

Dear Homeowner:

We understand how difficult it may be to ask for help when you need it the most. We want you to know that we are here to help you.

The best way to find out what options are available is to help us understand your financial situation by completing the attached application package, including all the required documentation and returning it to us within 15 days.

If for any reason you experience difficulty completing the entire application package, as an alternative, you may simply complete this form by checking all of the appropriate boxes to the right or call us for assistance. This will help us assist you with identifying potential programs available to meet your needs.

Once we have received this information from you, we will assign a Relationship Manager to personally help you through this process. Once your Relationship Manager is assigned, they will stay with you throughout the process and assist with anything you may need.

Please do not delay in returning this information. We look forward to working with you.

Thank you.

Loan Servicing

Please check the box(es) that best describe your situation:			
I want to:			
<input type="checkbox"/>	Keep the Property	<input type="checkbox"/>	Not Keep the Property
This home is:			
<input type="checkbox"/>	Where I live	<input type="checkbox"/>	Second Home
<input type="checkbox"/>	Investment (Rental) Property		
Military Service Members			
<input type="checkbox"/>	Check here if you or a member of your family is or has been on active duty with the military. *You may be eligible for benefits and protection under the Servicemembers Civil Relief Act (SCRA)		
I need help because I have/am...			
<input type="checkbox"/>	A loss of income	<input type="checkbox"/>	Increase in expenses
<input type="checkbox"/>	Can't sell my home	<input type="checkbox"/>	Can't rent my home
<input type="checkbox"/>	Marital problems	<input type="checkbox"/>	Damage to the home due to hurricane, flood, earthquake, etc.
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Incarceration
<input type="checkbox"/>	Death of family member	<input type="checkbox"/>	Illness of family member
<input type="checkbox"/>	Other		

Fax this letter with your documentation attached to 1-866-709-4744, or Mail to: Loss Mitigation, 233 Gibraltar Rd., Suite 600, Horsham, PA 19044

What is the best phone number to reach you? (     ) \_\_\_\_\_ - \_\_\_\_\_

What is the best time to reach you? \_\_\_\_\_ am/pm    Time Zone \_\_\_\_\_

Check here if your primary language is Spanish. This information will be utilized to attempt to assign you a Spanish-speaking Relationship Manager when available, after your documentation is received. *Marque aquí, si su lengua principal es el Español. Esta información será utilizada para tratar de asignar un Gerente de Relaciones que hable Español cuando esté disponible, después de que su documentación haya sido recibida. Si necesita ayuda para completar esta documentación, por favor llámé a nuestro departamento de servicio al cliente.*

Consider all options. We will explore all options to help you keep your home. If you do not wish to stay in your home, we can help make your transition to a new home easier. Following is a brief description of available options.

- Repayment Plan – If you have experienced a temporary loss of income or increase in expenses but can now afford to make higher payments for a period of time, we may be able to develop a repayment plan.
- HAMP Modification – This is an important Federal Program designed to assist you in obtaining an affordable mortgage payment. We will review your monthly income and housing costs – including any past due payments – and determine an affordable mortgage payment.
- Traditional Loan Modification – If you are not able to make higher monthly payments but can still afford your current mortgage payment, we may be able to modify your loan.
- Short Sale – If the value of your home has declined, you may be able to sell it for less than the full amount due and eliminate your mortgage.
- Deed in Lieu of Foreclosure – You may be able to voluntarily return the deed to us to satisfy your debt and avoid foreclosure.

### Notice Regarding Foreclosure Scams:

- There is never a fee to apply for or learn more about our Modification Programs. To locate a HUD-approved counselor, visit: <http://www.hud.gov/offices/hsg/sfh/hcc/fc/>
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can “save” your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

### Please Note:

- All necessary documentation must be received 7 business days prior to the scheduled foreclosure sale date.
- This is an attempt to collect a debt and any information obtained will be used for that purpose.

### Important Tips and Reminders

- ✓ The enclosed package encompasses requirements for all available programs, including the Government’s Making Home Affordable Program. For information and eligibility requirements under the Making Home Affordable program, visit [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov) website.
- ✓ Please be aware we will not be able to process your request until all parts of the application have been completed including signatures and all necessary supporting documentation has been supplied.
- ✓ Please continue to make your monthly payment. If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access [www.hud.gov](http://www.hud.gov) or call 800-225-5342 for more information regarding credit counseling.
- ✓ You may receive phone calls or letters from our office asking for a payment while we consider any option that might be available.
- ✓ All modifications require an escrow account for the payment of taxes and insurance. If your loan does not currently include an escrow account for the payment of taxes and insurance, one will be added.
- ✓ While being reviewed for a workout (other than the Making Home affordable program). A fee to validate the value of the property may be assessed at your expense (approximate cost \$100-\$150).
- ✓ If approved for a permanent modification (other than the Making Home Affordable program), a recording fee may be assessed to the account at your expense. The cost varies by state and is determined by your state.
- ✓ As a condition of the modification, you may be required to enroll in an electronic payment program.

### Frequently Asked Questions

How long will it take to process my modification request and determine if I qualify for the program?

- We will review your request as quickly as possible. Once the package is returned to our office, Loss Mitigation will contact you within 10 business days advising the package was received and notifying you if additional information is required.
- Within 30 calendar days from the date a complete package is received, you will be notified whether the modification option is available to you.
- If you are not eligible for a modification, the reason for denial will be provided.
- Please note, however that your modification will not be effective unless you meet all of the applicable conditions.

I pay my car insurance on a semi-annually or annual basis. How should I list that?

- Please make sure that the amount of the expenses is broken down to a monthly premium amount.
- Example: if the car insurance is \$500 for 6 months to determine the monthly premium divide \$500 by 6 months (\$83.33).



# Fax Cover Sheet



This page should be returned to us with your completed financial analysis form  
\*\*Please include the account number on every page of your returned package.\*\*

To: Loss Mitigation

From: \_\_\_\_\_

Fax to: 1-866-709-4744

Account Number \_\_\_\_\_

or mail to: Loss Mitigation  
233 Gibraltar Road Suite 600  
Horsham, PA 19044

All of the following information is required to determine eligibility if keeping or selling the property:

<input type="checkbox"/> Financial Analysis Form (Section 1)	<input type="checkbox"/> Documentation to verify all of the income of each borrower. (Please see the Income Validation chart in section 5 for the type of documentation required for each type of income)
<input type="checkbox"/> Hardship Affidavit (Section 8)	<input type="checkbox"/> A signed and dated Acknowledgement and Agreement (Section 11)
<input type="checkbox"/> A signed and dated Dodd-Frank/Rental Certification (if applicable) (Section 9 & 10)	<input type="checkbox"/> Documentation confirming occupancy on your primary residence – for example, a recent utility bill in your name at the property address.
<input type="checkbox"/> Documentation verifying expenses for Homeowner or Condominium Association Dues for condominiums and Co Ops on all properties. (if applicable).	<input type="checkbox"/> A Signed and dated IRS Form 4506T-EZ (Request for transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers. This form is required even if you have not filed or are not required to file tax returns.

If you want to sell the property, please also include:

<input type="checkbox"/> Copy of the listing agreement	<input type="checkbox"/> Copy of the sales contract, if available
<input type="checkbox"/> Copy of the estimated Settlement Statement (HUD1), if available	<input type="checkbox"/> Signed Third Party Authorization Form (if applicable)

### Section 1: Borrowers Information (Required)

Borrower		Co-Borrower	
Borrowers Name		Co-Borrowers Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Home Phone Number With Area Code		Home Phone Number With Area Code	
Cell or Work Phone Number With Area Code		Cell or Work Phone Number With Area Code	
Email Address		Email Address	
Mailing Address			
Property Address (If Same As Mailing Address, Write Same)			
How many single family properties other than your primary residence you or any co-borrower(s) own individually, jointly, or with others? _____			
Has the mortgage on your primary residence ever had a HAMP trial period plan or permanent modification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" how many _____			
Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Not Keep the Property		The property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Rental	
The property is: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant			
If Owner Occupied include a recent utility bill in your name at the property address. If Renter Occupied, include a copy of the current lease agreement.			
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date listed: _____			
Is the property for sale by owner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate Agent Name: _____		Real Estate Agent Phone Number: _____	
Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Offer: _____ Amount of Offer: _____			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what chapter did you file? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____			
Bankruptcy Case Number: _____		Has your bankruptcy been discharged?? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers			
Lien Holder's Name/Service	Balance	Contact Phone Number	Loan Number

**Section 2: Income/Expenses for Household (Required)**

Include combined expenses from the borrower and co-borrower (if any).  
 If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.  
 If additional space is needed, please include an additional page.

**Monthly Household Income for Borrower 1 and Borrower 2**

\*\*\*\*ALL INCOME MUST BE DOCUMENTED\*\*\*\*

You will be required to provide supporting documentation for any income you claim in this section. To determine what supporting documentation is required for each income type, please refer to the supporting documentation column below. Match the number listed in the supporting documentation column to the number listed in the Income Validation section (section 5) of this package.

	Supporting Documentation	Borrower 1	Borrower 2
Gross Salary/Wages  Gross/Salary Wages = total monthly income before any tax withholding or employer deductions including part-time income.	1	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Income Frequency <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ \$ _____ /monthly	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Income Frequency <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ \$ _____ /monthly
Tips, commissions, housing allowance and/or bonus income.	2	Income Frequency <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ \$ _____ /monthly	Income Frequency <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ \$ _____ /monthly
Self Employed	3	\$ _____ /monthly	\$ _____ /monthly
Unemployment Income	4	\$ _____ /monthly	\$ _____ /monthly
Child Support Income/Alimony Income *You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you choose to have it considered.	5	\$ _____ /monthly	\$ _____ /monthly
Social Security, Disability, Death Benefits, or Pension	6 For short term disability use 7	If entering income for disability select one of the following <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term \$ _____ /monthly	If entering income for disability select one of the following <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term \$ _____ /monthly
Other monthly income from Pensions, annuities, or Retirement plans.	6	\$ _____ /monthly	\$ _____ /monthly
Rental income from investment property	8	\$ _____ /monthly	\$ _____ /monthly
Rental income from room rent of primary residence	9	\$ _____ /monthly	\$ _____ /monthly
Contribution income from person(s) residing at the property.	10	\$ _____ /monthly	\$ _____ /monthly
Public assistance (Food Stamps, Welfare, etc.)	10	\$ _____ /monthly	\$ _____ /monthly
Other (Investment income, royalties, interest, dividends, trusts,, etc)	11	\$ _____ /monthly	\$ _____ /monthly
<b>Total Income (Gross)</b>		\$ _____ /monthly	\$ _____ /monthly

**Monthly Living Expenses (Primary Residence Expenses Only)**

\*\*\*\*Please make sure that all monthly expenses are broken down to a monthly amount.\*\*\*\*

	Borrower 1	Borrower 2		Borrower 1	Borrower 2
Primary First Mortgage Payment	\$ _____	\$ _____	Medical Expenses	\$ _____	\$ _____
Primary Second Mortgage Payment	\$ _____	\$ _____	Out of pocket medical insurance premiums (not deducted from your paycheck)	\$ _____	\$ _____
Other Mortgage Payments	\$ _____	\$ _____	HOA/Condo Fees	\$ _____	\$ _____
Alimony Payments	\$ _____	\$ _____	Credit Card(s)/Installment Loans	\$ _____	\$ _____
Child Support Payments	\$ _____	\$ _____	Food/Household Supplies	\$ _____	\$ _____
Dependant Care Payment	\$ _____	\$ _____	Utilities/Water/Sewer/Phone(s)/Cable	\$ _____	\$ _____
Liens/Rents	\$ _____	\$ _____	Donations	\$ _____	\$ _____
Personal Loans/Student Loans	\$ _____	\$ _____	Property Taxes (if not escrowed)	\$ _____	\$ _____
Auto Loans/Lease	\$ _____	\$ _____	Insurance – Hazard, wind, flood, etc. (if not escrowed)	\$ _____	\$ _____
Auto Expenses (gas, maintenance, insurance, etc.)	\$ _____	\$ _____	Other	\$ _____	\$ _____
(Please add columns 1 & 2 together for each borrower) )Total Debt/Expenses				\$ _____	\$ _____

**Household Assets**

Estimated Value of your primary property	\$ _____	IRA/Keogh	\$ _____
Estimated Value of Other Real Estate Owned	\$ _____	401K/ESOP Account(s) Balance	\$ _____
Checking Account Balance	\$ _____	Stocks/Bonds/CDs Balance	\$ _____
Savings Account Balance	\$ _____	Other Investments	\$ _____
Life Insurance Cash Value	\$ _____	<b>Total Assets</b>	\$ _____

**Section 3: 3 Month Self Employment Income Statement (Profit and Loss Form)**  
 (Required only if you are self-employed or a 1099 wage earner)

For each borrower who is self-employed a Profit and Loss Statement is required for each business. If a Borrower has more than one business, we require a Profit and Loss Form for each business. The example document may be used to supply the required information.

Company Name \_\_\_\_\_

Percentage of ownership (If left blank, we will consider it 100% ownership.) \_\_\_\_\_

Month and Year must be indicated. Use most recent consecutive months.	Month 1	Month 2	Month 3	Total
	Month____Year____	Month____Year____	Month____Year____	Month____Year____
Gross Profit	\$	\$	\$	\$
<b>Operating Expenses</b>				
Advertising	\$	\$	\$	\$
Amortization	\$	\$	\$	\$
Auto Expenses	\$	\$	\$	\$
Bank Charges	\$	\$	\$	\$
Depreciation	\$	\$	\$	\$
Dues & Subscriptions	\$	\$	\$	\$
Employed Benefits	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Office Expenses	\$	\$	\$	\$
Payroll Taxes	\$	\$	\$	\$
Rent	\$	\$	\$	\$
Repairs & Maintenance	\$	\$	\$	\$
Salaries & Wages for Yourself	\$	\$	\$	\$
Salaries & Wages for Employees	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Taxes & Licenses	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Operating Expenses</b>	\$	\$	\$	\$
Income Taxes	\$	\$	\$	\$
Net Profit	\$	\$	\$	\$

**Section 4: Investment Property Schedule (Required only if you have investment (rental) properties)**

For each borrower who receives rental income from an investment property an Investment Property Schedule is required. If additional space is needed, please include an additional page with the same information listed below.

Property Number	Property Street Address	Property City, State, and Zip Code	Number of Units (1,2,3,4, or 5+)	Status Circle All That Apply R- Rented V- Vacant PS- Pending Sale F- Foreclosure	Gross Monthly Rental Income	Monthly Mortgage Payment (excluding taxes and insurance)	Monthly Insurance	Monthly Taxes	Monthly HOA/ Condo Dues (if applicable)
1				R V PS F	\$	\$	\$	\$	\$
2				R V PS F	\$	\$	\$	\$	\$
3				R V PS F	\$	\$	\$	\$	\$
4				R V PS F	\$	\$	\$	\$	\$
5				R V PS F	\$	\$	\$	\$	\$
<b>Totals</b>					\$	\$	\$	\$	\$

Supporting Documentation	Section 5: Income Validation (Required)		
	Type of Income	✓	Documentation Required (May not be more than 90 days old)
1	Paid by an Employer (W-2) including part-time employment	<input type="checkbox"/>	Copy of two most recent pay stubs from your employer including year to date information. (not older than 90 days)
2	Other Earned Income (i.e. bonus, commission, housing allowance, and/or tips)	<input type="checkbox"/>	Copy of third party documentation describing the nature of the income (i.e. employment contract and or printouts documenting tips) and indicating the income is not a one-time payout.
3	Self Employed or Receive a 1099	<input type="checkbox"/>	Copy of most recent quarterly or year-to-date Profit and Loss statement (See Section 3 for a sample of a 3 Month Self Employment Income Statement (Profit and Loss Form)) <input type="checkbox"/> If you choose to use a form other than the Profit and Loss statement provided, please be sure to include the following: • Business Name • Borrower name(s) • Income and Expenses provided must be for three most recent consecutive months • Gross Profit, Net Profit, and Itemized Expenses for each month (indicate the month and year if utilizing your own profit and loss form) <input type="checkbox"/> The most recent year's signed tax return <input type="checkbox"/> Copies of two most recent bank statements. (Again not older than 90 days)
4	Unemployment	<input type="checkbox"/>	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. <input type="checkbox"/> Documentation must show receipt of unemployment benefits have begun or will begin within 60 days.
5	Child Support or Alimony *You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you choose to have it considered	<input type="checkbox"/>	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of child support income. (Again not older than 90 days) (You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you choose to have it considered)
6	Social Security, Disability, Death Benefits, Annuities, retirement plans, or Pension	<input type="checkbox"/>	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount, frequency, and the start and end date of the benefit. <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of benefit income. (Again not older than 90 days)
7	Short Term Disability (6 months or less)	<input type="checkbox"/>	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount, frequency, and the start and end date of the benefit. <input type="checkbox"/> Copy of two most recent pay stubs, prior to going on short term disability, from your employer including year to date information.
8	Rental Income From an Investment Property	<input type="checkbox"/>	<input type="checkbox"/> Copy of most recent federal tax return will all schedules, including Schedule E-Supplemental Income and Loss. <input type="checkbox"/> Current lease agreement(s) for all investment properties <input type="checkbox"/> Copied of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. (Again not older than 90 days) See Section 4 for a sample of an Investment Property Schedule.
9	Rental Income from Room Rental of the Primary Residence	<input type="checkbox"/>	<input type="checkbox"/> Copy of Current Lease Agreement <input type="checkbox"/> Copied of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. (Again not older than 90 days)
10	Income NOT Specified Above (including Public Assistance, contribution income from person residing at the property, etc.).	<input type="checkbox"/>	<input type="checkbox"/> Signed letter from the person(s)/entity (company) that contributes the income showing the amount and frequency of the income. <input type="checkbox"/> Copies of two most recent bank statements verifying deposits amounts or other documentation (i.e. 2 copies of check) showing receipt of income. (Again not older than 90 days) <input type="checkbox"/> If receiving public assistance, include the award letter indicating the amount and frequency
11	Other Income (investment, interest, dividends, royalties, trusts, etc.)	<input type="checkbox"/>	Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. (Again not older than 90 days)

**Section 6: Information for Government Monitoring Purpose**

If applying for the Making Home Affordable Modification Program we encourage you to provide the following, however this is not a requirement of other modification programs. The law provides that a lender or servicer may not discriminate either on basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you make check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person.

BORROWER	<input type="checkbox"/>	I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/>	I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/>	Hispanic or Latino	Ethnicity:	<input type="checkbox"/>	Hispanic or Latino
	<input type="checkbox"/>	Not Hispanic or Latino		<input type="checkbox"/>	Not Hispanic or Latino
Race:	<input type="checkbox"/>	American Indian or Alaska Native	Race:	<input type="checkbox"/>	American Indian or Alaska Native
	<input type="checkbox"/>	Asian		<input type="checkbox"/>	Asian
	<input type="checkbox"/>	Black or African American		<input type="checkbox"/>	Black or African American
	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander		<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/>	White		<input type="checkbox"/>	White
Sex:	<input type="checkbox"/>	Female	Sex:	<input type="checkbox"/>	Female
	<input type="checkbox"/>	Male		<input type="checkbox"/>	Male

**Section 7: Information Regarding Military Service Members**

Please check here if you or a family member is on active duty with our military. You may be eligible for benefits and protection under the Service Members Civil Relief Act "SCRA".



### Section 9: Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203) You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*) or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony, larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (A) felony, larceny, theft, fraud, or forgery,
- (B) money laundering or
- (C) tax evasion

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searched of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This certification is effective on the earlier of the date listed below or the date received by the servicer.

### Section 10: Rental Property Certification (Required only if applying for a Loss Mitigation solution on a Investment (rental) property)

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in section 4 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property.

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e. one-to-four unit properties) (exclusive of my primary residence).

Notwithstanding the foregoing certification I may at any time sell the property, occupy it as my primary residence, or permit a legal dependent, parent, or grandparent to occupy it as such party's principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

This certification is effective on the earlier of the date listed below or the date the Request for Mortgage Assistance (RMA) is received by your servicer.

INITIAL HERE

Initials: Borrower \_\_\_\_\_ Co-borrower \_\_\_\_\_

**Section 11: Acknowledgement and Agreement (Required)**

In making this request for consideration to review my loan terms I/We certify under penalty of perjury

1. That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale, or deed-in-lieu of foreclosure.
2. I/we understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage, or its agents may investigate the accuracy of my/our statements and /or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
3. I/we understand the servicer will obtain a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the servicer may cancel any Agreement under Making Home Affordable or any mortgage relief granted and my pursue foreclosure on my/our home.
5. I/we understand any fee to validate the value of the property will be assessed to the account.
6. I/we have not received a condemnation notice, and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
7. I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
8. If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of the Acknowledgement and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
9. I/we agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
10. I/we am willing to provide all requested documents and to respond to all Servicers questions in a timely manner.
11. I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
12. I/we agree that my prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
13. I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
14. I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner affordability and Stability Plan; (c) any investor, insurer, guarantor, or servicer that owns, insures, guarantees or services my/our first lien on subordinate lien (if applicable)mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
15. I/we agree that to be considered for the Making Home Affordable program, or any other program, all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date.
16. NOTICE TO TEXAS BORROWERS: If the loan you are requesting to modify is a Texas Home Equity Loan or Line of Credit, your loan does not qualify to be modified. However, please proceed with submitting your final information so that we can examine your financials situation and determine if there is a repayment program available to you in order to prevent foreclosure.
17. I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
18. I/we consent to being contacted, concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.

Please check one of the following before signing:

- My/Our property is owner occupied. I/we intend to reside in this property for the next twelve months
- My/Our property is not owner occupied.



Primary Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

**NOTICE TO BORROWERS**

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Form **4506T-EZ**  
(October 2009)

**Short Form Request for Individual Tax Return Transcript**

OMB No. 1545-2154

Department of the Treasury  
Internal Revenue Service

Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

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4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name  GMAC Mortgage,LLC	Telephone number  800-850-4622
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Address (including apt., room, or suite no.), city, state, and ZIP code

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2009"). Most requests will be processed within 10 business days

2012	2011	2010	
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Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
Spouse's signature	Date	

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An 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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

**Automated transcript request.** You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

## Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**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. Sections 6103 and 6109 require you to provide this information, including your SSN. 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, and the District of Columbia 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **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 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.

## Frequently Asked Questions

What information is needed on the form 4506T-EZ?

- Please complete the following:
  - Line 1a -4: List information as shown on your tax return
  - Line 5: Write the name, address, and telephone number shown on your monthly mortgage statement
  - Line 6: Write the year of the most-recent tax return you filed
- Be sure to sign the form where indicated.

The 4506T-EZ form states, "Caution: if the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy." What do I enter for those items?

- All applicable blanks on the form need to be completed. This disclaimer is provided as a warning that line 6 must be completed prior to signing the form.

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf. If you do not wish to authorize any other individuals, do not fill out this form.

Account Number: \_\_\_\_\_ Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call 1.800.CALL.FHA to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

\_\_\_\_\_ of \_\_\_\_\_ in his/her capacity as  
 Name Company Name  
 \_\_\_\_\_  
 Relationship (if applicable) Phone Number Email Address

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

\_\_\_\_\_  
 Borrower Printed Name Borrower Signature Date  
 \_\_\_\_\_  
 Co-Borrower Printed Name Co-Borrower Signature Date

