



**CLOSING INSTRUCTIONS FOR LOAN 400891699
ATTENTION: CLOSING/ESCROW AGENT**

KOMERNENI
Loan #: 400891699
MIN: 100853704008916994

The Closing Agent, which includes the person and company responsible for conducting the mortgage loan closing for the loan referenced above, must follow the Closing Instructions below and attached herein.

By conducting the closing and accepting payment for such services, Closing Agent confirms that it has complied with all Closing Instructions set for below and herein. In the event the Closing Agent fails to close this mortgage loan transaction in accordance with the Closing Instructions, including the Important Information below, Closing Agent will reimburse loanDepot.com, LLC (the "Lender") for any out of pocket costs resulting from such failure.

IMPORTANT INFORMATION: Expectations Within 48 hours

Wet Signed Closing Documents with the exception of those to be recorded (Deed of Trust/Mortgage/Security Instrument/Riders/ POA, etc) must be returned to our offices within **48 hours** of signing or receiving documents from consumer. Failure to deliver the closed loan package within 48 hours may result in Lender's inability to meet an Investor Delivery deadline, requiring financial reimbursement to Lender for any expense or penalties. Send to:

loanDepot.com, LLC
Attn: Scanning Department
6531 Irvine Center Drive, Suite 100
Irvine, CA 92618

Email lender with loan number and tracking information for return of closing package. Please also include PDF of the label for reference. Email to: DocsBackTracking@loandepot.com

E-Recorded Security Instrument Delivery Instructions: If recorded via SimpliFile please use SimpliFile Post Closing to record ALL Documents within e-recording eligible counties.

- If recording was done via any other E-Recording Platform other than SimpliFile, then please:
 - Email image of ALL e-Recorded Documents to LD_TrailingDocuments@loandepot.com
 - If Electronic delivery is not an option, please ship to
loanDepot.com, LLC
Attn: Document Control
6531 Irvine Center Drive, Suite 100
Irvine, CA 92618
- **IF LOAN IS FOR A BOND OR HOUSING AGENCY, PLEASE FOLLOW BELOW INSTRUCTION REGARDLESS OF RECORDING TYPE:**
 - Please ship ALL Original Recorded documents to
loanDepot.com, LLC
Attn: Document Control
6531 Irvine Center Drive, Suite 100
Irvine, CA 92618

Final Settlement Requirements and Delivery Instructions: Within 48 hours of disbursement

Creditor payoff checks issued through the settlement agent shall be delivered to the borrower for final delivery to the creditor(s). Settlement agent shall not be responsible for borrowers delivery or creditor(s)' final receipt of the payoff checks.



A final Settlement Statement (ALTA) and/or Disbursement Ledger must show a chronological history of all checks/payments disbursed from escrow.

- Email to: FinalSettlement@loandepot.com
- ALTA must list each fee as un-bundled line items with a payee listed for each item disbursed at closing based on the Lender's Closing Disclosure OR Disbursement Ledger must show a chronological history of all checks/payments disbursed from escrow.
- The disbursement date on the ALTA Settlement Statement must reflect the date on which the majority of the loan proceeds are disbursed to the existing lender and/or the borrower. The majority of the loan proceeds is defined when more than 50% of the loan proceeds have been disbursed on the borrower's behalf. If the check/wire representing the majority of the funds is returned/rejected resulting in a new check/wire, the disbursement date on the revised ALTA must reflect the date in which the new check/wire was sent.



PLEASE READ CAREFULLY BEFORE PROCEEDING

KOMERNENT
Loan #: 400891699
MIN: 100853704008916994

THIS IS A HYBRID eCLOSE PRINT PACKAGE WHICH
SEPARATES THE CLOSING PACKAGE INTO TWO
SECTIONS:

SECTION I: INK SIGN PACKAGE (REQUIRED)

SECTION II: e-SIGN PACKAGE*

* CONTACT BORROWER(S) AND CONFIRM ALL HAVE COMPLETED E-SIGNING OF THE CLOSING PACKAGE. NON-BORROWING SPOUSES / INTERESTED PARTIES ARE REQUIRED TO INK SIGN DOCUMENTS SO THEY DO NOT RECEIVE THIS PACKAGE ELECTRONICALLY.

IF ALL BORROWER(S) HAVE E-SIGNED, SECTION II **DOES NOT** NEED TO BE INK SIGNED.

OTHERWISE, BE SURE TO PRINT SECTION II (INDICATED BY A DIVIDER IN THE CLOSING PACKAGE) TO HAVE ALL BORROWER(S) INK SIGN.



**IMPORTANT NOTE FOR DOCUMENT DELIVERY!
PLEASE READ!**

The shipping label for returning signed documents must read:

loanDepot.com, LLC
Attn: Scanning Department
6531 Irvine Center Drive, Suite 100
Irvine, CA 92618

Note: Failure to deliver the closed loan package within 48 hours may result in Lender's inability to meet an Investor's delivery deadline, requiring your financial reimbursement (to Lender) for any expenses or penalties.

Thank you for your attention and cooperation in making this closing a successful one.



CLOSING WORKSHEET

Loan #: 400891699

Investor: LOANDEPOT.COM, LLC			Lender: LOANDEPOT.COM, LLC			
Loan Program: 92445 CONV FIXED 30 YEAR FREDDIE		Type of Loan: <input checked="" type="checkbox"/> Conv <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> RD	Purpose of Loan: <input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Cash-Out Refi. <input type="checkbox"/> No Cash-Out Refi. <input type="checkbox"/> Construction Only <input type="checkbox"/> Construction/ Perm <input type="checkbox"/> HELOC		Program Type: <input checked="" type="checkbox"/> Conforming <input type="checkbox"/> Non-Conforming	
Amort: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> ARM		Repayment Options: <input type="checkbox"/> Interest Only <input type="checkbox"/> Balloon <input type="checkbox"/> Buydown		MERS #: 100853704008916994		
New Construction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Occupancy: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	Lien Position: <input checked="" type="checkbox"/> First <input type="checkbox"/> Second			
Document Package Type: Closing			Alt Doc Package:			
BORROWER/SELLER INFORMATION						
Borrower	First Name	Middle Name	Last Name	Suffix	SS #	Gender
Ist	BHAVYA		KOMERNENI		316-41-9291	SHE
Phone: (903) 239-2179		Vesting: BHAVYA KOMERNENI; A MARRIED WOMAN				
Street Address		City	County	State	Zip	
Mailing: 924 PRESTON WOODS TRAIL		SANDY SPRINGS		GA	30328	
Property: 461 RAVINE DRIVE		WOODSTOCK	CHEROKEE	GA	30188	
B1 AKA: KOMERNENI BHAVY						
VA Relative Name:			Address:			
Seller	First Name	Middle Name	Last Name			
Ist	MERITAGE	HOMES	OF GEORGIA INC			
Builder:			Loan Processor: VANESSA DOMANY			
Loan Closer: WRAYANNE BULOW			Loan Officer: JASON LONG			
Closer Phone:		Closer Fax:	Closer Email: WBULOW@LOANDEPOT.COM			
<input checked="" type="checkbox"/> PUD <input type="checkbox"/> CONDO		Name: WOODSTOCK				
PUD Declaration:						
RIDERS						
<input type="checkbox"/> Adjustable Rate <input type="checkbox"/> Balloon <input type="checkbox"/> VA <input type="checkbox"/> Condo <input checked="" type="checkbox"/> PUD <input type="checkbox"/> Second Home <input type="checkbox"/> 1-4 Family <input type="checkbox"/> Biweekly						
<input checked="" type="checkbox"/> Other(s): GA ACKNOWLEDGEMENT OF BORROWER RIGHTS						
TITLE/ESCROW INFORMATION						
Title Company: HARTLEY, ROWE & FOWLER, P.C.						
Address: 6622 EAST BROAD STREET			City: DOUGLASVILLE	State: GA	Zip: 30134	
Title Officer Name: JEFF RICHARDS			Phone: (770) 615-4053	Fax:		
Escrow Co.: HARTLEY, ROWE & FOWLER, P.C.						
Address: 6622 EAST BROAD STREET			City: DOUGLASVILLE	State: GA	Zip: 30134	
Escrow Officer: JEFF RICHARDS			Phone: (770) 615-4053	Fax:		
Trustee: HARTLEY, ROWE & FOWLER, P.C.						
Address: 6622 EAST BROAD STREET			City: DOUGLASVILLE	State: GA	Zip: 30134	
Title Policy	<input type="checkbox"/> 3R and 5	<input type="checkbox"/> 6 (ARMS)	<input type="checkbox"/> 4 (Condo)	<input type="checkbox"/> 6.2 (Neg Amort)	<input checked="" type="checkbox"/> 5 (PUD)	
Endorsements	<input checked="" type="checkbox"/> 8.1 (Environ)	<input checked="" type="checkbox"/> Location	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Other:		
Prelim Date: 09/08/23		Escrow #: 23-1268J	Tax Message: ALL DUE		Schedule B Items:	
Parcel ID(s): 15N17 055						
ASSIGNMENT/PAYMENT INFORMATION						
Assignee Name: LOANDEPOT.COM, LLC						
Address: 26642 TOWNE CENTRE DRIVE			City: IRVINE	State: CA	Zip: 92618	
Assignment Date: 10/06/23		Assign. Loan #:	Phone: (888) 337-6888			
Assign. Officer:			Assign. Title:			
Corp. Officer:			Title: CORPORATE OFFICER			
Corp. Officer:			Title: CORPORATE OFFICER			
Pymt To: LOANDEPOT.COM LLC						
Address: PO BOX 5710		City: CHICAGO	State: IL	Zip: 60680-5681	Phone: 866-970-7520	
LOAN INFORMATION						
Loan Amount: \$522,980.00		Late Charge Percent: 5.000%		Est Closing Date: 10/06/23		
Sales Price: \$562,980.00		Late Charge Days: 15		Rescission Date:		
Appraised Value: \$570,000.00		Late Charge Min: N/A		Disbursement Date: 10/06/23		
Interest Rate: 7.375%		Late Charge Max: N/A		1st Payment Date: 12/01/23		
Loan Term Months: 360		Loan Number: 400891699		Balloon Maturity Date:		
Loan To Value: 92.890%		VA/FHA Case #:		Document Date: 10/06/23		
Base Loan Amount \$522,980.00		FHA Suffix:		Lock Date: 09/13/23		
Interest Only Months: 0		FHA Section:		Lock Expiration Date: 10/30/23		
HELOC Initial Advance:		PMI Certificate #: 72975945		Application Date: 07/23/23		
Monthly Principal and Interest: \$3,612.09						
SECONDARY MORTGAGE INFORMATION						
Loan Amount:		Term Months:		Interest Rate: %		
Payment:		Lien Holder:		Lien Trustee:		



ADJUSTABLE INFORMATION			
Margin: 0.000%	1st Change Min Int Rate: %	1st Change Max Int Rate: %	Periodic Cap: %
Max Int Rate: 0.000%	Adj. Period Months:	1st Rate Change:	Index: 0.000%
ARM Index:	Initial Fixed Period Months:	Fully Indexed Rate: 0.000%	Life Floor: 0.000%
Negative Amortization: NO	Fixed Rate Negative Amortization: NO	Pymt. Periodic Cap: 0.000%	Pymt. Periodic Floor: 0.000%
Principal Life Cap: 0.000%	Pymt. Adj. Period Months: 0	1st Pymt. Change Date:	
Buydown: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ % for _____ Months _____ % for _____ Months _____ % for _____ Months			
Buydown Federal Disclosure Behavior: Nothing			
Depositor: NONE			

CONSTRUCTION PERIOD INFORMATION		
Construction Term Months: 0	Construction Rate: N/A	Construction Rate Type: N/A
Construction 1st Payment:	Construction Maturity:	Construction Max Rate: N/A
Construction Interest Charged On: N/A		Construction Min Rate (Prime Rate Plus): N/A

CLOSING FEES

Aff = Paid to Affiliate Type **B** = Borrower, **S** = Seller, **L** = Lender, **R** = Branch, **K** = Broker, **O** = Other **N** = Not Using Lender Identified
LF = Lender Financed **RF** = Required Fee **TC** = Tolerance Classification (0 = No Increase Allowed, 10 = Ten Percent in Total, GF = Good Faith/Can Rise)

Sec.	Fee	Aff	Total Paid by Borrower	Portion Paid Before Closing	Total Paid by Alternate Payer	APR	N	LF	RF	TC
A	0.855% OF LOAN AMOUNT (POINTS)	-	\$4,471.48			APR				0
A	LENDER PAID BROKER COMP to MTH MORTGAGE, LLC	-			\$6,537.25 (L)					0
B	APPRAISAL FEE to BLUM APPRAISAL SVCS	-	\$595.00							0
B	CREDIT REPORT to FIRST AMERICAN CREDCO	-	\$44.00							0
B	FLOOD CERTIFICATE FEE to SERVICELINK NATIONAL FLOOD LLC	-	\$8.00			APR				0
B	MERS REGISTRATION FEE to MERS	-	\$24.95			APR				0
B	MORTGAGE INSURANCE PREMIUM	-				APR				0
B	REINSPECTION FEE to BLUM APPRAISAL SVCS	-	\$175.00							0
B	TAX SERVICE FEE to CORELOGIC	-	\$68.00			APR				0
B	TITLE-CPL FEE to HARTLEY, ROWE & FOWLER, P.C.	-	\$50.00			APR				10
B	TITLE-LENDER TITLE INSURANCE to HARTLEY, ROWE & FOWLER, P.C.	-	\$1,842.39							10
B	TITLE-SETTLEMENT/CLOSING FEE to HARTLEY, ROWE & FOWLER, P.C.	-	\$745.00			APR				10
E	GA RESIDENTIAL REAL ESTATE FEE	-	\$10.00							10
E	GOV'T RECORDING FEE to CHEROKEE COUNTY RECORDER	-	\$25.00							10
E	INTANGIBLE TAX to CHEROKEE COUNTY RECORDER	-	\$1,569.00							0
E	RECORDING FEE FOR DEED to CHEROKEE COUNTY RECORDER	-	\$25.00							10
E	STATE TRANSFER TAX to CHEROKEE COUNTY RECORDER	-	\$563.00							0
F	HAZARD INSURANCE PREMIUM (12 mo.) to PRAETORIAN INS CO	-	\$1,095.00							GF
F	PER DIEM INTEREST (\$105.67 per day from 10/6/23 to 11/1/23)	-	\$2,747.42			APR			RF	GF
F	HOMEOWNERS ASSOCIATION DUES (3 mo.) to LITTLE RIVER FALLS HOA	-	\$194.38							GF
G	HAZARD INSURANCE \$91.25 per month for 3 mo.		\$273.75							GF
G	MORTGAGE INSURANCE \$156.89 per month for 0 mo.					APR				GF
G	CITY PROPERTY TAXES \$267.42 per month for 1 mo.		\$267.42							GF
G	COUNTY PROPERTY TAXES \$436.31 per month for 3 mo.		\$1,308.93							GF
G	HOMEOWNER ASSOCIATION DUES \$68.75 per month for 0 mo.									GF
G	AGGREGATE ADJUSTMENT		\$-1,055.12							GF
H	HOA CAPITAL CONTRIBUTION to LITTLE RIVER FALLS HOA	-	\$825.00						RF	GF
H	HOA SERVICING FEE to BEACON MGMT	-	\$75.00						RF	GF
H	REALEST COMM BUYERS BROKER to ALL TRUST REALTY INC	-			\$16,889.40 (S)				RF	GF
H	TITLE-OWNER POLICY (OPTIONAL) to HARTLEY, ROWE & FOWLER, P.C.	-	\$1,040.09						RF	GF

CREDITS	
Total Lender Paid Fees: \$5,229.80	Lump Sum Lender Credit Amount Included in APR: N/A + Lump Sum Lender Credit Amount Excluded from APR: \$5,229.80 Lump Sum Lender Credit Total (APR plus non-APR): \$5,229.80
Total Seller Paid Fees: \$28,548.60	Lump Sum Seller Credit: \$11,659.20
Total Third Party Paid Fees: \$115.04	Lump Sum Third Party Credit: \$115.04



LE DISCLOSURE

Early LE Sent on Date: 10/06/23	Latest Disclosed APR: 7.753%	Current APR: 7.753%	Latest Disclosed Finance Charge: \$805,712.39
Rediscovered LE Mailed on Date:	Rediscovered LE Accepted by Borrower Date:	Current Finance Charge: \$805,712.39	
Number of Payments	Total Payment (P&I @ Rate + MI)	Due Beginning	Included in APR Calculation
120	\$3,768.98 (\$3,612.09 @ 7.380% + \$156.89)	12/01/23	0.855% OF LOAN AMOUNT (POINTS) \$4,471.48
16	\$3,699.25 (\$3,612.09 @ 7.380% + \$87.16)	12/01/33	FLOOD CERTIFICATE FEE \$8.00
223	\$3,612.09 (\$3,612.09 @ 7.380% + \$0.00)	04/01/35	MERS REGISTRATION FEE \$24.95
1	\$3,615.87 (\$3,615.87 @ 7.380% + \$0.00)	11/01/53	TAX SERVICE FEE \$68.00
			TITLE-CPL FEE \$50.00
			TITLE-SETTLEMENT/CLOSING FEE \$745.00
			PER DIEM INTEREST (26 days) \$2,747.42
Total of Payments:	\$1,320,577.54	Total Prepaid Finance Charge:	\$8,114.85
Demand Feature: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Assumption: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount Financed: \$514,865.15	D. Total Loan Costs: \$8,023.82
Refund of Finance Charge: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Security: You are giving a security interest in the property located at 461 RAVINE DRIVE, WOODSTOCK, GA 30188. (Property Address)		

MORTGAGE INSURANCE

Premium Percent: 0.00000% 0 Months	Collected/Paid at Closing:
1 st Renewal Percent: 0.36000% 120 Months	
2 nd Renewal Percent: 0.20000% 240 Months	
	Financed Premium: 0.00000%
	Monthly MI: 0.00000% 0 Months
LTV Cutoff: 78.000%	

ESCROW

Purpose	Escrowed	Description and Payee	Date(s) of Disbursement	Cushion	Months Collected	Annual Amount	Monthly Amount
Hazard	<input checked="" type="checkbox"/>	HAZARD INSURANCE to PRAETORIAN INSURANCE COMPA	10/06/24	2	3	\$1,095.00	\$91.25
Mortgage	<input checked="" type="checkbox"/>	MORTGAGE INSURANCE	12/01/23 01/01/24 02/01/24 03/01/24		0	\$1,882.68	\$156.89
City	<input checked="" type="checkbox"/>	CITY PROPERTY TAXES to WOODSTOCK CITY	12/01/24	2	1	\$3,208.99	\$267.42
County	<input checked="" type="checkbox"/>	COUNTY PROPERTY TAXES to CHEROKEE COUNTY	10/01/24	2	3	\$5,235.71	\$436.31
HOA Dues		HOMEOWNER ASSOCIATION DUES	12/01/23		0	\$825.00	\$68.75
Agg Adjust	<input checked="" type="checkbox"/>	AGGREGATE ADJUSTMENT			0	\$-1,055.12	
Total Est. Monthly Payment: \$4,563.96						Total Est. Monthly Escrow: \$951.87	

TAX INFORMATION

County Tax Payee: CHEROKEE COUNTY			
Address:	City:	State:	Zip:
Delinq:	Taxes Last Pd:	\$	
Taxes Paid: <input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
City Tax Payee: WOODSTOCK CITY			
Address:	City:	State:	Zip:
Delinq:	Taxes Last Pd:	\$	
Taxes Paid: <input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
School Tax Payee:			
Address:	City:	State:	Zip:
Delinq:	Taxes Last Pd:	\$	
Taxes Paid: <input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
Town Property Tax Payee:			
Address:	City:	State:	Zip:
Delinq:	Taxes Last Pd:	\$	
Taxes Paid: <input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
Village Tax Payee:			
Address:	City:	State:	Zip:
Delinq:	Taxes Last Pd:	\$	
Taxes Paid: <input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	
Other Tax () Payee:			
Address:	City:	State:	Zip:
Delinq:	Taxes Last Pd:	\$	
Taxes Paid: <input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	



INSURANCE INFORMATION			
Hazard Insurance Payee: PRAETORIAN INSURANCE COMPA			
Address: PO BOX 734576		City: CHICAGO	State: IL Zip: 60673
Agent: MERITAGE HOMES INS AGCY	Phone:	Fax:	
Amount of Coverage: \$634,500.00	Policy #: PWB84872219	Effective Date: 10/06/23	Expiration Date: 10/06/24
Insurance Paid: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly			
Flood Insurance Payee:			
Address:		City:	State: Zip:
Agent:	Phone:	Fax:	
Amount of Coverage: \$	Policy #:	Effective Date:	Expiration Date:
Insurance Paid: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly			
Mortgage Insurance Payee: RADIAN GUARANTY INC.			
Address:		City:	State: Zip:
Agent:	Phone:	Fax:	
Amount of Coverage: \$	Policy #:	Effective Date:	Expiration Date:
Insurance Paid: <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Monthly			
Wind/Storm/Hail Insurance Payee:			
Address:		City:	State: Zip:
Agent:	Phone:	Fax:	
Amount of Coverage: \$	Policy #:	Effective Date:	Expiration Date:
Insurance Paid: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly			
Earthquake Insurance Payee:			
Address:		City:	State: Zip:
Agent:	Phone:	Fax:	
Amount of Coverage: \$	Policy #:	Effective Date:	Expiration Date:
Insurance Paid: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly			
Loss Payee: LOANDEPOT.COM, LLC ISAOA/ATIMA			
Address: PO BOX 7114		City: TROY	State: MI Zip: 48007-7114
Flood Community: CHEROKEE COUNTY*			<input type="checkbox"/> Flood Insurance Required

CLOSING CONDITIONS

CREDIT REPORT(S) WILL EXPIRE ON 11/20/2023. IF THE NOTE DATE IS NOT PRIOR TO THIS DATE (VA AND CONVENTIONAL) OR IF LOAN DOES NOT CLOSE AND FUND BY THIS DATE (ALL OTHER LOAN PROGRAMS/PRODUCTS), RETURN TO UNDERWRITER FOR REVIEW.

COPY OF SELLER'S CD TO BE IN THE LOAN FILE. (TRID)

FUNDER TO CONFIRM ENOTE DROPDOWN IN CLOSING DETAILS MATCHES THE TYPE OF NOTE SENT IN THE CLOSING PACKAGE. CLOSER TO RUN DATAVERIFY FRAUD REPORT AND CONFIRM THERE ARE NO OUTSTANDING HIGH OR MEDIUM ALERT CONDITIONS. LOAN APPROVAL VALID IF THE NOTE IS SIGNED ON OR BEFORE 11/15/2023.

CONFIRM FUNDS BROUGHT TO CLOSING FROM BORROWER(S) DO NOT EXCEED \$30,068.70. RETURN FILE TO UNDERWRITER FOR REVIEW IF FUNDS EXCEED MAXIMUM AMOUNT ALLOWED.

CONFIRM INTERESTED PARTY CONTRIBUTIONS (IPCS) DO NOT EXCEED MAXIMUM ALLOWED OF 3% OR (\$16,889.40). TOTAL CONTRIBUTIONS CANNOT EXCEED TOTAL CLOSING COSTS.

MI TERMS OF 30% COVERAGE AND PREMIUM OF \$156.89. ANY CHANGES TO COVERAGE MUST BE REVIEWED BY THE UW (CLOSER TO VALIDATE AGAINST THE MI CERT IN FILE AND CLEAR)

PUD RIDER TO BE EXECUTED WITH DEED OF TRUST

TITLE TO PROVIDE ALTA POLICY PUD ENDORSEMENTS

OBTAIN HOMEOWNERS INSURANCE DECLARATIONS PAGE FOR SUBJECT PROPERTY TO INCLUDE SUFFICIENT COVERAGE WITH CORRECT MORTGAGEE CLAUSE AND EVIDENCE OF PREMIUM PAYMENT.

ESCROW/TITLE - THE CD MUST BE SIGNED WITH CLOSING DOCS. CONTACT YOUR FUNDER IF A CD IS NOT INCLUDED WITH DOCS. INSURANCE EFFECTIVE DATE IS 10/6/23, POLICY EFFECTIVE DATE MUST BE UPDATED BY PROCESSOR IF FUNDING PRIOR TO THIS DATE.

ESCROW/TITLE - PUD RIDER, TO BE RECORDED WITH DEED OF TRUST ANY PUD/HOA LIENS OR ASSESSMENTS TO BE SUBORDINATE.

GEORGIA - LOAN DOCUMENTS MUST BE SIGNED ON THE NOTE DATE OF 10/6/23, IF THE BORROWER IS UNABLE TO SIGN ON THAT DATE PLEASE CONTACT THE CLOSER FOR REVISED DOCUMENTS.

ESCROW/TITLE - A COPY OF THE SIGNED AND NOTARIZED WARRANTY/GRANT DEED TO BE RETURNED WITH SIGNED DOCUMENT PACKAGE.

LEGAL DESCRIPTION			
LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF.			
PREPAYMENT			
Prepayment Penalty: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Percent Penalty: 0.000%	Months Penalty:	Prepay Type: NONE
Months in Effect:	When Exceeds: 0.000%	Tiered: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hard Prepay Months:
Tiered: _____% for Months 1-12 _____% for Months 13-24 _____% for Months 25-36 _____% for Months 37-48 _____% for Months 49-60			



ESCROW HOLDBACK						
Item	Contractor	Completion	Cost	Pct %	Borr. Cost	Seller Cost



SECTION I

WET (INK) SIGN PACKAGE

KOMERNENT
Loan #: 400891699
MIN: 100853704008916994

THIS SECTION CONTAINS ALL PERTINENT CLOSING DOCUMENTS THAT REQUIRE INK SIGNATURES.

PLEASE REVIEW AND ENSURE DOCUMENTS ARE SIGNED COMPLETELY AND DATED WHERE NOTED.



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) **BHAVYA KOMERNENI**

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 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: _____ I do not wish to respond
(中文) (한국어) (Español) (Tagalog) (Tiếng Việt)

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.



WELCOME TO SERVICING

Thank you for choosing loanDepot as your home loan provider! Our goal is to ensure a smooth transition from Loan Origination to Servicing and to always provide excellent customer service. Important information to effectively manage your new loanDepot loan is listed below.

Origination Loan Number: 400891699

Your loan number will change after closing.

- Your Closing package contains your First Payment letter and Origination loan number.
- Your new Servicing loan number will be provided on your first billing statement which will be mailed approximately eight (8) calendar days after your loan is funded.
- Your first statement will also be available on the loanDepot Servicing website nine (9) calendar days after your loan is funded in the E-Docs folder. It is very important to include your new Servicing loan number on all correspondence and payments.

Servicing Website:

Once you receive our Welcome to Servicing email, please visit servicing.loanDepot.com using the new Servicing Loan Number in the email to register your loanDepot Servicing account. If you have not received the Welcome to Servicing email 10 business days after funding, you may also use the Origination Loan Number at the top of this letter to register.

After registering, some of the benefits of using our website include access to mortgage statements and other correspondence associated with your account, general communications, monthly and biweekly ACH payment options, secure communication capability with your servicing team, paperless enrollment, and other valuable information about your account.

Loan Transfers:

Your loan may continue to be serviced at our Texas Servicing Center or it may be transferred to a different servicer. If your loan is transferred, you will be sent a Goodbye/Transfer letter at least 15 days prior to your loan transferring, identifying your new servicer, new contact information, and new payment address. A copy of your Goodbye/Transfer letter will also be available under the "E-Doc" menu after you log in to the servicing website at servicing.loanDepot.com.

Payment Options:

Online

- Your first mortgage payment is due **DECEMBER 1, 2023**. If you'd like to make your payment online, please visit the servicing website at servicing.loanDepot.com to make a payment after you register. There is no charge for this service.
- If you choose to make your first mortgage payment using the online bill pay service through your financial institution, be sure to confirm all the information you input is accurate. If your new loan is a refinance, be sure to update your online bill pay service with your new loan number and confirm there are no other necessary changes to ensure timely payments.
- To help ensure on-time payments, please consider any additional processing time that may be necessary when scheduling payments through the online bill pay service you select.
- Monthly and Biweekly Auto Draft - Once you have registered on the Servicing website, you will receive an e-mail notifying you when these options are available. A one-time payment setup is required on the loanDepot Servicing website. If you do not see this option yet available for your account, please check back periodically, as this can take up to 90 days to become available after the closing of your loan.
 - Monthly Auto Draft allows loanDepot to draft your monthly mortgage payment from your financial institution each month on the date of your choosing.
 - Biweekly Auto Draft allows you to make 26 half payments per year instead of 12 full payments, thereby you will pay an extra monthly payment per year toward your principal balance; saving you money in interest over the life of your loan. loanDepot will draft your payment from your checking or savings account on the first or second Friday of each month and then every other Friday thereafter. Your loan must be paid current and due for the following month by the second Wednesday of the current month to initiate this process.



WELCOME TO SERVICING

Mail

- Mail your payment along with the payment coupon included in your most recent billing statement to P.O. Box 5710, Chicago, IL 60680-5681. Be sure to include the Servicing loan number on your check.
- If you need to make an overnight payment, mail your payment along with the payment coupon included in your most recent billing statement to 6531 Irvine Center Drive, Suite 100, Irvine, CA 92618.

Phone

- To make a payment using our automated phone system, please have your loan number available and call us at (866)258-6572. Our automated phone system is available 24 hours a day, seven days a week. There is no charge for this service.
- If you do not have your loan number, call us at (866)258-6572. Our representatives are available Monday - Friday, from 7:00 a.m. - 7:00 p.m. and Saturday 8:00 a.m. - 5:00 p.m. CST.

Property Taxes:

- Depending on the location of the property securing your transaction and the type of transaction, it is possible that a supplemental, interim, per capita, or personal property tax bill may be generated.
 - This bill will be sent to you directly from the taxing authorities.
 - Payment of this bill is your responsibility, even if your taxes are escrowed.
- You may receive a notification of an increase in the tax assessment on your property.
 - We may need to adjust your monthly payment to cover any increase in your tax assessment after we have completed the annual escrow analysis on your loan. We will contact you if that happens.
- If your state allows a homestead exemption, YOU must file for the exemption. To determine if your taxing authority allows homestead exemptions for which you may qualify, please contact your taxing authority directly.
- If you receive a current tax bill for any tax item that appears on your escrow analysis, please do not send us your tax bill. We will work with your current tax collector to pay your taxes on time. If your taxes are delinquent, please contact the loanDepot Tax Department at (833)372-0325.

Homeowner's Insurance:

If you pay your homeowner's insurance premiums through your regular monthly mortgage payment (through an escrow account) and you receive a bill from your insurance provider or have a new insurance policy, please send the bill or new policy to us at:

loanDepot

ISAOA / ATIMA

P.O. Box 7114 Troy, MI 48007-7114

(877)477-2089

(248)710-1660

<https://expressinsuranceinfo.com/> - Enter Code 2917832

Sincerely,

Servicing Customer Service Department
 loanDepot.com, LLC



WELCOME TO SERVICING

Notifications of Error, Requests for Information, or Qualified Written Requests concerning your loan must be directed to:

loanDepot
P.O. Box 251027
Plano, TX 75025

For New York Residents:

loanDepot is registered with the New York State Department of Financial Services Superintendent. You may file a complaint or obtain further information about your servicer by contacting the New York State Department of Financial Services Consumer Assistance Unit at (800) 342-3736 or by visiting the Department's website at www.dfs.ny.gov.

For North Carolina Residents:

loanDepot.com LLC is licensed by the North Carolina Commissioner of Banks. You may call (919) 733-3016 to contact the North Carolina Commissioner of Banks or to file a complaint about Mortgage Servicing, go to North Carolina Commissioner of Bank's Website: <http://www.nccob.org/public/ConsumerInformation/Complaints/CIFileComplaint.aspx>.



Coversheet

for

Form SSA-89

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

Note: This document is included solely for the purpose of providing technical annotations for Form SSA-89, and should not be considered to be part of Form SSA-89, nor should this Coversheet be submitted to the Social Security Administration as part of Form SSA-89.

The instructions for completing Form SSA-89 require an individual Form SSA-89 be completed for each "Reason for authoring consent" marked by the SSN holder. The instructions also require the SSN holder have an opportunity to review or correct any "auto-populated" information prior to signing. This form has been completed based on data provided by the lenders loan origination system and cannot be altered and additional copies cannot be generated to allow for multiple consent reasons. Should additional reasons need to be added, or if the SSN holder requests to modify language on the form, the lender will need to establish a manual process to accommodate these changes.

1 page to follow.



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

Printed Name: BHAVYA KOMERNENI	Date of Birth: 06/25/1993	Social Security Number: 316-41-9291
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Reason for authorizing consent: (Please select one)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> To apply for a mortgage | <input type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | |

With the following company ("the Company"):

Company Name: **LOANDEPOT.COM, LLC**

Company Address: **3700 MANSELL RD, STE 550, ALPHARETTA, GA 30022**

The name and address of the Company's Agent (if applicable):

Agent's Name: **CORELOGIC, INC.**

Agent's Address: **40 PACIFICA, SUITE 900, IRVINE, CA 92618**

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. 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 one-time use. 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: *BHAVYA KOMERNENI*

Date Signed: 10/06/2023

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

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). We may also share your information for the following purposes, called routine uses: - To contractors and other Federal agencies, as necessary, to assist us in efficiently administering our programs; and - To student volunteers, persons working under a personal services contract, and others, when they need access to information in our records in order to perform their assigned agency duties. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all our SORNs, is available on our website at www.saa.gov/privacy.

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 (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

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>.



PLEASE READ CAREFULLY

SECTION II

e-SIGN PACKAGE

THIS SECTION CONTAINS CLOSING DOCUMENTS THAT THE
BORROWER(S) CAN E-SIGN IN CONSUMER PORTAL.

CONFIRM ALL BORROWERS HAVE E-SIGNED THEIR COPIES
OF THE CLOSING PACKAGE ONLINE.

IF COMPLETED ONLINE, THIS SECTION **DOES NOT** NEED TO
BE INK SIGNED.

OTHERWISE CONTINUE TO PROCEED AND INK SIGN THE
DOCUMENTS IN THIS SECTION.



**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BHAVYA KOMERNENI	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 924 PRESTON WOODS TRAIL	Requester's name and address (optional) LOANDEPOT.COM, LLC
6 City, state, and ZIP code SANDY SPRINGS, GA 30328	6561 IRVINE CENTER DRIVE IRVINE, CA 92618
7 List account number(s) here (optional) 400891699	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.
Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number 316-41-9291
or Employer identification number

Part II Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► BHAVYA KOMERNENI	Date ► OCTOBER 4, 2023
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.



Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n)...	THEN check the box for...
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1-An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2-The United States or any of its agencies or instrumentalities
- 3-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4-A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7-A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9-An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10-A common trust fund operated by a bank under section 584(a)
- 11-A financial institution
- 12-A middleman known in the investment community as a nominee or custodian
- 13-A trust exempt from tax under section 664 or described in section 4947



The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for...	THEN the payment is exempt for...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A-An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D-A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E-A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F-A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

H-A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K-A broker

L-A trust exempt from tax under section 664 or described in section 4947(a)(1)

M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.



1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor [*]
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

^{*} **Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.



The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.




Coversheet

for

Form 4506-C

(IVES Request for Transcript of Tax Return)

Note: This document is included solely for the purpose of providing technical annotations for Form 4506-C, and should not be considered to be part of 4506-C, nor should this Coversheet be submitted to the Internal Revenue Service as part of Form 4506-C.

 26643.2



26643-1-1-400891699

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 BHAVYA	ii. Middle initial	iii. Last name/BMF company name KOMERNENI	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions) 316-41-9291			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
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.) 924 PRESTON WOODS TRAIL		b. City SANDY SPRINGS	c. State GA	d. ZIP code 30328	
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.) 86 VAN WAGENEN AVENUE		b. City JERSEYCITY	c. State NJ	d. ZIP code 07306	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name		ii. IVES participant ID number 302617	iii. SOR mailbox ID CLGX4506T		
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 LOANDEPOT.COM, LLC				ii. Telephone number	
iii. Street address (including apt., room, or suite no.) 6561 IRVINE CENTER DRIVE		iv. City IRVINE	v. State CA	vi. ZIP code 92618	
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 <input checked="" type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>	
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>					
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 <input type="checkbox"/>		Line 2a <input type="checkbox"/>			
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 / 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.					
<input checked="" type="checkbox"/> 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) <i>BHAVYA KOMERNENI</i>		Date 10/06/2023	Phone number of taxpayer on line 1a or 2a (903) 239-2179	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input checked="" type="checkbox"/> Signatory confirms document was electronically signed		
	Print/Type name BHAVYA KOMERNENI				
	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.



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.

HAZARD INSURANCE AUTHORIZATION AND REQUIREMENTS

LENDER: **LOANDEPOT.COM, LLC**

DATE: **OCTOBER 6, 2023**

ESCROW CO: **HARTLEY, ROWE & FOWLER, P.C.**

LOAN #: **400891699**

ESCROW #: **23-1268J**

BORROWER'S NAME(S) **BHAVYA KOMERNENI**

PROPERTY ADDRESS: **461 RAVINE DRIVE, WOODSTOCK, GA 30188**

Listed below are your Lender's policies and procedures, and minimum requirements, for the Hazard Insurance which must be provided covering the subject property.

1. Coverage must be in an amount at least equal to the sum of this loan plus any existing prior liens, not to exceed the maximum amount allowed by state law. If your loan program allows for potential negative amortization, your lender may require that the amount of coverage be increased to protect the amount of potential negative amortization.
2. The insurance company providing coverage must have an "A" rating or better in the latest edition of "Best's Insurance Guide," must be licensed in the State in which the property described above is located, and must be licensed to transact the lines of insurance required in this transaction.
3. Policy shall provide at least "Broad Form" coverage on properties of one to four units, and at least "Vandalism & Malicious Mischief" on properties with over four units, with no deviation. Homeowners policies must provide coverage equal to "HO 2" form.
4. Policies must contain deductibles on any peril. Deductibles may not exceed five percent of the face amount of the insurance policy.
5. Policy must provide coverage for a term of at least one year. Premiums may be paid on an annual installment basis only if the policy provides that the Lender will be notified in writing of cancellation 30 days prior to expiration of coverage, for any cause. Binders are not acceptable.
6. If any existing policy is provided which will expire within six months from the date of the recording of this loan, said policy must be renewed for the required term as noted in #5 above.
7. All forms and endorsements pertaining to the Lender's requirements must appear on the "Declaration Page" of the policy.
8. New policies must be accompanied by a signed "Broker of Record Authorization" if borrower(s) have changed Insurance Agents.
9. Verification of renewal of insurance policies must be in the Lender's office at least thirty days prior to the expiration date of the existing policy. If this requirement is not met, the LENDER OR ITS SUCCESSORS OR ASSIGNS MAY AT THEIR OPTION, BUT WITHOUT OBLIGATION TO DO SO, PROVIDE COVERAGE TO REPLACE ANY EXPIRING POLICIES WHICH HAVE NOT BEEN PROPERLY RENEWED. The premium for such coverage will be remitted promptly by the undersigned, or Lender may charge borrower's account for the cost thereof.
10. Lender's Loss Payable Endorsement 438 BFU to be affixed in favor of:
LOANDEPOT.COM, LLC ISAOA/ATIMA
PO BOX 7114
TROY, MI 48007-7114
11. Property address and insured's names must be designated on the policy as on the ALTA Title Policy.
12. The Lender's loan number must appear on the policy and any subsequent endorsements.
13. The effective date of new policies, endorsements, and/or assignments shall be as of, or prior to, the date of recording of this loan.
14. Please notify your agent to forward future premium notices directly to you.
15. If the security property is a condominium, the master insurance policy must contain a minimum of \$1,000,000.00 coverage for "Directors & Officers" liability. A copy of the master policy must be submitted to the Lender prior to funding.

AN ACCEPTABLE POLICY, WITH ENDORSEMENTS AND/OR ASSIGNMENTS, MUST BE FORWARDED TO AND RECEIVED BY LENDER BEFORE THIS LOAN CAN BE FUNDED: OTHERWISE, LENDER MAY BE FORCED TO PLACE INTERIM COVERAGE ON THE PROPERTY AT AN ADDITIONAL COST TO THE BORROWER(S).

Each of the undersigned acknowledges that he or she has read and understands the foregoing provisions and insurance requirements. This authorization will remain irrevocable for the undersigned as owner(s) of the subject property, and for any assignees, for as long as this loan remains on subject property.

BHAVYA KOMERNENI 10/06/2023

- BORROWER - BHAVYA KOMERNENI - DATE -



GEORGIA FORECLOSURE DISCLOSURE

Made Pursuant to Ga. Comp. R. & Regs. r. 80-11-1-.01(9)

KOMERNENI
Loan #: 400891699
MIN: 100853704008916994

Date: OCTOBER 6, 2023

Lender: LOANDEPOT.COM, LLC

Borrower(s): BHAVYA KOMERNENI

Property Address: 461 RAVINE DRIVE
WOODSTOCK, GA 30188

O.C.G.A. Section 7-1-1014(3) requires that we inform you that if you fail to meet any condition or term of the documents that you sign in connection with obtaining a mortgage loan you may lose the property that serves as collateral for the mortgage loan through foreclosure.

By signing below, you acknowledge receipt of this Disclosure.

BHAVYA KOMERNENI 10/06/2023

- BORROWER - BHAVYA KOMERNENI - DATE -



SELLER'S CERTIFICATE OF EXEMPTION

Seller's Name MERITAGE HOMES OF GEORGIA INC		Seller's Identification Number (SSN or FEI)
Street Address 461 RAVINE DRIVE		Spouse's Identification Number (if jointly owned)
City WOODSTOCK	State GA	ZIP Code 30188

*If the seller is a disregarded single member limited liability company (SMLLC), both the SMLLC and its owner should be listed as the seller.

INSTRUCTIONS

This form is provided for the convenience of the seller and the protection of the buyer, to be executed in sales or transfers of real property by nonresidents when the seller is exempt from the withholding requirements imposed by O.C.G.A. Section 48-7-128. This form is not required, but the seller may wish to execute this form or a similar document to protect all parties to the transaction.

To execute this form, the seller is to initial any statement which applies. If any one of the statements below applies to the seller, the transaction is exempt.

This is to certify that the seller of this property is not a resident of Georgia, but is exempt from the withholding provisions of O.C.G.A. Section 48-7-128 by virtue of the following:

- The property being sold is the seller's principal residence and none of the gain is required to be included in Federal adjusted gross income.
- The seller is a mortgagor conveying the mortgaged property to a mortgagee in foreclosure or in a transfer in lieu of foreclosure with no additional consideration.
- The seller or buyer is an agency or authority of the United States of America or the State of Georgia.
- The seller or buyer is the Federal National Mortgage Association, the Government National Mortgage Association, or the Federal Home Loan Mortgage Corporation.
- The seller or buyer is a private mortgage insurance company.
- The purchase price of the property is less than \$20,000.
- The seller is subject to withholding under O.C.G.A. Section 48-7-129, and a composite return has been or will be filed on the seller's behalf.
- The seller is a tax exempt organization and the income from this sale is not subject to federal or state income tax.
- The seller is an insurance company which pays to Georgia a tax on its premium income.
- The transaction is a like kind exchange and the income from this sale is not subject to federal or state income tax.
- The withholding liability is less than \$600 as shown on a completed Affidavit of Seller's Gain (Form IT-AFF2).
- For taxable years of the seller beginning on or after 1-1-2022, the seller qualifies for and has made or intends to make the election to be taxed at the entity level as provided by O.C.G.A. Section 48-7-21 or 48-7-23.

Under penalties of perjury, I swear that the above information is to the best of my knowledge and belief, true, correct and complete.

Seller's Signature (and Title, if applicable)

Date



NOTICE REGARDING LENDER & SELLER CONTRIBUTIONSDate: **OCTOBER 4, 2023**Loan Number: **400891699**Borrower(s): **BHAVYA KOMERNENI**Property Address: **461 RAVINE DRIVE
WOODSTOCK, GA 30188**

Our policy is to apply any credits provided to you-including lender credits based on the interest rate you choose and seller credits-to offset the costs that you are required to pay at closing.

Seller contributions will be applied first, followed by lender credits, in the following order:

1. Amounts that are considered "finance charges" under Regulation Z;
2. Other amounts that are considered "points and fees" under Regulation Z; and
3. Any other closing costs.

If any seller contributions are left over, the amount of the remaining contribution will be retained by the seller.

If any lender credits are left over, we may apply them to reduce your principal balance to the extent allowable under the selected loan program.

Please contact your Mortgage Professional with any questions.

Licensed Lending Officer: **JASON LONG**NMLS: **200657**Direct Phone Number: **(678) 350-3084**

We look forward to helping facilitate this transaction.

loanDepot.com, LLC

BHAVYA KOMERNENI 10/06/2023
- BORROWER - BHAVYA KOMERNENI - DATE -



TAXPAYER CONSENT FORM

KOMERNENI
Loan #: 400891699
MIN: 100853704008916994

Date: OCTOBER 6, 2023

Lender: LOANDEPOT.COM, LLC

Borrower(s): BHAVYA KOMERNENI

Property Address: 461 RAVINE DRIVE, WOODSTOCK, GA 30188

I/We understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share personal tax return information and as applicable business tax return information from every business tax return for which my Lender has obtained a form 4506-C for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; or (iii) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from my/our loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

26 U.S.C.A. § 6103(c)

BHAVYA KOMERNENI 10/06/2023

- BORROWER - BHAVYA KOMERNENI - DATE -



Tax and Insurance Information Sheet

CLOSING DATE: **OCTOBER 6, 2023**

BORROWER(S): **BHAVYA KOMERNENI**

KOMERNENI
Loan #: 400891699
PIN: 15N17 055
MIN: 100853704008916994

PROPERTY ADDRESS: **461 RAVINE DRIVE, WOODSTOCK, GA 30188**

SHORT LEGAL: **LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF.**

NEW CONSTRUCTION

EXISTING HOUSING

1. TITLE COMPANY NAME: **HARTLEY, ROWE & FOWLER, P.C.**

Attn: **JEFF RICHARDS**

Address: **6622 EAST BROAD STREET, DOUGLASVILLE, GA 30134**

Phone #: **(770) 615-4053**

Escrow #: **23-1268J**

2. COUNTY TAXES: **CHEROKEE COUNTY**

Address:

Phone #:

How Paid: Annual Semi-Annual Quarterly

Amount Last Paid:

Amount Next Due: **\$5,235.71**

Parcel #: **15N17 055**

Date Paid:

Next Due Date: **OCTOBER 1, 2024**

Date Taxes Delinquent:

3. CITY TAXES: **WOODSTOCK CITY**

Address:

Phone #:

How Paid: Annual Semi-Annual Quarterly

Amount Last Paid:

Amount Next Due: **\$3,208.99**

Parcel #: **15N17 055**

Date Paid:

Next Due Date: **DECEMBER 1, 2024**

Date Taxes Delinquent:

4. SCHOOL TAXES:

Address:

Phone #:

How Paid: Annual Semi-Annual Quarterly

Amount Last Paid:

Amount Next Due:

Parcel #:

Date Paid:

Next Due Date:

Date Taxes Delinquent:

5. FLOOD INSURANCE:

Address:

Phone #:

Coverage Amount:

Renewal Date:

Agent:

Premium:

Policy No:

6. HAZARD INSURANCE: **PRAETORIAN INSURANCE COMPA**

Address: **PO BOX 734576, CHICAGO, IL 60673**

Phone #:

Coverage Amount: **\$634,500.00**

Renewal Date: **OCTOBER 6, 2024**

How Paid: Annual Semi-Annual Quarterly

Agent: **MERITAGE HOMES INS AGCY**

Premium: **\$1,095.00**

Policy No: **PWB84872219**

7. WIND/STORM/HAIL INSURANCE:

Address:

Phone #:

Coverage Amount:

Renewal Date:

Agent:

Premium:

Policy No:



FACT Act Notice

Notice Regarding Furnishing Negative Information

KOMERNENI
Loan #: 400891699
MIN: 100853704008916994

Date: OCTOBER 6, 2023

Lender: LOANDEPOT.COM, LLC

Borrower(s): BHAVYA KOMERNENI

Property Address: 461 RAVINE DRIVE, WOODSTOCK, GA 30188

We (Lender) may report information about your (Borrower[s]) account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

15 USCA § 1681s-2(a)(7); 12 CFR § 1022.1(b)(2)(ii) & 12 CFR Pt. 1022, App. B

By signing below, you acknowledge receipt of this Notice.

BHAVYA KOMERNENI 10/06/2023

- BORROWER - BHAVYA KOMERNENI - DATE -



NOTICE TO BORROWER(S)

**MONTHLY ESCROW ACCOUNT DEPOSITS ARE SUBJECT
TO SIGNIFICANT INCREASES WHEN
FINANCING NEW CONSTRUCTION**

Date: **OCTOBER 6, 2023**

KOMERNENI
Loan #: **400891699**
MIN: **100853704008916994**

If construction of your home that secures this loan was not completed on January 1 of this year, your property taxes for this year may have been assessed based on the lower unimproved, or partially improved, market value of your property as of that date.

In that case, **YOUR PROPERTY TAXES FOR SUBSEQUENT YEARS**, when assessed based on the fully improved market value of your home, **WILL BE SIGNIFICANTLY GREATER** and **YOUR MONTHLY ESCROW DEPOSITS FOR PROPERTY TAXES** you are required to make to your escrow account **WILL SIGNIFICANTLY INCREASE**. Please ask your lender or the loan servicer for an estimate of the amount by which your monthly escrow deposits may increase next year.

To avoid, or minimize, a deficiency occurring in your account for the following year, your lender or the loan servicer may elect to analyze your escrow accounts on January 1 of next year when your property is first assessed based on its fully improved market value. In that case, you will then be sent a "short year" annual escrow account statement showing the estimated property taxes based on the property's fully improved market value and indicating the new amount of monthly deposits you will be required to make to your escrow account over the ensuing 12-months (commencing with your mortgage payment due January 1) to reserve for taxes, insurance, and other charges on the property.

In addition to an increase in your regular monthly escrow deposits that will result from the new assessment on your property (based on its then fully improved market value), you also may be required to make additional deposits into your escrow account if this analysis indicates a shortage or deficiency in the amounts needed to disburse payments for property taxes, insurance, and other escrow items when due.

The amounts that your lender or the loan servicer may require that you deposit in your escrow account and the disposition of any surplus, shortage, or deficiency in the balances of your escrow account that may occur from time to time are subject to the controlling provisions of the Real Estate Settlement Procedures Act of 1974 and its implementing regulations (RESPA). Please refer to your mortgage, deed of trust, or other security instrument for the terms and conditions of your agreement with the lender regarding the maintenance of your escrow account.

The undersigned borrower(s) acknowledge(s) that I/we have read and understand this notice.

BHAVYA KOMERNENI 10/06/2023
- BORROWER - BHAVYA KOMERNENI - DATE -



Borrower's Certification & Authorization

KOMERNENI
Loan #: 400891699
MIN: 100853704008916994

Date: OCTOBER 6, 2023

Certification

In this document, "I," "me," and other first person pronouns refer to the borrower(s), whether singularly or collectively, who applied for the loan referenced above. I, the undersigned, hereby certify the following:

1. I have applied for a mortgage loan from **LOANDEPOT.COM, LLC**. In applying for the loan, I have 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 certify that all of the information is true and complete. I made no misrepresentations in the loan application or other documents, nor did I omit any pertinent information.
2. I understand that most loans require a full review of information provided on the application, including possible verification of the information. I agree that if my loan program does not require full documentation, **LOANDEPOT.COM, LLC** reserves the right to change the mortgage loan review process to a full documentation review. This may include verifying the information provided on the application with any employer and/or any financial institution.
3. I fully 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 18 USCA §1014.
4. I provided a verbal and/or written authorization to order a consumer credit report and verify other credit related information in connection with my loan application, including but not limited to any mortgage or landlord reference and any other source of credit as determined by **LOANDEPOT.COM, LLC**.
5. I further authorize **LOANDEPOT.COM, LLC** to order a consumer credit report and verify other credit related information in connection with my loan application, including but not limited to any mortgage or landlord reference and any other source of credit as determined by **LOANDEPOT.COM, LLC**. I understand that the purpose for this order is for **LOANDEPOT.COM, LLC** to determine my eligibility and creditworthiness for the loan being applied for, as well as for other legitimate purposes associated with my account.

Authorization to Release Information

To Whom It May Concern:

1. I have applied for a mortgage loan from **LOANDEPOT.COM, LLC**. As part of the application process, **LOANDEPOT.COM, LLC** and the mortgage guaranty insurer (if any), may verify information contained in my loan application and in other documents required in connection with the loan, including accessing a new credit report, either before the loan is closed or as part of its quality control program.
2. I authorize you to provide to **LOANDEPOT.COM, LLC**, to any investor to whom a lender may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. **LOANDEPOT.COM, LLC**, any investor to whom a lender may sell my mortgage, or the mortgage guaranty insurer (if any), may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to **LOANDEPOT.COM, LLC**, the investor who purchases my mortgage, or the mortgage guaranty insurer (if any) is appreciated.
6. Mortgage guaranty insurer (if any): **N/A**

Execution

By signing below, I hereby certify and authorize (as applicable) the foregoing items of information.

BHAVYA KOMERNENI 10/06/2023

- BORROWER - BHAVYA KOMERNENI - DATE -



eClose Process Summary

Loan Information

Loan Number: 400891699
Application Date: 7/23/2023 12:00:00 AM MDT
Closing Date: 10/6/2023 12:00:00 AM MDT
Remote Online Notary Vendor: Notarize

Package Overview

Package Type: Closing
Ticket ID: 5ce36254-c762-ee11-b844-a0369ff1df22
Tamper Seal: verified
Create Date: 10/4/2023 9:04:41 AM MDT
Creator's Username: A893admin
Creator's IP Address: 10.15.45.97

Document Information

Documents	State	Date and Time
Closing Instructions Cover Letter	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Cover Letter Hybrid	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Shipping Label	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Signing Tips	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Closing Worksheet	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Closing Instructions	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Ink Sign Package	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Compliance Agreement	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Correction Agreement - Limited Power of Attorney	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
3200 Fixed Rate Note 2021	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
3011 GA Security Deed 2021	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
3150 PUD Rider 2021	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
GA Acknowledgement of Borrower Rights	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
1003 Uniform Residential Loan Application - 1-2021 (Bhavya Komerneni)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Supplemental Consumer Information Form (Bhavya Komerneni)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Signature-Name Affidavit (Bhavya Komerneni)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Closing Disclosure (Bhavya Komerneni)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
PMI Disclosure - Fixed Rate	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z

Occupancy Statement	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
GA Application For Homestead Tax Exemption	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
GA Acknowledgment of Receipt (Copy 1)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
GA Acknowledgment of Receipt (Copy 2)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
First Payment Letter Enhanced Fees	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Welcome To Servicing	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Amortization Schedule	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Escrow Account Disclosure Enhanced Fees	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Social Security Number Verification (Bhavya Komerneni, 1)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Patriot Act Disclosure (Bhavya Komerneni)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Borrower's Income Verification COVID-19 Declaration	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
eSign Package	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
W-9 Taxpayer ID (Bhavya Komerneni)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
4506-C Cover Sheet - 3095	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
4506-C IVES Request for Transcript of Tax Return (Bhavya Komerneni, 1)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Hazard Insurance Authorization	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
GA Foreclosure Disclosure	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
GA Affidavit of Exemption From Withholding Seller	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Notice Regarding Lender and Seller Contributions	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Taxpayer Consent Form	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Tax and Insurance Information Sheet	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
FACT Act Notice	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Escrow Disclosure - New Construction	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Certification and Authorization (MTH MORTGAGE, LLC)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z
Attachments	State	Date and Time
Draft_Documents.pdf (Sender Attached)	New and Tamper Seal Applied	10/4/2023 9:04:41 AM MDT 2023-10-04T15:04:41Z

Signer Evidence Trail

Signer Name: BHAVYA KOMERNENI
Signer Email: bhavya.3175@gmail.com
Signer Phone #: (903) 239-2179

Date and Time	Event	Document	IP
7/27/2023 8:12:12 PM MDT 2023-07-28T02:12:12Z	Per Loan Consent	N/A	134.238.168.60
10/5/2023 8:58:28 PM MDT 2023-10-06T02:58:28Z	Login Success: Single sign-on (Signer Link)	N/A	165.1.201.110

10/5/2023 8:59:11 PM MDT 2023-10-06T02:59:11Z	Review	Social Security Number Verification (Bhavya Komerneni, 1)	165.1.201.110
10/5/2023 8:59:17 PM MDT 2023-10-06T02:59:17Z	Review	Amortization Schedule	165.1.201.110
10/5/2023 8:59:17 PM MDT 2023-10-06T02:59:17Z	Review	Escrow Account Disclosure Enhanced Fees	165.1.201.110
10/5/2023 8:59:20 PM MDT 2023-10-06T02:59:20Z	Review	Welcome To Servicing	165.1.201.110
10/5/2023 8:59:22 PM MDT 2023-10-06T02:59:22Z	Review	GA Acknowledgment of Receipt (Copy 2)	165.1.201.110
10/5/2023 8:59:22 PM MDT 2023-10-06T02:59:22Z	Review	First Payment Letter Enhanced Fees	165.1.201.110
10/5/2023 8:59:23 PM MDT 2023-10-06T02:59:23Z	Review	Occupancy Statement	165.1.201.110
10/5/2023 8:59:23 PM MDT 2023-10-06T02:59:23Z	Review	GA Application For Homestead Tax Exemption	165.1.201.110
10/5/2023 8:59:23 PM MDT 2023-10-06T02:59:23Z	Review	GA Acknowledgment of Receipt (Copy 1)	165.1.201.110
10/5/2023 8:59:24 PM MDT 2023-10-06T02:59:24Z	Review	Closing Disclosure (Bhavya Komerneni)	165.1.201.110
10/5/2023 8:59:24 PM MDT 2023-10-06T02:59:24Z	Review	PMI Disclosure - Fixed Rate	165.1.201.110
10/5/2023 8:59:28 PM MDT 2023-10-06T02:59:28Z	Review	Closing Instructions Cover Letter	165.1.201.110
10/5/2023 8:59:45 PM MDT 2023-10-06T02:59:45Z	Review	Closing Worksheet	165.1.201.110
10/5/2023 9:04:21 PM MDT 2023-10-06T03:04:21Z	Review	Compliance Agreement	165.1.201.110
10/5/2023 9:04:44 PM MDT 2023-10-06T03:04:44Z	Review	Correction Agreement - Limited Power of Attorney	165.1.201.110
10/5/2023 9:05:17 PM MDT 2023-10-06T03:05:17Z	Review	3200 Fixed Rate Note 2021	165.1.201.110
10/5/2023 9:07:47 PM MDT 2023-10-06T03:07:47Z	Review	3011 GA Security Deed 2021	165.1.201.110
10/5/2023 9:11:51 PM MDT 2023-10-06T03:11:51Z	Review	3150 PUD Rider 2021	165.1.201.110
10/5/2023 9:12:13 PM MDT 2023-10-06T03:12:13Z	Review	GA Acknowledgement of Borrower Rights	165.1.201.110
10/5/2023 9:12:21 PM MDT 2023-10-06T03:12:21Z	Review	1003 Uniform Residential Loan Application - 1-2021 (Bhavya Komerneni)	165.1.201.110
10/5/2023 9:13:14 PM MDT 2023-10-06T03:13:14Z	Review	Supplemental Consumer Information Form (Bhavya Komerneni)	165.1.201.110
10/5/2023 9:13:18 PM MDT 2023-10-06T03:13:18Z	Review	Signature-Name Affidavit (Bhavya Komerneni)	165.1.201.110
10/6/2023 7:24:18 AM MDT 2023-10-06T13:24:18Z	Login Success: Single sign-on (Signer Link)	N/A	166.196.54.97
10/6/2023 7:24:20 AM MDT 2023-10-06T13:24:20Z	Login Success: Single sign-on (Signer Link)	N/A	166.196.54.97
10/6/2023 7:24:55 AM MDT 2023-10-06T13:24:55Z	Login Success: Single sign-on (Signer Link)	N/A	166.196.54.97
10/6/2023 7:24:56 AM MDT 2023-10-06T13:24:56Z	Login Success: Single sign-on (Signer Link)	N/A	166.196.54.97
10/6/2023 7:27:27 AM MDT 2023-10-06T13:27:27Z	Login Success: Single sign-on (Signer Link)	N/A	166.196.54.97
10/6/2023 7:27:29 AM MDT 2023-10-06T13:27:29Z	Login Success: Single sign-on (Signer Link)	N/A	166.196.54.97
10/6/2023 7:34:07 AM MDT 2023-10-06T13:34:07Z	Login Success: Single sign-on (Signer Link)	N/A	165.1.204.19
10/6/2023 7:34:32 AM MDT 2023-10-06T13:34:32Z	Review	Patriot Act Disclosure (Bhavya Komerneni)	165.1.204.19

10/6/2023 7:36:48 AM MDT 2023-10-06T13:36:48Z	Review	Borrower's Income Verification COVID-19 Declaration	165.1.204.19
10/6/2023 7:37:08 AM MDT 2023-10-06T13:37:08Z	Review	W-9 Taxpayer ID (Bhavya Komerneni)	165.1.204.19
10/6/2023 7:37:39 AM MDT 2023-10-06T13:37:39Z	Review	4506-C Cover Sheet - 3095	165.1.204.19
10/6/2023 7:37:45 AM MDT 2023-10-06T13:37:45Z	Review	4506-C IVES Request for Transcript of Tax Return (Bhavya Komerneni, 1)	165.1.204.19
10/6/2023 7:38:01 AM MDT 2023-10-06T13:38:01Z	Review	Hazard Insurance Authorization	165.1.204.19
10/6/2023 7:38:13 AM MDT 2023-10-06T13:38:13Z	Review	GA Foreclosure Disclosure	165.1.204.19
10/6/2023 7:38:18 AM MDT 2023-10-06T13:38:18Z	Review	GA Affidavit of Exemption From Withholding Seller	165.1.204.19
10/6/2023 7:38:21 AM MDT 2023-10-06T13:38:21Z	Review	Notice Regarding Lender and Seller Contributions	165.1.204.19
10/6/2023 7:38:34 AM MDT 2023-10-06T13:38:34Z	Review	Taxpayer Consent Form	165.1.204.19
10/6/2023 7:38:42 AM MDT 2023-10-06T13:38:42Z	Review	Tax and Insurance Information Sheet	165.1.204.19
10/6/2023 7:40:21 AM MDT 2023-10-06T13:40:21Z	Review	FACT Act Notice	165.1.204.19
10/6/2023 7:40:36 AM MDT 2023-10-06T13:40:36Z	Review	Escrow Disclosure - New Construction	165.1.204.19
10/6/2023 7:40:54 AM MDT 2023-10-06T13:40:54Z	Review	Certification and Authorization (MTH MORTGAGE, LLC)	165.1.204.19
10/6/2023 7:41:03 AM MDT 2023-10-06T13:41:03Z	Review	Draft_Documents.pdf (Sender Attached)	165.1.204.19
10/6/2023 7:41:40 AM MDT 2023-10-06T13:41:40Z	Document Signed and Tamper Seal Applied	4506-C IVES Request for Transcript of Tax Return (Bhavya Komerneni, 1)	165.1.204.19
10/6/2023 7:41:49 AM MDT 2023-10-06T13:41:49Z	Document Signed and Tamper Seal Applied	Hazard Insurance Authorization	165.1.204.19
10/6/2023 7:41:57 AM MDT 2023-10-06T13:41:57Z	Document Signed and Tamper Seal Applied	GA Foreclosure Disclosure	165.1.204.19
10/6/2023 7:42:00 AM MDT 2023-10-06T13:42:00Z	Document Signed and Tamper Seal Applied	Notice Regarding Lender and Seller Contributions	165.1.204.19
10/6/2023 7:42:02 AM MDT 2023-10-06T13:42:02Z	Document Signed and Tamper Seal Applied	Taxpayer Consent Form	165.1.204.19
10/6/2023 7:42:04 AM MDT 2023-10-06T13:42:04Z	Document Signed and Tamper Seal Applied	FACT Act Notice	165.1.204.19
10/6/2023 7:42:05 AM MDT 2023-10-06T13:42:05Z	Document Signed and Tamper Seal Applied	Escrow Disclosure - New Construction	165.1.204.19
10/6/2023 7:42:08 AM MDT 2023-10-06T13:42:08Z	Document Signed and Tamper Seal Applied	Certification and Authorization (MTH MORTGAGE, LLC)	165.1.204.19
10/6/2023 7:42:12 AM MDT 2023-10-06T13:42:12Z	Document Signed and Tamper Seal Applied	Social Security Number Verification (Bhavya Komerneni, 1)	165.1.204.19
10/6/2023 7:42:14 AM MDT 2023-10-06T13:42:14Z	Document Signed and Tamper Seal Applied	W-9 Taxpayer ID (Bhavya Komerneni)	165.1.204.19
10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	Social Security Number Verification (Bhavya Komerneni, 1)	165.1.204.19
10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	W-9 Taxpayer ID (Bhavya Komerneni)	165.1.204.19
10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	4506-C IVES Request for Transcript of Tax Return (Bhavya Komerneni, 1)	165.1.204.19
10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	Hazard Insurance Authorization	165.1.204.19
10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	GA Foreclosure Disclosure	165.1.204.19
10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	Notice Regarding Lender and Seller Contributions	165.1.204.19
10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	Taxpayer Consent Form	165.1.204.19
10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	FACT Act Notice	165.1.204.19
10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	Escrow Disclosure - New Construction	165.1.204.19

10/6/2023 7:42:40 AM MDT 2023-10-06T13:42:40Z	Submit	Certification and Authorization (MTH MORTGAGE, LLC)	165.1.204.19
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Signer Name: Jeff Richards
Signer Email: linda.isler@hrflegal.com

Date and Time	Event	Document	IP
10/4/2023 9:20:46 AM MDT 2023-10-04T15:20:46Z	Login Success: Knowledge-based (Signer Link)	N/A	50.168.139.178

Consent Language

Consent

Electronic Records and Signatures Agreement

Consent to Receive Electronic Loan Documents

Federal and State law require that you be provided various disclosures, records, notifications, and documents ("Loan Documents") over the course of this specific loan transaction. You have the option of receiving these Loan Documents either physically or electronically. In order to receive, view, and/or sign these Loan Documents electronically, you must understand and consent to the following terms and conditions:

- The following are the minimum computer software and hardware requirements necessary to access/receive and retain Loan Documents electronically:
 - Personal computer or other device which is capable of accessing the Internet
 - Web browser (Internet Explorer 9 or later; current versions of Microsoft Edge, Mozilla Firefox, Chrome, Safari)
 - Adobe Acrobat Reader? (visit <http://get.adobe.com/reader/> if you need to download the latest version) or other equivalent software
 - An active internet email address
 - A printer or the ability to download and save information to your personal computer or device
- Your consent only applies to all Loan Documents associated with this specific loan transaction, and this consent does not apply to any other subsequent loan transaction(s).
- You may withdraw your consent to receive these Loan Documents electronically at any time, without charge. In the event you wish to withdraw this consent or you need to update your contact information, including your email address, send the information in writing to:

Customer Care
loanDepot.com, LLC
Attn: Electronic Consent
6561 Irvine Center Drive
Irvine, CA 92618

- You have the right to request and obtain a paper version of any electronically-delivered Loan Document(s) without charge, even if you originally consented to receive Loan Document(s) electronically but subsequently withdrew that consent.

By accepting, you certify that you understand these requirements, and you consent to the electronic delivery of Loan Documents.

By declining, you certify that you are declining electronic delivery of Loan Documents and would rather have them delivered in paper form.

Having read the Agreement, do you accept using electronic records and signatures?