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## LAW FIRM LOAN APPLICATION (amounts over \$50K)\*

### LAW FIRM INFORMATION

Law Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Main Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Firm Structure (S-Corp., C-Corp., Partnership, or Sole Prop.): \_\_\_\_\_

Tax ID: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Partners/Employees: \_\_\_\_\_ / \_\_\_\_\_

List each Partner's equity ownership %:

Name: \_\_\_\_\_ % Ownership: \_\_\_\_\_ Since Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) funds will be needed: \_\_\_\_\_

Amount(s) requested: \_\_\_\_\_

<i>Firm Financial Information:</i>	2011*	2012*	2013**	2014**	2015**
Net Fee revenue:					
Net Profit or Loss:					

\*Per Financial Statement \*\*Estimated/Projected

- Does the firm owe any taxes? If yes, to whom: \_\_\_\_\_ How much: \$ \_\_\_\_\_
- Who prepares your tax returns? \_\_\_\_\_
- What accounting software does the firm use? \_\_\_\_\_
- How much has the firm advanced for case costs: \$ \_\_\_\_\_
- Does the firm have any existing debt?(Including to/from partners or family members) Yes  No   
 Maximum loan amount \$ \_\_\_\_\_ Current balance \$ \_\_\_\_\_  
 Lender name: \_\_\_\_\_ Maturity date: \_\_\_\_\_ Line  or Loan:
- How did you hear about Case Funding?
- Is there a financial representative/broker involved? Name: \_\_\_\_\_

\*\*If you are experiencing problems submitting this form, please save a PDF locally and email to documents@casefunding.com

\*To apply for a loan amount under \$50K, visit [www.casefunding.com/ACEloan.pdf](http://www.casefunding.com/ACEloan.pdf)

**Personal Financial Statement**  
**(Required for each partner)**

Name:		Date Completed:		Social Security #:	
Home Address:		<input type="checkbox"/> Own <input type="checkbox"/> Rent How Long? If Rent, how much? \$		Mobile Phone:	
				Email:	
Year Admitted to Bar:		State(s):		Principal Area(s) of Practice:	
1. Are you in good standing with the Bar?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, please specify:	
2. Have disciplinary actions ever been filed against you?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please specify:	
3. Are there any pending or existing claims, judgments or lawsuits against you?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please specify what & year:	
4. Have you ever filed for bankruptcy?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, Filed Date: Discharge Date:	
<b>ASSETS</b>		<b>In Dollars</b>		<b>LIABILITIES</b>	
				<b>In Dollars</b>	
Cash:				Unpaid Income Taxes:	
Real Estate Owned: (Schedule A)				Mortgages:	
Stocks and Bonds:				Bank Loans: (Schedule B)	
Other (Please Itemize): (Schedule C)				Other (Please Itemize):	

Personal Income Statement	
ANNUAL INCOME	Most Recent Full Year
Salary from Firm:	
Share of Firm Profits:	
Interest or Dividends:	
Other Business Income or Salary:	
Real Estate Income:	

Schedule A: Real Estate Holdings – Mortgages or Liens						
HOW HELD**	ADDRESS	MKT.VALUE	DATE PURCH	NAME OF LENDER	BALANCE	MO Payment

\*\* Indicate J – Jointly I - Individually

Schedule B: Personal Bank Loans, Liens, or Other Liabilities (non-mortgage)					
LENDER	BORROWER	COLLATERAL DESCRIPTION	LOAN BALANCE	MO PAYMENT	MATURITY DATE

Schedule C: Other Assets			
QUANTITY	DESCRIPTION	YEAR	FAIR MARKET VALUE

**ATTORNEY REFERENCES**  
(Required for each partner)

NAME	CITY/STATE	PHONE #	EMAIL

**BORROWER ACKNOWLEDGEMENT:**

Each of the undersigned represents to Case Funding Inc. that: (1) the information provided in this application is true and correct as of the date set forth and that any intentional or negligent misrepresentation of this information contained herein may result in civil liability, including monetary damages to any person who may suffer any loss due to reliance upon such information, and/or in criminal penalties, (2) the Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this application whether or not the Loan is approved; (3) the Lender and its agents, brokers, insurers, servicers, successors, and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts should change prior to closing of the Loan; and (4) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws, or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

SIGNATURE: /s/ \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**BORROWER CONSENT FORM:**

I hereby authorize and consent to have Case Funding Inc., its agents, representatives and/or employees, perform any and all necessary searches to investigate and evaluate this application for a Loan and for future Loan requests, including, but not limited to, background checks, credit checks, and any type of search relating to my financial status or that of the firm. I further represent that, on behalf of the law firm and myself, I am authorized to consent to this investigation and enter into a Loan Agreement with Case Funding Inc.

SIGNATURE: /s/ \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**CONFIDENTIALITY, COMMON INTEREST AND NON-DISCLOSURE :**

The applicant and Case Funding, Inc. acknowledge and agree that the provision of case information to Case Funding, Inc. will not waive or diminish in any way the confidentiality of the case information or its continued protection under the attorney-client privilege or the work product doctrine. The Case Information shall remain subject to protection under the common interest doctrine and Case Funding, Inc. will treat all of the case information as confidential information of the undersigned and will not disclose any of the case Information to any third party without the prior written consent of the undersigned.

Please Follow This Checklist to Complete Your Application (For Loans Above \$50K)	
Page 1 of Application	<input type="checkbox"/>
Page 2 and 3 of Application for each Partner	<input type="checkbox"/>
Case list (with estimated settlement dates and fees if available)	<input type="checkbox"/>
2 years corporate tax returns (1120, 11205, 1065), or 1040 for Sole Prop)	<input type="checkbox"/>
2 years personal tax returns	<input type="checkbox"/>
Most recent profit & loss statement and balance sheet.	<input type="checkbox"/>
Form 4506-T for the Firm and each Partner	<input type="checkbox"/>

# Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**LexisNexis Risk Solutions, 6601 Park of Commerce Blvd, Boca Raton, FL 33487 h: 561-999-4000 Fax: 877-832-3615 (UID IRSVERIFY 1)**

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**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. ▶ \_\_\_\_\_

**a Return Transcript**, which 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 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .

**c Record of Account**, which 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. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

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

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. \_\_\_\_\_ **12/31/2012** \_\_\_\_\_ **12/31/2011** \_\_\_\_\_

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . .

**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 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
▶ <b>Signature</b> (see instructions)	Date	
▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		
▶ <b>Spouse's signature</b>	Date	