

VA CASH-OUT REFINANCE HOME EQUITY DISCLOSURE

Borrower(s): JOHN BANDORF

Date Sent: April 29, 2024

Loan Number: 7440786402

Property Address: 414 ORANGE AVE
PORT ORANGE, FL 32127-4445

Lender: Lakeview Loan Servicing, LLC

Loan Originator: Nashim Ashtar Campa Valencia

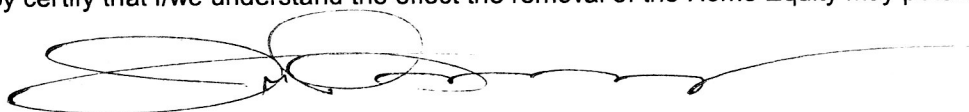
NMLS #: 391521

License #: LO94999
NMLS #: 2168569

An estimated amount of \$0.00 of Home Equity is being removed from the reasonable value of the home by refinancing into a new loan.

Removal of this Home Equity may affect your ability to sell or refinance the home in the future.

I/We hereby certify that I/we understand the effect the removal of the Home Equity may potentially have on the home.



JOHN BANDORF

4.29.24
DATE

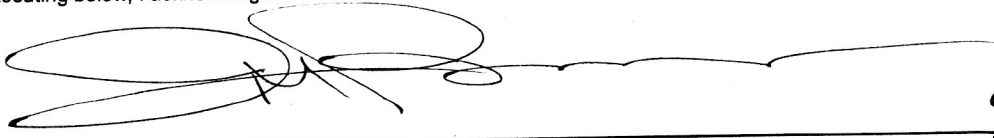


Florida Radon Gas Disclosure Statement

RADON GAS:

Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county health department.

By executing below, I acknowledge and understand the above statement.



JOHN BANDORF

4.29.24
DATE



FLORIDA TITLE INSURANCE NOTICE

Borrower(s): **JOHN BANDORF**
("we," "us" or "our")

Date: **April 29, 2024**

Lender: **Lakeview Loan Servicing, LLC**

Loan Number: **7440786402**

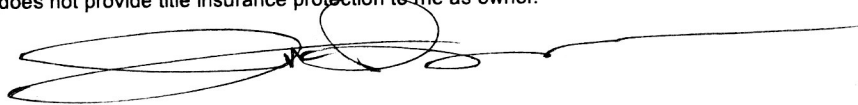
Property Address: **414 ORANGE AVE, PORT ORANGE, FL
32127-4445.**

Title Insurance Co.: **AAA Title Agency and
Escrow Services, Inc**

NOTICE TO PURCHASER-MORTGAGOR

Pursuant to Section 627.798, Florida Statutes, notice is hereby given by the title insurance company shown above to me, undersigned purchaser-mortgagor, that a mortgagee title insurance policy is to be issued to your mortgagee lender, and that such policy does not provide title insurance protection to you as the owner of the real estate you are purchasing.

I have read the above notice and understand that such mortgagee title insurance policy to be issued to the mortgagee lender does not provide title insurance protection to me as owner.



JOHN BANDORF

4.29.24
DATE



Date: April 29, 2024

LOAN #: 7440786402

BUYER AFFIDAVIT

[Part III, Ch. 692 F.S. – Conveyances to Foreign Entities – By Natural Person Buyer]

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared **JOHN BANDORF** ("Affiant"), who deposes and says under penalties of perjury that:

(When used "Affiant" includes singular or plural as context so requires or admits.)

1. Affiant is purchasing or acquiring an interest in the following described real property:

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF AS "EXHIBIT A".
APN #: 630314120080

2. Affiant has been given the opportunity to consult with an attorney.

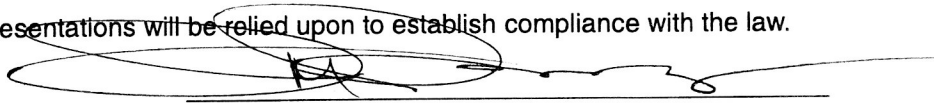
3. Affiant is **(initial which is applicable):**

Not a Foreign Principal as defined in s. 692.201, F.S., and is in compliance with the requirements set out in ss. 692.202-205, F.S.

OR

A Foreign Principal as defined in s. 692.201, F.S., and is in compliance with the requirements set out in ss. 692.202-205, F.S.

4. Affiant acknowledges the foregoing representations will be relied upon to establish compliance with the law.



(Affiant)

Print Name: **JOHN BANDORF**

Address: _____



State of FLORIDA

County of VOLUSIA

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this 29th day of APRIL, 2024 by JOHN BANDORF, who is/are personally known to me or who has/have produced Drivers License as identification.

Britan McIlvee

Signature

Printed Name

Title or Rank

Serial Number, if any



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

Printed Name: JOHN BANDORF	Date of Birth: April 19, 1964	Social Security Number: 264-65-5255
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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: **Lakeview Loan Servicing, LLC**

Company Address: **4425 Ponce De Leon Boulevard, MS5-251, Coral Gables, FL 33146**

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

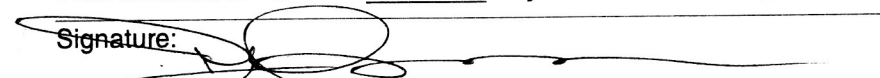
Agent's Name: **Automation Research, Inc. (d/b/a DataVerify)**

Agent's Address: **250 E. Broad St, Suite 2100, Columbus, OH 43215**

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: 	Date Signed: 4.29.24
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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>.

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
JOHN BANDORF

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.
 Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
 Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.
414 Orange Ave

6 City, state, and ZIP code
Port Orange, FL 32127

7 List account number(s) here (optional)

Requester's name and address (optional)
**Lakeview Loan Servicing, LLC
4425 Ponce De Leon Boulevard,
MS5-251
Coral Gables, FL 33146**

Print or type.
See Specific instructions on page 2.

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.

Social security number

2	6	4	-	6	5	-	5	2	5	5
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or

Employer identification number

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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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** *[Signature]* Date **4.29.24**

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they 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-NEC (nonemployee compensation).
- 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), and 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.

Caution: If you don't 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
- Certify that you are not subject to backup withholding; or



3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. 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).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441-1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

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

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

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 (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

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 their 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 their 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, but are not limited to, 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, as described in item 4 under "By signing the filled-out form" 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.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. 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 are no longer 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.

- **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 name as shown on your social security card, and your new last name.

Note for 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 you filed with your application.

- **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.



- **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** 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.
- **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. Enter any business, trade, or DBA name on line 2.
- **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner 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. 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, enter it on line 2.

Line 3a

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

IF the entity/individual on line 1 is a(n)...	THEN check the box for...
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 to be taxed as a corporation	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 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

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 on 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 territory, 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 territory.

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 as defined under section 581.

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 • Broker transactions	All exempt payees except for 7. 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 Information, 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) entered 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 territory, 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 sh



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, enter "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 ITIN. Enter it in the entry space for the Social security number. 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). 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 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/EIN. 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 Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "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, you will generally 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. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

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 non-employee 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 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor ⁴
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
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 Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (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 on line 1, and enter your business or DBA name, if any, on line 2. 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.)

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

****** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

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 return 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 a questionable credit report, contact the IRS Identity Theft Hotline at 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 877-777-4778 or TTY/TDD 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 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.

Go to 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 territories for use in administering their laws. The information may also 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, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



HAZARD INSURANCE AUTHORIZATION, REQUIREMENTS AND DISCLOSURE

Borrower(s): JOHN BANDORF

Date: 04/29/2024

Loan Number: 7440786402

Property Address: 414 ORANGE AVE, PORT ORANGE, FL 32127-4445

Lender: Lakeview Loan Servicing, LLC, a Limited Liability Corporation

Listed below are your Lender's policies and procedures and minimum requirements for Hazard Insurance which must be provided covering the subject property unless otherwise provided by applicable state law:

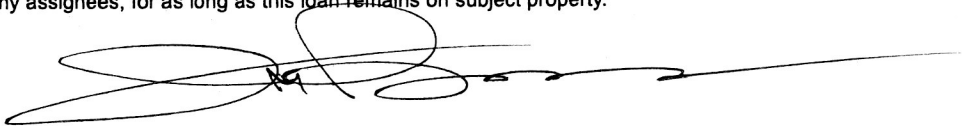
1. Coverage must equal the lesser of the following:
 - 100% of the insurable value of the improvements, as established by the property insurer, or
 - the unpaid principal balance of the mortgage, as long as it equals the minimum amount—80% of the insurable value of the improvements—required to compensate for damage or loss on a replacement cost basis. If it does not, then coverage that does provide the minimum required amount must be obtained.
2. The insurance company providing coverage must have a(n) **"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 the 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. The maximum deductible must not exceed **5.000 % of the face amount of the insurance policy.**
5. Policy must provide coverage for a term of at least **One (1) Year(s)**. 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, unless otherwise mandated by state law.
6. If any existing policy is provided which will expire within **Six (6) Month(s)** 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. The policy must include a standard "mortgagee loss payee clause" (Lenders Loss Payable Endorsement form 438 BFU or equivalent) in favor of:
Lakeview Loan Servicing, LLC, Its Successors And/Or Assigns
4425 Ponce De Leon Boulevard, MS5-251
Coral Gables, FL 33146
11. Property address and insureds' 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. Effective date of new policies, endorsements, and/or assignments shall be as of, or prior to, the date of recording this loan.



14. 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 as well as "walls-in" coverage policy (commonly known as HO-6 policy). The policy must include replacement of improvements and betterment coverage to cover any improvements that you may have made to the unit. 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.



JOHN BANDORF

4.29.24
DATE



COMPLIANCE AGREEMENT

Borrower(s): **JOHN BANDORF**

Date: **April 29, 2024**

Loan Number: **7440786402**

Property Address: **414 ORANGE AVE
PORT ORANGE, FL 32127-4445**

Lender: **Lakeview Loan Servicing, LLC**

The undersigned borrower(s), for and in consideration of Lender disbursing loan proceeds for the purchase or refinancing of, or construction of improvements on the aforementioned property, agree(s), if requested by the Lender or someone acting on behalf of said Lender, to fully cooperate in adjusting for clerical errors, on any or all loan closing documentation deemed necessary or desirable in the reasonable discretion of Lender to enable Lender to sell, convey, seek guaranty or market said loan to any entity, including but not limited to, an investor, Fannie Mae (FNMA), Government National Mortgage Association (GNMA), Freddie Mac (FHLMC), Department of Housing and Urban Development, Department of Veterans Affairs or any municipal bonding authority.

The undersigned borrower(s) do hereby so agree and covenant as aforesaid in order to assure that the loan documentation executed this date will conform and be acceptable in the marketplace in the instance of transfer, sale or conveyance by Lender of its interest in and to said loan.

Dated effective this 29 day of April, 2024.



JOHN BANDORF

4.29.24

DATE

State of **FLORIDA**

County of **VOLUSIA**

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this 29th day of APRIL, 2024 by JOHN BANDORF, who is/are personally known to me or who has/have produced Driver's License as identification.

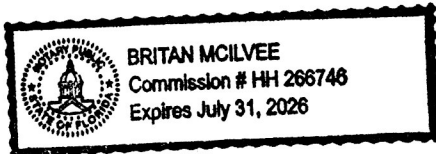


Signature

Printed Name

Title or Rank

Serial Number, if any



FLOOD HAZARD DETERMINATION

Date: **April 29, 2024**

Borrower(s) Name(s): **JOHN BANDORF**

Property Address: **414 ORANGE AVE, PORT ORANGE, FL 32127-4445**

Pursuant to federal regulations, the Lender has evaluated whether or not the improved real property or mobile home (the "Property") which will secure your loan is located in an area designated by the Federal Emergency Management Agency ("FEMA") as a "Special Flood Hazard Area." The Lender has determined that according to FEMA the Property is NOT located in a designated Special Flood Hazard Area. Therefore, flood insurance will NOT be required by the Lender as a condition of closing this loan transaction.

The National Flood Insurance Reform Act of 1994 provides that if the loan servicer at any time during the term of the loan determines that the Property is in a Special Flood Hazard Area the loan servicer must notify the borrower that flood insurance must be obtained. In these cases, the borrower has 45 days to respond and provide evidence of acceptable insurance to the loan servicer; if no response is made by the borrower, the loan servicer can force-place flood insurance after 45 days from the date of notification.

The undersigned Borrower(s) agree that flood insurance will be purchased if the Property is located in a Special Flood Hazard Area, and if flood insurance is available in the community. The undersigned Borrower(s) further agree that if the Property at any time is determined to be in a Special Flood Hazard Area, and if insurance is available, Borrower(s) will obtain and pay for such insurance in an amount as required by the Lender or loan servicer.



JOHN BANDORF

4.29.24
DATE



NOTICE OF SERVICING TRANSFER

Borrower Name & Address:
JOHN BANDORF

**414 ORANGE AVE
PORT ORANGE, FL 32127-4445**

The servicing of your mortgage loan is being transferred, effective **May 1, 2024**. This means that after this date, a new servicer will be collecting your mortgage loan payments from you. Nothing else about your mortgage loan will change.

Lakeview Loan Servicing, LLC

is now collecting your payments.

Lakeview Loan Servicing, LLC

will stop accepting payments received from you after **May 1, 2024**.

LoanCare, LLC

will collect your payments going forward. Your new servicer will start accepting payments received from you on **May 1, 2024**.

Send all payments due on or after May 1, 2024 to LoanCare, LLC

**at this address:
P.O. Box 37628
Philadelphia, PA 19101-0628**

If you have any questions for either your present servicer, **Lakeview Loan Servicing, LLC**

or your new servicer **LoanCare, LLC**,

about your mortgage loan or this transfer, please contact them using the information below:

**Current Servicer:
Lakeview Loan Servicing, LLC
Attn: Customer Service
877-772-5391
4425 Ponce De Leon Boulevard, MS5-251
Coral Gables, FL 33146**

**New Servicer:
LoanCare, LLC
Attn: Consumer Solutions Department
1-800-509-0183
P.O. Box 8068
Virginia Beach, VA 23450**



Under Federal law, during the 60-day period following the effective date of the transfer of the loan servicing, a loan payment received by your old servicer on or before its due date may not be treated by the new servicer as late, and a late fee may not be imposed on you.

Lakeview Loan Servicing, LLC

[NAME OF PRESENT SERVICER]

April 29, 2024

Date

and

LoanCare, LLC

[NAME OF NEW SERVICER]

April 29, 2024

Date



JOHN BANDORF

4.29.24

DATE



BORROWER'S CERTIFICATION & AUTHORIZATION

Certification

The undersigned certify the following:

1. I/We have applied for a mortgage loan from **Lakeview Loan Servicing, LLC**

("Lender").

In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.

2. I/We understand and agree that Lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the Financial Institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

To Whom It May Concern:

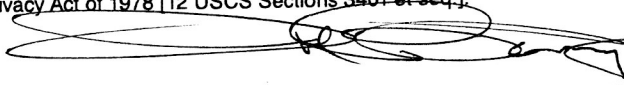
1. I/We have applied for a mortgage loan from Lender. As part of the application process, Lender and the mortgage guaranty insurer (if any) may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to Lender and to any investor to whom 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. Lender or any investor that purchases the 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 Lender, the investor that purchased the mortgage, or the mortgage guaranty insurer (if any) is appreciated.
6. Mortgage guaranty insurer (if any):

VA, FHA and USDA Loans

This is notice to you as required by the Right to Financial Privacy Act of 1978 that:

- Department of Veterans Affairs (VA)
- Department of Housing and Urban Development
- Department of Agriculture (USDA)

has a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to the agency indicated above without further notice or authorization, but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law. You are authorizing such disclosure for a period of time not in excess of three months. Prior to the time that your financial records are disclosed, you may revoke this authorization at any time; however, your refusal to provide the information may cause your application to be delayed or rejected. If you believe that your financial records have been disclosed improperly, you may have legal rights under the Right to Financial Privacy Act of 1978 [12 USCS Sections 3401 et seq].



JOHN BANDORF

4.29.24
DATE



Lakeview Loan Servicing, LLC

EQUAL CREDIT OPPORTUNITY ACT NOTICE

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

**FDIC
Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106**

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered in determining your creditworthiness.



JOHN BANDORF

4.29.24
DATE



BORROWER CONSENT TO THE USE OF TAX RETURN INFORMATION

Borrower(s): JOHN BANDORF

Date: April 29, 2024

Loan Number: 7440786402

Property Address: 414 ORANGE AVE
PORT ORANGE, FL 32127-4445

Lender: Lakeview Loan Servicing, LLC

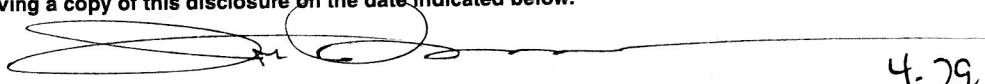
I/We, JOHN BANDORF

understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) 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 your 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.

ACKNOWLEDGEMENT

By signing below, you hereby acknowledge reading and understanding all of the information disclosed above, and receiving a copy of this disclosure on the date indicated below.



JOHN BANDORF

4-29-24
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 and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name JOHN MICHA	ii. Middle initial	iii. Last name/BMF company name BANDORF	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions) 264-65-5255			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.) 414 Orange Ave		b. City Port Orange	c. State FL	d. ZIP code 32127	
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.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name DataVerify		ii. IVES participant ID number C/O: Billing Sol		iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.) 4N422 Mountain Ash Drive		v. City Wayne	vi. State IL	vii. ZIP code 60184	
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				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)		iv. City	v. State	vi. ZIP code	
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 / 2023 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.					
Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a		
		4.29.24	386-316-8754		
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed			
Sign Here	Print/Type name JOHN BANDORF				
	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.



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) JOHN MICHAEL BANDORF

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

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.





TELEPHONE CONSUMER PROTECTION ACT DISCLOSURE

Last Name: BANDORF
Loan #: 7440786402
MIN: 101029800007874684

In order for Lakeview Loan Servicing, LLC to service the mortgage loan account, referenced above, and/or collect amounts owed, we may need to make telephone calls and/or send text messages to you at any telephone number, including wireless telephone numbers.

The Telephone Consumer Protection Act ("TCPA") requires businesses that contact consumers by telephone, text or fax, using an ATDS or an AVM, obtain prior express consent before using such in contacting a consumer's cell phone for informational purposes and prior express written consent if the contact is for marketing purposes. Consent is not a condition of purchasing any good or service and consent may be revoked at any time.

CONSENT TO CONTACT WIRELESS TELEPHONE NUMBER

[] I JOHN MICHAEL BANDORF hereby provide consent to receive autodialed and/or pre-recorded telemarketing telephone calls, from or on behalf of Lakeview Loan Servicing, LLC. its affiliates, agents, assigns and service providers at the following wireless telephone number or any wired line that has been transferred to my cell phone for use in normal business communications. I am the current subscriber on the contract or non-subscriber customary user.

SIGNATURE

DATE

[] I JOHN MICHAEL BANDORF do not consent to receive autodialed and/or pre-recorded telemarketing telephone calls.

SIGNATURE

DATE

4-29-24



Lakeview Loan Servicing, LLC

Document Correction Agreement

Date: 04/29/2024

Loan Number: 7440786402

Mortgagor: JOHN BANDORF

Property Address:414 ORANGE AVEPORT ORANGE, FL 32127-4445


Each of the undersigned (individually and collectively "Borrower") authorize a representative of Lakeview Loan Servicing LLC ("Lender") to make corrections authorized by this Document Correction Agreement ("Agreement") in Borrower's loan documents that Borrower signed in connection with the closing of Borrower's mortgage loan with Lakeview Loan Servicing, LLC ("Lender") on ("Closing Date").

Lender is authorized on Borrower's behalf, to place initials on any page delivered to Borrower at closing but that Borrower failed to initial and to place Borrower's initials on Borrower's behalf on the documents where Borrower made changes but failed to initial. In addition, in the event of clerical error, or mistakes, including but not limited to omissions, spelling, grammatical, typographical and scrivener errors, then in such event, Borrower, hereby gives its consent and grants authority to authorized Lender employee to correct any omission, misstatement or inaccuracy and execute any new or corrected or completed documents as may be deemed necessary to remedy any omission, inaccuracy or misstatement.

In no event shall this Agreement be used to change in any way the terms of Borrower's loan including, but not limited to, the interest rate, the loan amount, the monthly payment or any closing fees.

If Lender exercises the authorization granted by this Agreement, Borrower will be notified and provided with a copy of the corrected document(s).

The authority granted under this Agreement shall automatically terminate ninety (90) days from the closing date.



JOHN BANDORF 4.29.24
Date

Date

Date

Date

Date

Date

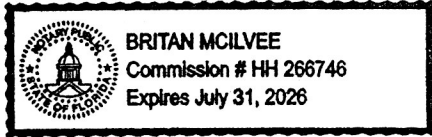


Lakeview Loan Servicing, LLC
Document Correction Agreement

STATE OF FL
COUNTY OF Volusia

The foregoing instrument was acknowledged before me this 24 day of April, 2024, by
John Banderf

Brita McIlvee
Printed Name of Notary _____



NMLS#391521



FACTS**WHAT DOES LAKEVIEW DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> <input type="checkbox"/> Social Security number and income <input type="checkbox"/> Account balances and payment history <input type="checkbox"/> Credit history and credit scores
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Lakeview Loan Servicing, LLC ("Lakeview") chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Lakeview share?	Can you limit this sharing?
For our everyday business purposes--- such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes--- to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes--- information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes--- information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For non-affiliates to market to you	Yes	Yes

To limit our sharing	<ul style="list-style-type: none"> ▪ Call 1.844.838.4322 – our menu will prompt you through your choice(s) ▪ Visit us online: https://lakeview.com/privacy-opt-out/ or ▪ Mail the form below <p>Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p>
Questions?	Call 1.844.838.4322 or go to https://lakeview.com/privacy-opt-out/

Mail-in Form

Mark any/all you want to limit:

- Do not share information about my creditworthiness with your affiliates for their everyday business purposes.
- Do not allow your affiliates to use my personal information to market to me.
- Do not share my personal information with non-affiliates to market their products and services to me.

Name

Address

Mail to:

Lakeview Loan Servicing, LLC
Attention: Compliance Dept (Opt-out Process)
4425 Ponce de Leon Boulevard, MS 5-251



City, State, Zip

Coral Gables, Florida 33146

Account #

Page 2

Who we are

Who is providing this notice?

Lakeview Loan Servicing, LLC

What we do

How does Lakeview protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Lakeview collect my personal information?

We collect your personal information, for example, when you:

- pay your bills or apply for a loan
- give us your income information or provide employment information
- give us your employment history

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday purposes – information about your creditworthiness
- affiliates from using your information to market to you
- sharing for non-affiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- Our affiliates include financial companies such as Lakeview Community Capital, LLC, Lakeview Household Insurance Solutions, LLC, LKV Realty, LLC, LKV Holdings, LLC, FFS Holdings, LLC, Fastlane Financial Solutions, LLC, Fastlane Technology Solutions, LLC, and Fastlane Lending Solutions, LLC.*

Non-affiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- Non-affiliates we share with can include mortgage companies, banks, insurance companies and non-profit organizations.*

Joint marketing

A formal agreement between non-affiliated financial companies that together market financial products or services to you.

- Our joint marketing partners include mortgage lenders, credit card companies, debt settlement providers, and other financial services companies.*

Other important information

Special Notice to Nevada Customers: We are providing you this notice pursuant to state law. You may be placed on our internal Do Not Call List by following the directions in the *To limit our sharing* section. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St, Suite 3900, Las Vegas, NV 89101; Phone number 702.486.3132; email: AGINFO@ag.state.nv.us
Lakeview Loan Servicing, LLC, Attention: Compliance Dept (Opt-out Process), 4425 Ponce de Leon Boulevard, MS 5-251 Coral Gables, Florida 33146; Phone number: 1.844.838.4322; Email: IssueResolutions@lakeviewloanservicing.com.

Special Notice for Vermont Customers: If our records indicate that you are a resident of Vermont, we will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, or credit report to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policy is available on our website. Please call 844.838.4322.



Special Notice for California Residents: In order to comply with California law, the following applies if your account has a California mailing address.

Restrict Nonpublic Personal Information Shared with Non-affiliated Third Parties

Even if you do not make the privacy choice set above, we will not share information that we have about you with non-affiliated third parties, except for Everyday Business Purposes (defined below). For purposes of this notice, "Everyday Business Purposes" means any of the purposes set forth in Cal. Fin. Code § 4056, including but not limited to:

- (1) When personal information is necessary to effect, administer, or enforce a transaction requested or authorized by you, or in connection with servicing or processing a financial product or service requested or authorized by you, or in connection with maintaining or servicing your account with us, or with another entity as part of a private label credit card program or other extension of credit on behalf of that entity, or in connection with a proposed or actual securitization or secondary market sale, including sales of servicing rights, or similar transactions related to a transaction of the consumer.
- (2) When your personal information is released with your consent or at your direction; and/or
- (3) When your personal information is released to:
 - a. Protect the confidentiality or security of your records with us; and/or
 - b. Protect against fraud, identity theft, unauthorized transactions, claims, or other liability.

Restrict Nonpublic Personal Information Shared with Lakeview Family

We will not share nonpublic personal information about you within our family of companies other than for our Everyday Business Purposes unless we first provide you with further privacy choices.

Restrict Nonpublic Personal Information Shared with Joint Marketing Partners

We will not share information about you with joint marketing partners unless we first provided you with further privacy choices.

Special Notice to North Dakota Customers: Pursuant to state law, we will only share information with our affiliates, non-affiliates and third parties as required or permitted by law, or if you give us permission.



To be completed by the Lender:

Lender Loan No./Universal Loan Identifier 7440786402

Agency Case No. 17-17-6-2044127

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) JOHN MICHAEL BANDORF

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

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.



Department of Veterans Affairs		VA LOAN SUMMARY SHEET	
1. VA'S 12 DIGIT LOAN NUMBER 17-17-6-2044127			
2. VETERAN'S NAME (First, Middle, Last) JOHN MICHAEL BANDORF			
3. VETERAN'S SOCIAL SECURITY NUMBER 264-65-5255		4. GENDER OF VETERAN (Check one) <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. VETERAN'S DATE OF BIRTH (mm/dd/yyyy) 04/19/1964
6A. ETHNICITY <input checked="" type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> HISPANIC OR LATINO	6B. RACE (May select more than one) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER	<input type="checkbox"/> ASIAN <input checked="" type="checkbox"/> WHITE	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> UNKNOWN
7. ENTITLEMENT CODE (01 to 11, from VA Certificate of Eligibility) 00		8. AMOUNT OF ENTITLEMENT AVAILABLE (from VA Certificate of Eligibility)	
9. BRANCH OF SERVICE <input checked="" type="checkbox"/> 1. ARMY <input type="checkbox"/> 2. NAVY <input type="checkbox"/> 3. AIR FORCE <input type="checkbox"/> 4. MARINE CORPS <input type="checkbox"/> 5. COAST GUARD <input type="checkbox"/> 6. OTHER _____			
10. MILITARY STATUS (Check one) <input checked="" type="checkbox"/> 1. SEPARATED FROM SERVICE <input type="checkbox"/> 2. IN SERVICE			
11. FIRST TIME HOME BUYER (Check one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO This means a veteran who has not previously purchased a home, either by cash, assumption, or new financing.			
12. LOAN PROCEDURE (Check one) <input checked="" type="checkbox"/> AUTOMATIC <input type="checkbox"/> AUTO-IRRRL <input type="checkbox"/> VA PRIOR APPROVAL			
13. PURPOSE OF LOAN (Check one) <input checked="" type="checkbox"/> 1. HOME (INCLUDES MH ON PERMANENT FOUNDATION) <input type="checkbox"/> 2. MANUFACTURED HOME <input type="checkbox"/> 3. CONDOMINIUM <input type="checkbox"/> 4. ALTERATIONS/IMPROVEMENTS <input type="checkbox"/> 5. REFINANCE			
14. LOAN CODE (Check one) <input checked="" type="checkbox"/> 1. PURCHASE <input type="checkbox"/> 2. IRRRL (STREAMLINE REFINANCE) <input type="checkbox"/> 3. REGULAR ("Cash-out") REFINANCE <input type="checkbox"/> 4. MANUFACTURED HOME REFINANCE <input type="checkbox"/> 5. REFINANCING OF CONSTRUCTION LOAN, LAND SALE CONTRACT OR LOAN ASSUMED AT HIGHER RATE OF INTEREST (*Maximum guaranty on these loans is \$36,000)			
15. PRIOR LOAN TYPE (Note: Must be completed if Regular ("Cash-out") Refinance is selected in Item 14) <input type="checkbox"/> 1. FHA-FIXED <input type="checkbox"/> 2. FHA-ARM/HARM <input type="checkbox"/> 3. CONVENTIONAL-FIXED <input type="checkbox"/> 4. CONVENTIONAL-ARM/HARM <input type="checkbox"/> 5. CONVENTIONAL-INTEREST ONLY <input checked="" type="checkbox"/> 6. VA-FIXED <input type="checkbox"/> 7. VA-ARM/HARM <input type="checkbox"/> 8. OTHER _____			
16. TYPE OF MORTGAGE (Check one) <input type="checkbox"/> 0. REGULAR FIXED PAYMENT <input type="checkbox"/> 1. GPM-NEVER TO EXCEED NOV <input type="checkbox"/> 2. OTHER GPMs <input type="checkbox"/> 3. GEM <input type="checkbox"/> 4. TEMPORARY BUYDOWN <input type="checkbox"/> 5. HYBRID ARM <input type="checkbox"/> 6. ARM			
17. TYPE OF HYBRID-ARM (NOTE: Must be completed if Hybrid Arm is selected in Item 16) <input type="checkbox"/> 3/1 <input type="checkbox"/> 5/1 <input type="checkbox"/> 7/1 <input type="checkbox"/> 10/1			
18. TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> 1. SOLE OWNERSHIP (VETERAN & SPOUSE OR VETERAN ONLY) <input type="checkbox"/> 2. JOINT - 2 OR MORE VETERANS <input checked="" type="checkbox"/> 3. JOINT - VETERAN/NON-VETERAN			19. CLOSING DATE (mm/dd/yyyy) 04/29/2024
20. PURCHASE PRICE (N/A for Refinance Loans)			\$ 145,746.00
21. REASONABLE VALUE (For IRRRLs - If appraisal has not been done, loan amount of prior VA loan)			\$ 158,049.00
22. ENERGY IMPROVEMENTS (Check all applicable boxes) <input type="checkbox"/> NONE <input type="checkbox"/> INSTALLATION OF SOLAR HEATING/COOLING <input type="checkbox"/> REPLACEMENT OF A MAJOR SYSTEM <input type="checkbox"/> ADDITION OF A NEW FEATURE <input type="checkbox"/> INSULATION, CAULKING, WEATHER-STRIPPING, ETC. <input type="checkbox"/> OTHER IMPROVEMENTS			\$
23. LOAN AMOUNT (Purchase - Purchase Price or RV (lesser) + Funding Fee) (Refi - Max 90% LTV + Funding Fee) (IRRRL - Old Loan Payoff + All Closing Costs)			\$ 145,746.00
24. PROPERTY TYPE (Check one) <input checked="" type="checkbox"/> NEITHER <input type="checkbox"/> PUD <input type="checkbox"/> CONDOMINIUM			
25. APPRAISAL TYPE (Check one) <input type="checkbox"/> IND - SINGLE PROPERTY - IND APPRAISAL <input type="checkbox"/> ONE - MASTER CRV CASE (MCRV) <input type="checkbox"/> LAPP - LENDER APPRAISAL <input type="checkbox"/> MBL - MANUFACTURED HOME <input type="checkbox"/> HUD - CONVERSION <input type="checkbox"/> PMC - PROP. MGMT. CASE			



26. TYPE OF STRUCTURE (Check one)			
<input checked="" type="checkbox"/> 1. CONVENTIONAL CONSTRUCTION	<input type="checkbox"/> 2. SINGLEWIDE M/H	<input type="checkbox"/> 3. DOUBLEWIDE M/H	
<input type="checkbox"/> 4. M/H LOT ONLY	<input type="checkbox"/> 5. PREFABRICATED HOME	<input type="checkbox"/> 6. CONDOMINIUM CONVERSION	
27. PROPERTY DESIGNATION (Check one)			
<input checked="" type="checkbox"/> 1. EXISTING OR USED HOME, CONDO, M/H		<input type="checkbox"/> 2. APPRAISED AS PROPOSED CONSTRUCTION	
<input type="checkbox"/> 3. NEW EXISTING - NEVER OCCUPIED		<input type="checkbox"/> 4. ENERGY IMPROVEMENTS	
28. NO. OF UNITS (Check one)			29. MCRV NO.
<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> TWO UNITS	<input type="checkbox"/> THREE UNITS	<input type="checkbox"/> FOUR OR MORE
30. MANUFACTURED HOME CATEGORY (Check one)			
<input type="checkbox"/> 0. OTHER - NOT M/H		<input type="checkbox"/> 1. M/H ONLY (RENTED SPACE)	
<input type="checkbox"/> 2. M/H ONLY (VETERAN-OWNED LOT)		<input type="checkbox"/> 3. M/H ON PERMANENT FOUNDATION	
31. PROPERTY ADDRESS 414 ORANGE AVE			
32. CITY PORT ORANGE	33. STATE FL	34. ZIP CODE 32127-4445	35. COUNTY Volusia
36. LENDER VA ID NUMBER 6395440000		37. AGENT VA ID NUMBER (If applicable)	38. LENDER LOAN NUMBER
FOR LAPP CASES ONLY			
39. LENDER SAR ID NUMBER			
40. GROSS LIVING AREA (Square Feet)		41. AGE OF PROPERTY (Yrs.)	42. DATE OF SAR ISSUED NOTIFICATION OF VALUE
43. TOTAL ROOM COUNT		44. BATHS (No.)	45. BEDROOMS (No.)
46. IF PROCESSED UNDER LAPP, WAS THE FEE APPRAISER'S ORIGINAL VALUE ESTIMATE CHANGED OR REPAIR RECOMMENDATIONS REVISED, OR DID THE SAR OTHERWISE MAKE SIGNIFICANT ADJUSTMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," there must be written justification by fee appraiser and/or SAR)			
INCOME INFORMATION (Not Applicable for IRRRLs)			
47A. LOAN PROCESSED UNDER VA RECOGNIZED AUTOMATED UNDERWRITING SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," Complete Item 47B and 47C)			
47B. WHICH SYSTEM WAS USED? <input type="checkbox"/> 01. LP <input type="checkbox"/> 02. DU <input type="checkbox"/> 03. PMI AURA <input type="checkbox"/> 04. CLUES <input type="checkbox"/> 05. ZIPPY			47C. RISK CLASSIFICATION <input type="checkbox"/> 1. APPROVE <input type="checkbox"/> 2. REFER
48. CREDIT SCORE (Enter the median credit score for the veteran only)			757
49. LIQUID ASSETS			\$ 29,641.00
50. TOTAL MONTHLY GROSS INCOME (Item 32 + Item 38 from VA Form 26-6393)			\$ 5,359.00
51. RESIDUAL INCOME			\$ 1,524.34
52. RESIDUAL INCOME GUIDELINE			\$ 889.00
53. DEBT- INCOME RATIO (If Income Ratio is over 41% and Residual Income is not 120% of guideline, statement of justification signed by underwriter's supervisor must be included on or with VA Form 26-6393) 50.078 %			
54. SPOUSE INCOME CONSIDERED <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," Complete Item 55)		55. SPOUSE'S INCOME AMOUNT (If considered) \$	
DISCOUNT INFORMATION (Applicable for All Loans)			
56. DISCOUNT POINTS CHARGED		0.000% OR \$	
57. DISCOUNT POINTS PAID BY VETERAN		0.000% OR \$	
58. TERMS (Months) 309	59. INTEREST RATE 3.375 %		60. FUNDING FEE EXEMPT <input type="checkbox"/> Y - EXEMPT <input checked="" type="checkbox"/> N - NOT EXEMPT
FOR IRRRLS ONLY			
61. PAID IN FULL VA LOAN NUMBER			
62. ORIGINAL LOAN AMOUNT \$ 159,822.00		63. ORIGINAL INTEREST RATE 0.000%	
64. REMARKS VA CQ Assumption, no appraisal required Loan is NOT a VA substitution of entitlement			



Department of Veterans Affairs

FEDERAL COLLECTION POLICY NOTICE

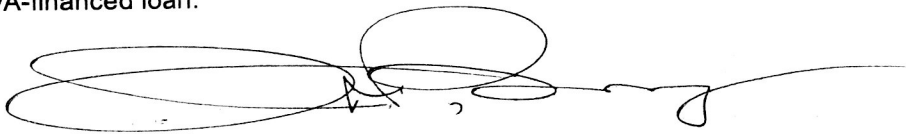
The Federal Government is authorized by law to take any or all of the following actions in the event your VA-guaranteed or VA-financed loan payments become delinquent or you default on your VA-guaranteed or VA-financed loan:

- Your name and account information may be reported to a credit bureau.
- Additional interest and penalty charges may be assessed for the period of time that payment is not made.
- Charges to cover additional administrative costs incurred by the Government to service your account may be assessed.
- Amounts owed to you under other Federal programs may be offset.
- Your account may be referred to a private collection agency to collect the amount due.
- Your account may be referred to the Department of Justice for litigation in the courts.
- If you are a current or retired Federal employee, your salary or civil service retirement benefits may be offset.
- Your debt may be referred to the Internal Revenue Service for offset against any amount owed to you as an income tax refund.
- Any written-off debt may be reported to the Internal Revenue Service as taxable income.

All of these actions can and will be used to recover any debts owed the Department of Veterans Affairs when it is determined to be in the best interest of the Government to do so.

CERTIFICATION

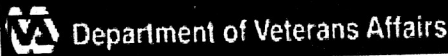
I have read and I understand the actions the Federal Government can take in the event that I fail to meet my scheduled payments in accordance with the terms and conditions of my agreement to purchase property with a VA-guaranteed or VA-financed loan.



JOHN MICHAEL BANDORF

4-29-24
DATE





APPLICATION FOR ASSUMPTION APPROVAL AND/OR RELEASE FROM PERSONAL LIABILITY TO THE GOVERNMENT ON A HOME LOAN

INSTRUCTIONS: Please complete this form fully and accurately and return it to the office of the Department of Veterans Affairs (VA) shown below. Enclose remittance (certified check or money order) payable to VA in the amount shown on the instruction letter which accompanied this form. (NOTE: Use of this form does not affect the seller's liability on a VA-guaranteed loan from a private lender.) See Section II for Privacy Act Information.

SECTION I (To be completed by VA)

RETURN TO:	ADDRESS (Complete) DEPARTMENT OF VETERANS AFFAIRS Attn: Loan Guaranty Officer	1. VA LOAN NUMBER 17-17-6-2044127
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SECTION II (To be completed by Seller)

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., providing information that is used in determining whether VA can approve a request for assumption approval and/or release of liability to the Government on a loan) as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records and Vendee Loan Applicant Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

Respondent Burden: We need this information to help determine your qualifications for the desired benefit. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

2A. FIRST-MIDDLE-LAST NAME OF SELLER (Type or Print) Andrew Millwater	2B. SOCIAL SECURITY NUMBER
3A. HOME TELEPHONE NO. (Include Area Code) 386-307-4541	3B. WORK TELEPHONE NO. (Include Area Code)
4A. MAILING ADDRESS OF SELLER (Number and street or rural route, city or P.O. Box, State and ZIP Code) 414 Orange Ave Port Orange, FL 32127	4B. ADDRESS OF PROPERTY WHICH IS SECURITY FOR THE LOAN ON WHICH YOU WISH TO BE RELEASED FROM LIABILITY (If rural property give directions to locate it.) 414 ORANGE AVE PORT ORANGE, FL 32127-4445

5. INFORMATION ABOUT PURCHASER OR OWNER OF PROPERTY WHO WILL ASSUME YOUR LOAN

A. FIRST-MIDDLE-LAST NAME OF ASSUMER OF LOAN (Type or Print) JOHN MICHAEL BANDORF	B. MAILING ADDRESS OF ASSUMER OF LOAN (Number and street or rural route, city or P.O. Box, State and ZIP Code) 414 Orange Ave Port Orange, FL 32127
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6A. STATUS OF SALE TRANSACTION (Check one) <input type="checkbox"/> HAVE AGREED ON PURCHASE PRICE BUT NO SALE HAS BEEN COMPLETED AND NO CONTRACT OR DEED SIGNED (Complete Item 6B) NO SALE HAS BEEN COMPLETED BUT CONTRACT FOR SALE HAS BEEN SIGNED AND COPY IS ATTACHED (Complete Item 6B) <input type="checkbox"/> SALE HAS BEEN COMPLETED AND DEED EXECUTED AND DELIVERED TO PURCHASER (Complete Item 6C)	6B. AGREED PURCHASE PRICE \$ 145,746.00
7A. PAYMENT ENCLOSED FOR CREDIT REPORT AND/OR PROCESSING CHARGE (Check one) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> OTHER (Specify)	6C. SALE PRICE \$ 145,746.00
8A. NAME OF LENDER YOU MAKE YOUR PAYMENTS TO LoanCare	7B. AMOUNT \$

8B. ADDRESS OF LENDER	8C. LENDER'S LOAN NO. (If known) 47519145009
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9A. AMOUNT OF MONTHLY LOAN PAYMENT \$	9B. APPROXIMATE LOAN BALANCE (May be obtained from year-end statement) \$
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10. ASSESSMENTS AND/OR OTHER LIENS OUTSTANDING (Note: Lien is a legal claim against a property that must be paid off when the property is sold. Assessment is a tax or levy imposed against specific parcels of real estate that can benefit from improvements such as a street or sewer.)

A. AMOUNT	B. PURPOSE (Streets, sidewalks, sewers, etc.)	C. HOW PAYABLE

11. HAVE YOU DELIVERED VA FORMS 26-6382 AND 26-6807 TO YOUR PURCHASER FOR COMPLETION AND FORWARDING TO VA?
 YES NO

IMPORTANT - In order for VA to release you from liability, it will be necessary that your purchaser assume all of your liability to the Government, as well as to the loan holder, if this is other than VA. The instruction letter you received with this form indicates whether this liability may be assumed through a clause in the deed transferring the property to the purchaser. If not, or if you have already completed the sale of the property without a proper clause included in the deed, then it will be necessary that a separate "Agreement Creating Liability to Holder and to U.S." be executed by your purchaser. You must ensure that the purchaser is willing to assume your liability by a clause in the deed or by executing the agreement. This may be accomplished by a provision in your sales contract, or by other written assurance. Should your purchaser be willing to assume your liability, please call the VA office above for guidance on your available options. If you already completed the sale of your home and included a VA approved clause was recorded. Similarly, a copy of the agreement should be submitted if this has already been executed at th





VA FORM 26-6381
MAR 2015

EXISTING STOCK OF VA FORM 26-6381, JAN 2006,
WILL BE USED

12A. SIGNATURE OF SELLER

12B. DATE

4.29.24



STATEMENT OF PURCHASER OR OWNER ASSUMING SELLER'S LOAN

INSTRUCTIONS: Please complete this form and the VA Form 26-6807, Financial Statement, and return to the office of the Department of Veterans Affairs shown below. These forms are for submission in connection with the application for release from liability to the Government on a home loan filed with this office by the seller in Item 3 and in connection with an application for substitution of entitlement by a veteran purchaser and the veteran seller. In substitution of entitlement cases, also submit VA Form 26-8106, Statement of Veteran Assuming GI Loan. See reverse for Privacy and Respondent Burden Information.

SECTION I

1. ADDRESS (Complete) RETURN VA Regional Office: TO: Attn: Loan Guaranty Officer	2. LOAN NUMBER 7440786402
	3. NAME OF SELLER (First, middle, last) (Type or print) Andrew Millwater
	4. COMPLETE PROPERTY ADDRESS 414 ORANGE AVE PORT ORANGE, FL 32127-4445

SECTION II – (To be completed by Purchasers)

5. INFORMATION ON PURCHASERS AND SALE OF PROPERTY

A. NAME OF PURCHASER (First, middle, last) (Type or print) JOHN MICHAEL BANDORF		B. NAME OF CO-PURCHASER (First, middle, last) (Type or print)	
C. ARE YOU A VETERAN OF SERVICE IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", complete Items 5E and 5F)		C. ARE YOU A VETERAN OF SERVICE IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", complete Items 5E and 5F)	
E. SERVICE SERIAL NUMBER	F. SOCIAL SECURITY NUMBER 264-65-5255	G. SERVICE SERIAL NUMBER	H. SOCIAL SECURITY NUMBER
I. PRICE AGREED ON FOR THE PROPERTY \$ 145,746.00		J. PAYMENT OF DIFFERENCE BETWEEN PURCHASE PRICE AND UNPAID BALANCE ON SELLER'S LOAN (Check one) <input checked="" type="checkbox"/> THE DIFFERENCE WILL BE PAID (OR HAS BEEN PAID) AT THE TIME PROPERTY IS (WAS) TRANSFERRED BY ME IN CASH WITHOUT BORROWING ANY PORTION THEREOF <input type="checkbox"/> IT WILL BE (OR WAS) NECESSARY FOR ME TO BORROW ALL OR A PORTION OF THE DIFFERENCE checked, complete Items 6A thru 6G	
K. IS AMOUNT IN ITEM 5I GREATER THAN THE UNPAID BALANCE ON SELLER'S LOAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

6. TERMS OF SALE (If additional space is needed, use reverse)

A. AMOUNT OF CASH PAID OR TO BE PAID	B. AMOUNT BORROWED (Refer to Item 5J)	C. SOURCE OF FUNDS BORROWED (Name and address)	
D. IS (WAS) MORTGAGE OR DEED OF TRUST GIVEN SELLER OR OTHER PERSON?	E. AMOUNT OF OR BALANCE OF MORTGAGE OR DEED OF TRUST	F. SECURITY FOR AMOUNT BORROWED (Refer to Item 6B) (If other than mortgage or deed of trust)	

G. TERMS OF REPAYMENT OF AMOUNT BORROWED (Refer to Item 6B)

AMOUNT OF PAYMENT \$ 706.57	PAYMENTS MADE <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER (Specify)
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7. LIST YOUR ADDRESSES FOR PAST 5 YEARS

A. ADDRESSES (No. and street or rural route, P.O. Box, City, State and ZIP Code)	B. DATES
PURCHASER 414 Orange Ave, Port Orange, FL 32127	4 YRS 0 MOS
PURCHASER , ,	YRS MOS
CO-PURCHASER , ,	YRS MOS
CO-PURCHASER , ,	YRS MOS

CERTIFICATIONS: I understand and agree that the attached Financial Statements are for use of the Department of Veterans Affairs and the lender who holds the mortgage on the property which I am purchasing or have purchased from the above-named seller. I also understand that VA will not examine the title to this property and that it is my responsibility to determine that the title is acceptable to me. (Depending upon your particular locality, this may be accomplished by an owner's title policy or an attorney's certificate. You may also contact the local VA regional office for additional information.) It is further understood that the release of the seller from liability to the Government on the loan or substitution of entitlement is conditioned upon my assuming all of the liabilities and obligations of the above seller arising out of the loan. This includes the liability of the seller to reimburse VA for any amount it may hereafter be required to pay, or for any loss it suffers as a result of the making, guaranty, or insurance of the seller's loan. I will assume, or have already assumed, all of the liability of the above seller arising out of the loan by written agreement in such form as VA requires.

8A. SIGNATURE OF PURCHASER 	8B. DATE 4-29-24
9A. SIGNATURE OF CO-PURCHASER	9B. DATE



NOTE: PLEASE READ CAREFULLY BEFORE SIGNING THE FRONT OF THE FORM

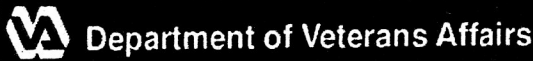
PRIVACY ACT NOTICE

VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records and Vendee Loan Applicant Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under the Debt Collection Act of 1982. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. No release of liability of the veteran seller may be granted unless this form has been completed and received (38 U.S.C. 3713 and 3714). This form provides information that is used in determining whether VA can approve the seller's request for release of liability to the Government on the loan. Failure to provide the requested credit information could result in disapproval of your application for a loan. Under the Debt Collection Act of 1982, VA is required to collect the social security numbers of loan applicants. Under the Financial Privacy Act of 1973, VA may obtain financial records held by financial institutions in connection with the consideration or administration of assistance to you. Such financial records will be available to VA without further notice of authorization.

RESPONDENT BURDEN

We need this information to make determinations for releases of liability as well as for credit underwriting determinations for substitution of entitlement cases. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRASearch. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.





FINANCIAL STATEMENT

1. FILE NO. C-	2. LOAN NO.
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IMPORTANT: Type or print all entries in ink. If more space is needed for any item, continue under Section VI, "Remarks," or attach separate sheets. If there is a co-borrower or co-applicant who is not the spouse of the borrower/applicant, a separate financial statement should be completed by that person.

SECTION I - GENERAL INFORMATION

3. NAME AND PRESENT ADDRESS OF BORROWER/APPLICANT <i>(Include ZIP Code)</i> JOHN MICHAEL JOHN MICHAEL BANDORF 414 ORANGE AVE PORT ORANGE, FL 32127-4445	4. HOME TELEPHONE NO. <i>(Include Area Code)</i> 386-316-8754	5. DATE OF BIRTH 04/19/1964
	6. MARITAL STATUS OF BORROWER/APPLICANT Unmarried	7. SOCIAL SECURITY NO. OF BORROWER/APPLICANT 264-65-5255
8. NAME OF SPOUSE	9. SPOUSE'S DATE OF BIRTH //	10. SOCIAL SECURITY NO. OF SPOUSE
		11. AGE(S) OF DEPENDENT(S)

12A. BORROWER/APPLICANT: <i>If you do not wish to complete Items 12B and 12C, please initial here</i>	INITIALS	13A. CO-BORROWER/SPOUSE: <i>If you do not wish to complete Items 13B and 13C please initial here (NOTE: Information not to be collected on a non-coborrower spouse)</i>	INITIALS
12B. RACE/NATIONAL ORIGIN	12C. SEX	13B. RACE/NATIONAL ORIGIN	13C. SEX
<input type="checkbox"/> AMERICAN INDIAN ALASKA NATIVE <input type="checkbox"/> ASIAN PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK (Not Hispanic) <input checked="" type="checkbox"/> WHITE (Not Hispanic)	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> AMERICAN INDIAN ALASKA NATIVE <input type="checkbox"/> ASIAN PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK (Not Hispanic) <input type="checkbox"/> WHITE (Not Hispanic)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

14. PLEASE CHECK THE APPROPRIATE BOX(ES). IF ONE OR MORE ARE CHECKED, THIS CREDIT STATEMENT MUST INCLUDE INFORMATION CONCERNING THE BORROWER/APPLICANT'S SPOUSE (OR FORMER SPOUSE IF BOX "D" IS CHECKED). IF NO BOXES ARE CHECKED, NO INFORMATION CONCERNING THE SPOUSE NEED BE FURNISHED.

<input type="checkbox"/> A THE SPOUSE IS OR WILL BE JOINTLY OBLIGATED WITH THE BORROWER/APPLICANT ON THE LOAN	<input type="checkbox"/> C THE BORROWER/APPLICANT IS MARRIED AND THE PROPERTY SECURING THE LOAN IS LOCATED IN A COMMUNITY PROPERTY STATE
<input type="checkbox"/> B THE BORROWER/APPLICANT IS RELYING ON THE SPOUSE'S INCOME AS A BASIS FOR REPAYMENT OF THE LOAN	<input type="checkbox"/> D THE BORROWER/APPLICANT IS RELYING ON ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE PAYMENTS FROM A SPOUSE OR FORMER SPOUSE AS A BASIS FOR REPAYMENT OF THE LOAN.

SECTION II - EMPLOYMENT AND FINANCIAL STATUS

15. COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE *(Start with present position and work back 2 years)*

	A. NAME AND ADDRESS OF EMPLOYER	B. DATES <i>(Month, year)</i>		C. KIND OF JOB <i>(Mechanic, stenographer, etc.)</i>	D. WORK TELEPHONE NO.
		FROM	TO		
BORROWER /APPLICANT	(1)	//	PRESENT TIME	Retired	
	(2)	//	//		
SPOUSE	(1)	//	PRESENT TIME		
	(2)	//	//		



16. MONTHLY INCOME <i>Include income from business or property after deduction of expenses. (Disclosure of child support, alimony and maintenance income is optional)</i>	A. GROSS SALARY <i>(Before payroll deductions)</i>	BORROWER/ APPLICANT	SPOUSE	C. OTHER <i>(Specify)</i>	BORROWER/ APPLICANT	SPOUSE
		\$	\$			\$
	B. PENSION OR COMPENSATION	\$0.00	\$0.00	D. TOTAL MONTHLY INCOME	\$ 5,359.00	\$

17. ASSETS

A. CASH IN BANK <i>(Checking and savings accounts, building and loan accounts, etc.)</i>	\$ 29,641.00	F. SAVING BONDS <i>(Current value)</i>	\$	
B. CASH ON HAND		G. STOCKS AND OTHER BONDS <i>(Current value)</i>		
C. FURNITURE AND HOUSEHOLD GOODS <i>(Resale value)</i>		H. REAL ESTATE OWNED <i>(Resale value)</i>		
D. AUTOMOBILES <i>(Resale value)</i>		I. OTHER ASSETS <i>(Itemize)</i>		
MAKE	YEAR			MODEL
E. TRAILERS, BOATS, CAMPERS <i>(Resale value)</i>		J. TOTAL ASSETS	\$ 273,641.00	

18. DEBTS

NOTE: DETAILS FOR INSTALLMENT CONTRACTS AND OTHER DEBTS *(Show here ALL debts which you are required to pay in regular monthly installments, such as car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. Include any alimony, child support, or separate maintenance obligations you are required to pay. If additional space is needed, use Section VI, or attach separate sheet. Do not include living expenses. If repayment of a debt is not on a monthly basis, write "0" in Column E and describe arrangements to repay in "Remarks")*

ITEM NO.	A. NAME AND ADDRESS OF CREDITOR <i>(Include ZIP Code)</i>	B. DATE AND PURPOSE OF DEBT <i>(Include account number, if available)</i>	C. ORIGINAL AMOUNT OF DEBT	D. UNPAID BALANCE	E. AMOUNT DUE MONTHLY	F. AMOUNT PAST DUE
(1)	SPACECOASTCU 8045 N WICKHAM RD MELBOURNE, FL 32940	// Installment 8100017440751	\$	\$47,040.00	\$853.00	\$
(2)	CAPITAL ONE PO BOX 31293 SALT LAKE CITY, UT 84131	// Revolving 7638		\$3,073.00	\$77.00	
(3)	GS BANK USA LOCKBOX 6112 PHILADELPHIA, PA 19170	// Revolving 0512		\$2,205.00	\$145.00	
TOTAL			\$	\$52,569.00	\$1,147.00	\$

SECTION III - CREDIT REFERENCES AND OTHER FINANCIAL INFORMATION

19. NAME AND ADDRESS OF FIRMS OR BANKS WITH WHOM YOU HAVE DONE BUSINESS

A.	B.
C.	D.

20. IF YOU ARE RENTING PREMISES YOU NOW OCCUPY, COMPLETE A, B, AND C

A. MONTHLY RENTAL \$	B. UTILITIES INCLUDED? YES NO	C. NAME AND ADDRESS OF PERSON OR FIRM RENTAL PAID TO	
21A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes", complete Item 21B)</i>	21B. DATE ADJUDICATED BANKRUPT	22A. HAVE YOU HAD A GI LOAN? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If "Yes", complete Item 22B)</i>	22B. NAME OF VA OFFICE WHERE LOAN WAS PROCESSED



SECTION IV - REAL ESTATE OWNED

(Show ALL real estate owned. Use this sheet to provide information for one property. If you own more than one property use separate blank sheets to provide the same)

23. ADDRESS OF PROPERTY (Number, street, city, county, State) 4472 Chalmentte Court Port Orange, FL 32127	24. PURCHASE PRICE \$	25. CURRENT MARKET VALUE OF PROPERTY \$244,000.00
26. NAME AND ADDRESS OF MORTGAGEE (If mortgaged)	27. ORIGINAL AMOUNT OF MORTGAGE \$	28. UNPAID BALANCE \$
29. FREQUENCY OF MORTGAGE PAYMENTS (If payment is not by regular amortization plan, explain in Section VI, "Remarks") <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY	30. AMOUNT OF MORTGAGE PAYMENT \$	31. STATUS OF LOAN (Check) <input checked="" type="checkbox"/> CURRENT <input type="checkbox"/> DELINQUEN
33. OTHER LIENS AGAINST PROPERTY, IF ANY \$	32. AMOUNT OF DELINQUENCY (If any) \$	
35. IF PROPERTY IS RENTED, WHAT ARE THE RENTAL TERMS? \$ PER	34. DO YOU OCCUPY THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
36. AMOUNT OF AVERAGE MONTHLY INCOME YOU RECEIVE FROM THIS PROPERTY IN EXCESS OF OPERATING EXPENSES \$		

SECTION V - ADDITIONAL DATA

37. NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU (Including telephone number if available)

Timothy R. Bandorf
 905 Silver Leaf Place
 Port Orange, FL 32127
 PHONE: 386-341-7604

SECTION VI - REMARKS

38. USE THIS SPACE AND ADDITIONAL SHEETS IF NECESSARY TO SUPPLY ANY OTHER PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEMS. INDICATE ITEM NUMBER TO WHICH YOUR COMMENTS APPLY.

JPMCB CARD	//	214.00	35.00
PO BOX 15369	Revolving		
WILMINGTON DE 19850	9210		
excess hol premium	//	37.00	37.00
	Revolving		
	//		
	//		
	//		
	//		
	//		

SECTION VII - CERTIFICATIONS

I (WE) AFFIRM THAT the information contained herein is true, correct, and complete to the best of my (our) knowledge and belief.

IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

39A. SIGNATURE OF BORROWER/APPLICANT <i>(Sign in ink)</i>	39B. DATE 4-29-24	40A. SIGNATURE OF SPOUSE (Sign in ink)	40B. DATE
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PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of a statement or evidence of a material fact, knowing it to be false.



Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., to service your loan and to evaluate your application for release of liability and, if applicable, substitution of entitlement) as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

Respondent Burden: We need this information to service your loan and to evaluate your application for release of liability and, if applicable, substitution of entitlement. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

NOTICE TO APPLICANTS

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Veterans Affairs Loan Guaranty Service or Division has a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to the Department of Veterans Affairs Loan Guaranty Service or Division without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law.

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The information in Items 12A, 12B, 12C, and 13A, 13B, and 13C is requested by the Federal Government to monitor compliance by VA as a lender with Equal Credit Opportunity and Fair Housing laws. The law provides that a lender may neither discriminate on the basis of this information nor on whether or not it is furnished.



VA LOAN NUMBER
17-17-6-2044127

**STATEMENT OF VETERAN
ASSUMING GI LOAN**
(Substitution of Entitlement)

PROPERTY ADDRESS
414 ORANGE AVE PORT ORANGE, FL 32127-4445

INSTRUCTIONS: This form must be submitted to VA with VA Forms 26-6382 and 26-6807. Please carefully read the notice and certifications below and sign the form in Part III. A copy is provided for your records

PART I. VETERAN'S NOTICE OF LIABILITY

As a GI home loan borrower you will be legally obligated to make the mortgage payments called for by your mortgage loan contract. The fact that you later dispose of your property **WILL NOT RELIEVE YOU OF LIABILITY FOR MAKING THESE PAYMENTS.**

Some GI home buyers have the mistaken impression that if they sell their homes when they move to another locality, or dispose of it for any other reason, they are no longer liable for the mortgage payments and that liability for these payments is solely that of the new owners. Unless you are able to sell the property to a credit-worthy purchaser, who is acceptable to VA and who will assume the payments of your obligation to the lender and the Department of Veterans Affairs, you will not be relieved from liability to repay any guaranty claim which VA may be required to pay your lender on account of default in your loan payments. The amount of any claim payment may be a debt owed by you to the Federal Government. Any debt will be the object of established collection procedures.

Payment of the loan in full ordinarily is the way in which continuing liability on a mortgage note is ended. Therefore, if you expect to move from this new home and should you be unable to sell it with the purchaser obtaining new financing to pay off your loan, or if you are unable to locate an eligible veteran willing to assume your loan and substitute his or her entitlement, you should understand that you may continue to be liable to the holder of your mortgage and to the Department of Veterans Affairs.

PART II. VETERAN'S CERTIFICATIONS

I, THE UNDERSIGNED VETERAN, CERTIFY THAT:

I have read and understand the foregoing notice concerning my liability on the loan.

I now actually occupy the property identified above as my home or intend to move into and occupy it as my home within a reasonable period of time after completion of the sale.

Neither I, nor anyone authorized to act for me, will refuse to sell or rent, after the making of a bonafide offer, or refuse to negotiate for the sale or rental of, or otherwise make unavailable or deny the dwelling or property covered by this loan to any person because of race, color, religion, sex, handicap, familial status, or national origin. I realize that any restrictive covenant on this property relating to race, color, religion, sex, handicap, familial status or national origin is illegal and void; and civil action for preventive relief may be brought by the Attorney General of the United States in any appropriate U.S. District Court against any person responsible for the violation of the applicable law.

PART III. VETERAN'S AUTHORIZATION TO CHARGE ENTITLEMENT

I authorize VA to make a charge against my guaranty entitlement for the amount required to permit substitution of my entitlement for that of the veteran-seller.



(Signature of Purchaser)

4.29.24

(Date)





VA LOAN NUMBER
17-17-6-2044127

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ASSUMING GI LOAN**
(Substitution of Entitlement)

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I have read and understand the foregoing notice concerning my liability on the loan.

I now actually occupy the property identified above as my home or intend to move into and occupy it as my home within a reasonable period of time after completion of the sale.

Neither I, nor anyone authorized to act for me, will refuse to sell or rent, after the making of a bonafide offer, or refuse to negotiate for the sale or rental of, or otherwise make unavailable or deny the dwelling or property covered by this loan to any person because of race, color, religion, sex, handicap, familial status, or national origin. I realize that any restrictive covenant on this property relating to race, color, religion, sex, handicap, familial status or national origin is illegal and void; and civil action for preventive relief may be brought by the Attorney General of the United States in any appropriate U.S. District Court against any person responsible for the violation of the applicable law.

PART III. VETERAN'S AUTHORIZATION TO CHARGE ENTITLEMENT

I authorize VA to make a charge against my guaranty entitlement for the amount required to permit substitution of my entitlement for that of the veteran-seller.

(Signature of Purchaser)

4.29.24

(Date)





Department of Veterans Affairs

FOR VA USE ONLY

COE REF. NO.

MAIL COMPLETED APPLICATION TO
THE REGIONAL LOAN CENTER OF
JURISDICTION. SEE PAGE 4 FOR
REGIONAL LOAN CENTER ADDRESSES.

REQUEST FOR A CERTIFICATE OF ELIGIBILITY

IMPORTANT: For faster processing, VA encourages you to visit www.va.gov for your Certificate of Eligibility, or contact the lender of your choice to submit an application electronically. In most cases, an eligibility determination can be made instantly.

NOTE: Please read Privacy Act Information on page 2 before completing this form. If additional space is required, attach a separate sheet.

SECTION I: VETERAN'S IDENTIFYING INFORMATION

1. NAME OF VETERAN TO APPEAR ON COE (First, Middle Initial, Last) JOHN MICHAEL BANDORF		2A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Item 2B) (If "No," skip to Item 3)	
2B. OTHER NAME(S) USED DURING MILITARY SERVICE (If different from name shown in Item 1)			
3. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, and ZIP Code) 414 Orange Ave Port Orange, FL 32127			
4. DATE OF BIRTH (MM/DD/YYYY) 04/19/1964	5. SOCIAL SECURITY NUMBER 264-65-5255	6. SERVICE NUMBER (If applicable)	
7. TELEPHONE NUMBER (Include Area Code) 386-316-8754	8. EMAIL ADDRESS (If applicable) Johnm@Bandorf.org		
9A. WERE YOU DISCHARGED, RETIRED, OR SEPARATED FROM SERVICE BECAUSE OF DISABILITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Item 9B)		9B. VA CLAIM NUMBER (If known)	

SECTION II: MILITARY SERVICE INFORMATION (See Instructions For Proof of Service on Page 3)

10A. ARE YOU CURRENTLY ON ACTIVE DUTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," skip to Item 11))	10B. ARE YOU A PURPLE HEART RECIPIENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," see instructions, page 3)	10C. DO YOU HAVE A PRE-DISCHARGE CLAIM PENDING WITH VA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," see instructions, page 3)	
IMPORTANT: Please provide your dates of service. In many cases eligibility can be established based on data in VA systems. However, it is recommended that proof of service be provided, if readily available.			
11A. ACTIVE SERVICE - Do not include any periods of Active Duty for Training or Active Guard Reserve service. Do include any Reserve or Guard Unit activation under Title 10 U.S.C. or full time National Guard Duty under Title 32 U.S.C. Sections 316, 502, 503, 504 or 505.		BRANCH OF SERVICE	DATE ENTERED
11B. RESERVE OR NATIONAL GUARD SERVICE - Include any periods of Active Duty for Training (ADT) or Active Guard Reserve service. Do not include any Reserve or Guard unit activation under Title 10 U.S.C. or Full Time National Guard Duty under Title 32 U.S.C. Sections 316, 502, 503, 504, or 505.			DATE SEPARATED

SECTION III: INFORMATION REGARDING PREVIOUS VA LOANS (See Instructions on Page 3)

12. INDICATE HOW YOU WILL USE YOUR CERTIFICATE OF ELIGIBILITY? (Check appropriate box) <input type="checkbox"/> ENTITLEMENT INQUIRY ONLY <input type="checkbox"/> PURCHASE A HOME <input type="checkbox"/> CASH-OUT REFINANCE <input type="checkbox"/> INTEREST RATE REDUCTION REFINANCE LOAN			
13A. HAVE YOU USED THE VA HOME LOAN PROGRAM BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 13B) (If "No," skip to Item 19A)		13B. DO YOU STILL OWN ANY OF THE HOMES YOU USED THE VA HOME LOAN PROGRAM FOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 14A thru 16D if applicable) (If "No," skip to Item 19A)	
PREVIOUS VA LOANS (SEE INSTRUCTIONS ON PAGE 3 - If additional space is needed for all homes use Item 18, Remarks or attach a separate sheet)			
14A. COMPLETE ADDRESS	14B. LOAN NUMBER	14C. DATE OF LOAN (Month and Year)	14D. ARE YOU APPLYING FOR ENTITLEMENT RESTORATION? <input type="checkbox"/> NO, ENTITLEMENT INQUIRY ONLY <input type="checkbox"/> CASH-OUT REFINANCE RESTORATION <input type="checkbox"/> INTEREST RATE REDUCTION REFINANCE <input type="checkbox"/> ONE-TIME RESTORATION (Note: See instructions page 3)



SECTION III: INFORMATION REGARDING PREVIOUS VA LOANS - CONTINUED (See Instructions on Page 2)

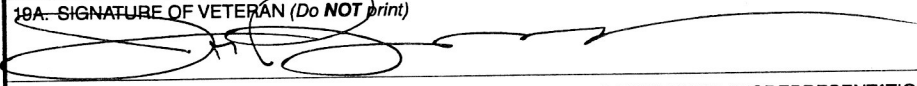
15A. COMPLETE ADDRESS	15B. LOAN NUMBER	15C. DATE OF LOAN (Month and Year)	15D. ARE YOU APPLYING FOR ENTITLEMENT RESTORATION? <input type="checkbox"/> NO, ENTITLEMENT INQUIRY ONLY <input type="checkbox"/> CASH-OUT REFINANCE RESTORATION <input type="checkbox"/> INTEREST RATE REDUCTION REFINANCE <input type="checkbox"/> ONE-TIME RESTORATION (Note: See instructions page 3)
16A. COMPLETE ADDRESS	16B. LOAN NUMBER	16C. DATE OF LOAN (Month and Year)	16D. ARE YOU APPLYING FOR ENTITLEMENT RESTORATION? <input type="checkbox"/> NO, ENTITLEMENT INQUIRY ONLY <input type="checkbox"/> CASH-OUT REFINANCE RESTORATION <input type="checkbox"/> INTEREST RATE REDUCTION REFINANCE <input type="checkbox"/> ONE-TIME RESTORATION (Note: See instructions page 3)
17A. DO YOU STILL OWN A PROPERTY THAT WAS FINANCED WITH A VA HOME LOAN THAT HAS BEEN SUBSTANTIALLY DAMAGED OR DESTROYED BY A FEDERALLY DECLARED NATURAL DISASTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 17B thru 17D)			
17B. DATE OF LOAN (Month and Year)	17C. DATE OF LOSS (Month and Year)	17D. ADDRESS OF PROPERTY	

18. REMARKS (If any)

SECTION IV: CERTIFICATION AND SIGNATURE

I CERTIFY THAT the statements in this document are true and complete to the best of my knowledge.

19A. SIGNATURE OF VETERAN (Do NOT print)



19B. DATE SIGNED

4.29.24

FEDERAL STATUTES PROVIDE SEVERE PENALTIES FOR FRAUD, INTENTIONAL MISREPRESENTATION, CRIMINAL CONNIVANCE OR CONSPIRACY PURPOSED TO INFLUENCE THE ISSUANCE OF ANY GUARANTY OR INSURANCE BY THE SECRETARY OF VETERANS AFFAIRS (e.g. 18 U.S.C. § 1001, 372 and 287)

PRIVACY ACT NOTICE - VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (for example: the authorized release of information to Congress when requested for statistical purposes) identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register. Your response is required in order to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN - This information is needed to help determine a veteran's qualifications for a VA guaranteed home loan. Title 38, U.S.C., section 3702, authorizes collection of this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain.



INSTRUCTIONS FOR VA FORM 26-1880

SECTION I. VETERAN'S IDENTIFYING INFORMATION

Item 1 - Tell us your complete name, as you would like it to appear on your Certificate of Eligibility (COE). If this name is different than what is shown on your service documents or in VA records provide documentation such as a marriage certificate, divorce decree, or court document to support the request. Do **NOT** send originals, copies of these documents are acceptable.

Item 2A - Indicate if you served under another name, provide the name as it appears on your discharge certificate (DD Form 214).

Item 2B - Provide the name as it appears on your discharge certificate (DD Form 214)

Item 9B - In most cases your claim number is the same as your Social Security number. If you are not sure about this number, leave this field blank.

SECTION II. MILITARY SERVICE INFORMATION

Item 10A - Indicate if you are currently serving on active duty.

Item 10B - The VA funding fee **may not** be collected from a member of the Armed Forces who is currently serving on active duty and has been awarded the Purple Heart. You may be asked to provide evidence of having been awarded the Purple Heart. **Note:** Activations under Title 32 orders are not considered active duty for the purpose of a funding fee exemption.

Item 10C - The VA funding fee may not be collected from a veteran who rated eligible to receive compensation as the result of a pre-discharge disability examination and rating or based on a pre-discharge review of existing medical evidence (including service medical and treatment records) that results in the issuance of a memorandum rating. **Note:** If the proposed or memorandum rating is not obtained and a closing takes place, the funding fee exemption does not apply, and the service-member will not be entitled to a refund.

Items 11A and 11B - List your periods of military service.

Item 11A - Active Service: full-time duty in the Armed forces, other than active duty for training. The best evidence to show your service is your discharge certificate (DD Form 214), which indicates both character of service and the narrative reason for separation. A copy is acceptable. **Note:** Cases involving other than honorable discharges will usually require further development by VA. This is necessary to determine if the service was under other than dishonorable conditions.

If you are **currently serving on regular active duty**, eligibility can usually be established based on data in VA systems. However, in some situations you may be asked to provide a statement of service signed by, or by direction of, the adjutant, personnel officer, or commander of your unit or higher headquarters. The statement may be in any format; usually a standard or bulleted memo is sufficient. It should identify you by name and social security number and provide: (1) your date of entry on your current active-duty period and (2) the duration of any time lost (or a statement noting there has been no time lost). Generally, this should be on military letterhead.

National Guard members who served full time duty (only includes activations considered Full Time National Guard duty that is not inactive duty) under Title 32, U.S.C. sections 316, 502, 503, 504 or 505, may provide a DD Form 220, DD Form 214 or Report of Active Service, accompanied by orders for the same period is also acceptable. Copies are acceptable. If you are still serving on the activation, you should provide a statement of service that indicates (1) your date of entry on your current active-duty period and (2) the duration of any time lost (or a statement noting there has been no time lost), type of orders, if orders are for training, entry date for your current activation. Generally, this should be on military letterhead.

Item 11B - National Guard Service/Selected Reserve Service: You may submit for Selected Reserve Service Retirement Points Accounting and evidence of discharge which indicates the character of service, or their equivalent. For National Guard Service you may submit NGB Form 22, Report of Separation and Record of Service or NGB Form 23, Retirement Points Accounting, or their equivalent. If you are still serving in the Selected Reserves or the National Guard, you must include an original statement of service signed by, or by the direction of, the adjutant, personnel officer, or commander of your unit or higher headquarters showing your date of entry and the number of creditable years (years in which you earned more than 15 points). At least 6 years of honorable service must be documented.

SECTION III - INFORMATION REGARDING PREVIOUS LOANS

Your eligibility is reusable depending on the circumstances. Generally, if you have paid off your prior VA loan and no longer own the home, you can have your used eligibility restored for additional use. Also, on a one-time only basis, you may have your eligibility restored if your prior VA loan has been paid in full but you still own the home. Generally, VA receives notification that a loan has been paid. In some instances, it may be necessary to include evidence that a previous VA loan has been paid in full. Evidence can be in the form of a paid-in-full statement from the former lender, a satisfaction of mortgage from the clerk of court in the county where the home is located, or a copy of the HUD-1 or Closing Disclosure settlement statement completed in connection with a sale of the home or refinance of the prior loan. Many counties post public documents (like the satisfaction of mortgage) online.

ITEM 12 - Indicate how you will use your certificate of eligibility.

ITEM 13A - Indicate if you have ever had a VA-guaranteed home loan.

ITEM 13B - Indicate if you still **own** any homes you financed with a VA-guaranteed loan.

ITEMS 14D, 15D, 16D - Select the applicable type of restoration being requested. Indicate if you are applying for a restoration of entitlement.

Regular (cash-out) Refinance - You may refinance your current VA or non-VA loan in order to pay off the mortgage and/or other liens of record on the home. This type of refinance requires an appraisal and credit qualifying.

Interest Rate Reduction Refinancing Loan (IRRRL) - You may refinance the balance of your current VA loan in order to obtain a lower interest rate or convert a VA adjustable rate mortgage to a fixed rate. The new loan may not exceed the sum of the outstanding balance on the existing VA loan, plus allowable fees and closing costs, including VA funding fee and up to 2 discount points. You may also add up to \$6,000 of energy efficiency improvements into the loan.

One-Time Restoration. If you have paid off your VA loan, but still own the home purchased with that loan, you may apply for a one-time only restoration of your entitlement in order to purchase another home that will be your primary residence. Once you have used your one-time restoration, you must sell all homes before any other entitlement can be restored.

ITEM 17A - Disaster related. Indicate if you still own a home that was destroyed or substantially damaged by a Federally Declared Natural Disaster.



If you live in:	Please send your completed application to:
Georgia, North Carolina, South Carolina, Tennessee	Department of Veterans Affairs Atlanta Regional Loan Center P.O. Box 100023 Decatur, GA 30031-7023
Connecticut, Delaware, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont	Department of Veterans Affairs Cleveland Regional Loan Center 1240 East Ninth Street Cleveland, OH 44199
Alaska, Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming	Department of Veterans Affairs Denver Regional Loan Center Box 25126 Denver, CO 80225
Hawaii, Guam, American Samoa Commonwealth of the Northern Marianas	Department of Veterans Affairs VA Regional Office Loan Guaranty Division (26) 459 Patterson Road Honolulu, HI 96819
Arkansas, Louisiana, Oklahoma, Texas	Department of Veterans Affairs Houston Regional Loan Center 6900 Almeda Road Houston, TX 77030-4200
Arizona, California, New Mexico, Nevada	Department of Veterans Affairs Phoenix Regional Loan Center 3333 N. Central Avenue Phoenix, AZ 85012-2402
District of Columbia, Kentucky, Maryland, Virginia, West Virginia	Department of Veterans Affairs Roanoke Regional Loan Center 210 Franklin Road, S.W. Roanoke, VA 24011
Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	Department of Veterans Affairs St. Paul Regional Loan Center 1 Federal Drive, Ft. Snelling St. Paul, MN 55111-4050
Alabama, Florida, Mississippi, Puerto Rico, U.S. Virgin Islands	Department of Veterans Affairs St. Petersburg Regional Loan Center 9500 Bay Pines Blvd. St. Petersburg, FL 33744

