



# The Bath State Bank

"The Bank by the Side of the Road that is Always a Friend."

Main Office: 3095 Bath Road, P.O. Box 10, Bath, Indiana 47010  
Branch Office: 3828 South U.S. 27, P.O. Box 310, West College Corner, Indiana 47003  
Telephone: 765-732-3022 Fax: 765-732-3910 Bank Easy: 844-732-EASY (3279) Member FDIC  
[www.BathStateBank.com](http://www.BathStateBank.com)

Thank you for your interest in a mortgage loan from The Bath State Bank. In addition to a completed and signed mortgage loan application, we will need copies of the following items in order to begin processing your application:

- Past two years of W-2 statements for each borrower
- Past two years of federal tax returns (Personal and Business if there is any self-employment income, rental income, farm income, etc.)
- Last three paycheck stubs with year-to-date earnings
- Past two months of bank statements for any checking and/or savings accounts each borrower may have
- Most recent statements on any 401K, retirement or investment accounts, etc. for each borrower
- Copy of the Offer-to-Purchase Agreement, if applicable

Depending on your particular situation, your loan officer may request other financial information from you.

Please feel free to contact our loan staff at any time should you have additional questions.

# Borrower's Signature Authorization

---

**Lender**

THE BATH STATE BANK  
110 NORTH MAIN STREET  
P.O. BOX 110  
LIBERTY, IN 47353

**Borrower**

## **Borrower Authorization**

"I" (Borrower) hereby authorize the Lender to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan application. I further authorize the Lender to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

The information the Lender obtains is only to be used in the processing of my application for a mortgage loan.

**Borrower**

---

**Date**

**Borrower**

---

**Date**

# Right to Receive a Copy of Appraisal Report

---

**Lender**

THE BATH STATE BANK  
110 NORTH MAIN STREET  
P.O. BOX 110  
LIBERTY, IN 47353

"We" means Lender.

**Borrower**

"You" means Borrower or Cosigner.

## **Right to Receive Copy**

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

## **Acknowledgment**

By signing below, you acknowledge that you have received this *Disclosure*.

**Borrower**

---

Date

---

Date

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](http://www.irs.gov) and search IVES.

<b>1a. Current name</b>			<b>2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)</b>		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
<b>1b. First taxpayer identification number (see instructions)</b>			<b>2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)</b>		
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
<b>3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</b>					
<b>a. Street address (including apt., room, or suite no.)</b>		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>	
<b>4. Previous address shown on the last return filed if different from line 3 (see instructions)</b>					
<b>a. Street address (including apt., room, or suite no.)</b>		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>	
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>					
<b>i. IVES participant name</b>		<b>ii. IVES participant ID number</b>	<b>iii. SOR mailbox ID</b>		
<b>iv. Street address (including apt., room, or suite no.)</b>		<b>v. City</b>	<b>vi. State</b>	<b>vii. ZIP code</b>	
<b>5b. Customer file number (if applicable) (see instructions)</b>			<b>5c. Unique identifier (if applicable) (see instructions)</b>		
<b>5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))</b>					
<b>i. Client name</b>				<b>ii. Telephone number</b>	
<b>iii. Street address (including apt., room, or suite no.)</b>		<b>iv. City</b>	<b>v. State</b>	<b>vi. ZIP code</b>	
<b>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)</b>					
<b>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</b>					
<b>a. Return Transcript</b> <input type="checkbox"/>		<b>b. Account Transcript</b> <input type="checkbox"/>		<b>c. Record of Account</b> <input type="checkbox"/>	
<b>7. Wage and income transcript (W-2, 1098-E, 1099-G, etc.)</b> <input type="checkbox"/>					
<b>a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.</b>					
<b>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</b>					
<b>Line 1a</b> <input type="checkbox"/>		<b>Line 2a</b> <input type="checkbox"/>			
<b>8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)</b>					
/ / / / / / / / / /					
<b>Caution: Do not sign this form unless all applicable lines have been completed.</b>					
<b>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.</b>					
<input type="checkbox"/> <b>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.</b>					
<b>Sign Here</b>	<b>Signature for Line 1a (see instructions)</b>		<b>Date</b>	<b>Phone number of taxpayer on line 1a or 2a</b>	
	<input type="checkbox"/> <b>Form 4506-C was signed by an Authorized Representative</b>		<input type="checkbox"/> <b>Signatory confirms document was electronically signed</b>		
	<b>Print/Type name</b>				
	<b>Title (if line 1a above is a corporation, partnership, estate, or trust)</b>				
	<b>Spouse's signature (required if listed on Line 2a)</b>			<b>Date</b>	
	<input type="checkbox"/> <b>Form 4506-C was signed by an Authorized Representative</b>		<input type="checkbox"/> <b>Signatory confirms document was electronically signed</b>		
<b>Print/Type name</b>					