

In order for us to evaluate your Short Sale request, you must complete this packet, sign in all the required places and fax or mail it to Chase with the required documentation.

Please keep a copy of everything you send to us for your records.

This packet contains the following:

- 1. Required Documentation Checklist –**
Detailed list of the documents you must send to us in addition to the packet
 - a. From You, the Borrower and Co-borrower
 - b. From Your Real Estate Agent
- 2. Authorization to Provide and Release Information –**
Grants Chase permission to provide information pertaining to your mortgage to necessary agents
- 3. Request for Consideration of Short Sale –**
Information about your property, loans, income, etc., as well as details on the circumstances that have made it difficult for you to stay up-to-date with your mortgage payments
- 4. IRS Form 4506T-EZ Request for Transcript of Tax Return –**
Allows Chase to receive a transcript of your tax return to verify income information
- 5. Dodd-Frank Certification –**
All borrowers must complete and sign the enclosed Dodd-Frank Certification

If you need any assistance completing this packet, please contact us at 1-866-233-5320.

Please send the completed packet as well as all required documentation:

BY REGULAR MAIL:

Chase Fulfillment Center
P.O. Box 469030
Glendale, CO 80246

BY OVERNIGHT MAIL:

Chase Fulfillment Center
710 South Ash St.
Suite #200
Glendale, CO 80246

BY FAX:

1-866-220-4130

Chase and FedEx Office are offering you an easy way to return your loan documents. You can find the nearest FedEx Office location offering this service by visiting www.fedex.com/us/office, entering your ZIP code in the *Find a FedEx Location* box and selecting *FedEx Kinko's is now FedEx Office*. Bring your documents to one of these select FedEx Office locations and tell them you are returning these documents to Chase. Provide your name, ZIP code, and phone number to the counter agent, and they will ship your documents to us at no charge. For more information, go to www.chase.com/fedex.

Important Information

Chase is a debt collector.

If you are represented by an attorney, please refer this letter to your attorney and provide us with the attorney's name, address, and telephone number.

If you are currently a debtor in bankruptcy proceedings and subject to the protections of the automatic stay, or if you have received a final discharge in a bankruptcy, this notice is for compliance and/or informational purposes only and not an attempt to impose personal liability for the debt in violation of the bankruptcy laws. However, Chase still has the right under the Mortgage to foreclose on the Property.

Loan Number: _____

1A. FROM YOU, THE BORROWER AND CO-BORROWER

If you are a Wage Earner (you receive a W-2 from your employer) please provide:

- Two (2) most recent Pay Stubs (two for each borrower)
- Length of service with Current Employer: Borrower Year(s): _____ Month(s): _____ Co-borrower Year(s): _____ Month(s): _____
- Most recent one (1) month's complete Bank Statement

If you are Self Employed, please provide:

- P & L Statement / Audited or reviewed YTD Income Statement (must provide)
- Most recent two (2) years' Tax Returns completed (personal and business, signed with all pages) or 1099s or most recent two (2) years filed and proof of extension
- Last four (4) months complete Business and Personal Bank Statements (must provide all pages. If a business account is not used, provide a written statement stating a business account is not used)

Everyone must provide the following:

- Most recent statement(s) supporting assets listed on page 2 of the Request for Consideration of Short Sale Form (must provide all pages of statements)
- Most recent completed Tax Return (signed with all pages) or most recent filed and proof of extension (signed with all pages)
- Proof of occupancy (if owner occupied) – a recent utility bill in your name at property address
- If loan is Non-Escrowed:
 - A) Copy of the most recent property tax bill(s) with a copy of the cancelled check for all applicable taxes (County, City, School, etc.)
 - B) Copy of the current insurance declaration page for all applicable coverage types (must show premium amount for homeowner's, flood, and wind)
 - C) Proof of payment of Homeowner's Association Fees (if applicable)
- If Non-Owner Occupied:
 - A) Rental Income with copies of Rental Agreement if a tenant resides in the property
 - B) Amount of Principal, Interest, Taxes, Insurance, and Home Owner Dues for Primary Residence
 - C) Primary Residence Address
- Authorization to Provide and Release Information – Allows Realtor or designee to discuss the account with Chase, if desired.
Be sure to sign this form
- Completed Request for Consideration of Short Sale Form (enclosed). **Be sure to sign and date this form.**
- Completed 4506T-EZ – Request for Transcript of Tax Return (enclosed.) **Be sure to sign and date this form.**

1B. FROM YOUR REAL ESTATE AGENT

- Listing Agreement
- Detailed Listing History (MLS Printout)
- Sales / Purchase Contract (Signed Offer)
- 3 Comparable Active Listings/3 Comparable Sales/Pictures of the Property & Neighborhood
- HUD (Estimated Closing Statement)

Loan Number: _____

TO: Chase
DATE: _____
BORROWER(S): _____
PROPERTY ADDRESS: _____

I/(We), _____ (borrower(s) name(s)), currently residing
at _____ in the County of _____,
State of _____, hereby authorize Chase/JPMorgan Chase Bank, N.A (collectively "Chase") to release, furnish, and provide any
information related to my mortgage under loan number _____ to:

Company Name: _____

Company Phone Number: _____

Fax Number: _____

**I UNDERSTAND THAT THIS AUTHORIZATION IS VALID UNTIL SUCH TIME
THAT CHASE CONFIRMS IT HAS RECEIVED WRITTEN NOTICE FROM ME
REVOKING THIS PRIOR AGREEMENT.**

Borrower Signature

Co-borrower Signature

Borrower Name (Printed)

Co-borrower Name (Printed)

Servicer: _____

Loan Number: _____

BORROWER	CO-BORROWER
Borrower's name	Co-borrower's name
Social Security number	Social Security number
Date of Birth	Date of Birth
Home phone number with area code	Home phone number with area code
Cell or work number with area code	Cell or work number with area code

I want to: Keep the Property Sell the Property

The property is my: Primary Residence Second Home Investment

The property is: Owner Occupied Renter Occupied Vacant

Mailing address: _____

Property address (if same as mailing address, just write "same"): _____ E-mail address: _____

<p>Is the property listed for sale?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you received an offer on the property?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Offer: _____ Amount of offer: _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the following:</p> <p>Counselor's Name: _____</p> <p>Agency Name: _____</p> <p>Counselor's Phone Number: _____</p> <p>Counselor's E-mail: _____</p>
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<p>Who pays the real estate tax bill on your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p>Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condominium or HOA Fees? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Paid to: _____</p>	<p>Who pays the hazard insurance premium for your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p>Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Insurance Co.: _____</p> <p>Insurance Co. Phone Number: _____</p>
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Have you filed for bankruptcy? Yes No **If yes:** Chapter 7 Chapter 13 **Filing Date:** _____

Has your bankruptcy been discharged? Yes No **Bankruptcy case number:** _____

Additional Liens/Mortgages or Judgments on this property:

Lien holder's Name/Servicer	Balance	Phone Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> My household income has been reduced due to unemployment.	<input type="checkbox"/> Other: _____

Explanation (continue on back of page 3 if necessary): _____

Loan Number: _____

INCOME/EXPENSES FOR HOUSEHOLD ▶ **Number of People in Household:** _____

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support/Alimony/ Separate Maintenance Income ²	\$	Insurance	\$	Savings/Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$	Stocks/Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends, etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total Gross Income	\$	Total Debt/Expenses	\$	Total Assets	\$

INCOME MUST BE DOCUMENTED

¹Include combined income and 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 the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separate Maintenance Income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the 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 may 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. **If you do not wish to furnish the information, please check the box below.**

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 <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer

This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	

Loan Number: _____

ACKNOWLEDGEMENT AND AGREEMENT**In making this request for consideration under the Making Home Affordable Program I certify under penalty of perjury:**

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my 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 and may pursue foreclosure on my home.
5. That my property is owner-occupied; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for my existing mortgage.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Loan Documents, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that Servicer is providing the information about the Making Home Affordable program at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
10. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of 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 first lien or 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.
11. I understand that if Servicer offers me a trial period plan under the Making Home Affordable Program, and I fail to accept or complete the trial plan for any reason, including, for example, declining the trial plan offer, failing to accept the trial plan offer, failing to make trial plan payments in a timely manner, or failing to accept a final modification at the end of the trial period, I may permanently lose eligibility for a modification under the Making Home Affordable Program and any other modification program offered by Servicer.

Loan Number: _____

BORROWER SIGNATURE

Date: ____ / ____ / ____

CO-BORROWER SIGNATURE

Date: ____ / ____ / ____

HOMEOWNER'S HOTLINE

*If you have questions about this document or the modification process, please call your Servicer.
If you have questions about the program that your Servicer cannot answer or need further counseling,
you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help answer questions
about the program and offers free HUD-certified counseling services in English and Spanish.*



NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your Servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including by not limited to misstatement regarding the occupancy in your home, hardship circumstances, and/or income, expenses, or assets 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 this document, you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, 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 misrepresentation 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.sigtar.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.



(Rev. January 2011)

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, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return												
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return												
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)													
4 Previous address shown on the last return filed if different from line 3 (See instructions)													
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.													
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">Regular Mail:</td> <td style="width:33%;">Overnight Mail:</td> <td style="width:33%;">Telephone number:</td> </tr> <tr> <td>Chase Fulfillment Center</td> <td>Chase Fulfillment Center</td> <td>866-550-5705</td> </tr> <tr> <td>PO Box 469030</td> <td>710 South Ash Street, Suite #200</td> <td></td> </tr> <tr> <td>Glendale, CO 80246</td> <td>Glendale, CO 80246</td> <td></td> </tr> </table>	Regular Mail:	Overnight Mail:	Telephone number:	Chase Fulfillment Center	Chase Fulfillment Center	866-550-5705	PO Box 469030	710 South Ash Street, Suite #200		Glendale, CO 80246	Glendale, CO 80246		
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PO Box 469030	710 South Ash Street, Suite #200												
Glendale, CO 80246	Glendale, CO 80246												
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.													
2009	2010												

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 the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	▶ 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 for the current and the prior three years 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 quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

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.

If you filed an individual return and lived in:

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705 P-6
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 120 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, 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 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.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Servicer: _____

Loan Number: _____

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 searches 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 Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date

Co-Borrower Signature

Date

Co-Borrower Signature

Date