 and 6.

5 Disclosure of tax information (you **must** check the box on line 5a or b unless the box on line 4 is checked):
 a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box
 b If you do not want any copies of notices or communications sent to your appointee, check this box

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed above on line 3 unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **MUST** attach a copy of any authorizations you want to remain in effect **AND** check this box
 To revoke this tax information authorization, see the instructions on page 2.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

Signature _____	Date _____	Signature _____	Date _____
Print Name _____	Title (if applicable) _____	Print Name _____	Title (if applicable) _____

General Instructions

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

Purpose of form. Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on this form. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on the form.

Form 8821 does not authorize your appointee to advocate your position with respect to the Federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use **Form 2848**, Power of Attorney and Declaration of Representative.

Use **Form 56**, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.

Taxpayer identification numbers (TINs). TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.



VENTURE WEST FUNDING

**NOTICE TO HOME LOAN APPLICANT
California Credit Score Disclosure**

In connection with your application for a home loan, the lender must disclose to you the score that a credit bureau distributed to users and the lender used in connection with your home loan, and the key factors affecting your credit scores. The credit score is a computer generated summary calculated at the time of the request and based on information a credit bureau or lender has on file. The scores are based on data about your credit history and payment patterns. Credit scores are important because they are used to assist the lender in determining whether you will obtain a loan. They may also be used to determine what interest rate you may be offered on the mortgage. Credit scores can change over time, depending on your conduct, how your credit history and payment patterns change, and how credit scoring technologies change.

Because the score is based on information in your credit history, it is very important that you review the credit-related information that is being furnished to make sure it is accurate. Credit records may vary from one company to another.

If you have questions about your credit score or the credit information that is furnished to you, contact the credit bureau at the address and telephone number provided with this notice, or contact the lender, if the lender developed or generated the credit score, the credit bureau plays no part in the decision to take any action on the loan application and is unable to provide you with specific reasons for the decision on a loan application.

If you have any questions concerning the terms of the loan, contact the lender, If you have questions about your credit scores or the information in the credit report from which the scores were computer, you can contact the credit bureaus at the addresses and phone numbers listed below.

	Borrower's Score	Co-Borrower's Score
Equifax (800) 685-1111 P.O. Box 740258 Atlanta, GA 30374-0258	_____	_____
Trans Union (866) 887-2673 P.O. Box 4000 Chester, PA 19016-4000	_____	_____
Experian (888) 397-3742 P.O. Box 2104 Allen, TX 75013	_____	_____

Acknowledgement of Receipt:

Borrower: _____ Date: _____

Co-Borrower: _____ Date: _____



VENTURE WEST FUNDING

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The federal Equal Credit Opportunity Act (ECOA) prohibits discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the application has the capacity to enter into a binding contract); because all or part of the applicant's income derived from any public assistance programs; or because the applicant has in good faith exercised any right under the consumer credit protection act. The federal agency which administers compliance with this law, is:

Federal Trade Commission
600 Pennsylvania Avenue, N.W.
Washington, DC 20580

THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977
FAIR LENDING NOTICE

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

- Trends, characteristics or conditions in the neighborhood of geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.
- Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national original composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four family residences occupied by the owner and for the purpose of the home improvement of any one to four unit family residence.

If you have questions about your rights, or if you wish to file a complaint, contact the management of the financial institution or:

Department of Real Estate
320 W. 4th Street, Suite 350
Los Angeles, CA 90013-1105

OR

Department of Real Estate
1515 Clay Street, Suite 702
Oakland, CA 94612-1402

NOTICE TO APPLICANT OF RIGHT TO RECEIVE COPY OF APPRAISAL REPORT

You have the right to a copy of the appraisal report that we will obtain on your property, provided that you have paid for or are willing to pay for the appraisal. To request a copy of the appraisal report, please phone your loan officer at 310-364-3131 or submit a written request to:

Venture West Funding, Inc.
2101 Rosecrans Avenue, Suite 1225
El Segundo, CA 90245

Acknowledgement of Receipt:

BORROWER SIGNATURE DATE CO-BORROWER SIGNATURE DATE