

Mortgage Counseling Application

Manatee Community Action Agency, Inc. Community Services APPLICATION

PLEASE PRINT Applicant Information: Application must be fully completed to be accepted for funding consideration										
Applicant Name:					Age:		Social Security #:		Date of Birth:	
Home Address: City, State, Zip Code (include apartment #):					How long have you lived in home. _____				Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Mailing Address: (If You use P.O. Box)			Do you receive: Subsidized Housing <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Assisted Living <input type="checkbox"/>			Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>		Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Home Telephone #:		Cellular Telephone #:		Email address:		Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>		# Household Adults: _____ Children: _____		
Housing: Own <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> At Risk Homeless <input type="checkbox"/> Subsidized <input type="checkbox"/> Other <input type="checkbox"/>		Insurance: Medicare <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> Self Insured <input type="checkbox"/>		Education Level Attained:		Marital Status:		Race (Choose as many as apply): White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> US Indian/Alaskan Native <input type="checkbox"/> Other _____ <input type="checkbox"/>		
Employment Income Information: List all income sources from employer for the past 3 months										
Employer: Current/Recent			Telephone #:		Employment Date From:		Employment Date To:		Hourly Wage:	
Employer Address:			Job Status: FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal <input type="checkbox"/>		Pay Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/>			Hours/Week:		
Other income information: List all other income sources for the past 3 months										
Source	How much?	How often?	Source	How much?	How often?	Source	How much?	How often?		
Unemployment			TANF/Wages			Child Support				
Social Security			Retirement			Other				
SSI/SSDI			Pension			Other				
Do you currently receive Food Stamps: Yes <input type="checkbox"/> No <input type="checkbox"/>										
Other Adult Household Member Name:			Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>		Relationship to Applicant:		Age:	Social Security #:		Date of Birth:
			Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>		Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>		Education Level:	
Employment Income Information: List all income sources from employer for the past 3 months										
Employer: Current/Recent					Telephone #:		Hourly Wage:		Hours/Week:	
Other income information: List all other income sources for the past 3 months										
Source	How much?	How often?	Source	How much?	How often?	Source	How much?	How often?		
Unemployment			TANF/WAGES			Child Support				
Social Security			Retirement			Other				
SSI/SSDI			Pension			Other				
Other Adult Household Member Name:			Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>		Relationship to Applicant:		Age:	Social Security #:		Date of Birth:
			Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>		Race	Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>		Education Level:	
Employment Income Information: List all income sources from employer for the past 3 months										
Employer: Current/Recent					Telephone #:		Hourly Wage:		Hours/Week:	
Other income information: List all other income sources for the past 3 months										
Source	How much?	How often?	Source	How much?	How often?	Source	How much?	How often?		
Unemployment			TANF/WAGES			Child Support				
Social Security			Retirement			Other				
SSI/SSDI			Pension			Other:				

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Child (under 18 years of age) household member information:					
Child #1 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	
Child #2 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	
Child #3 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	
Child #4 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	

Please state why you are requesting assistance:

The information above is, to the best of my knowledge, true and complete. I understand that by signing this application, I give the agency the authority to Verify the information provided on the application. I understand that my application is not considered complete until all supporting documentation is Provided and I have met with a MCAA Specialist.

In order to provide these services at no charge to you, we must provide our funding sources with the information for all people who attend our programs. Please be advised that this information is strictly confidential and will not be shared with anyone.

Manatee Community Action Agency, Inc. and its funding sources collect your Social Security number for the following purposes: clarification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.07(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. By signing below, I/We acknowledge receipt of the Social Security Number Collection Policy disclosure.

Applicant Signature

Date:

Co-Applicant/ other Adult

Date:

Mortgage Counseling Application

To Be Completed If Applying for Mortgage Help ONLY

First Lender _____	Acct# _____	Loan Bal. \$ _____
Original Date of Loan _____	Original Amount of Loan \$ _____	
Type of Loan (FHA, Conv., VA, USDA) _____	Fixed ___ Adjustable ___ Interest Only ___	Interest Rate _____
Monthly Payment \$ _____	# of Months Past Due _____	Total Amount now Due \$ _____
Are Your Taxes and Insurance Included in your Payment? Yes _____ No _____		
If Not How Much Are Your? Taxes _____ Insurance _____		

Second Lender _____	Acct # _____	Loan Bal. \$ _____
Original Date of Loan _____	Original Amount of Loan \$ _____	
Type of Loan _____	Interest Rate _____	
Monthly Payments \$ _____	# of Months Past Due _____	Total Amount Due \$ _____

Have you received Down Payment Assistance (SHIP) Funds Yes _____ No _____
From Which: City _____ County _____

ADDITIONAL INFORMATION

Referred to MCAA by (please circle all that apply)

Bank or Mortgage Company Friend Walk-In Newspaper Realtor
Government/Agency Advertisement other/Agency _____

If you were referred by a Bank, or Mortgage Company, which one? _____

AUTHORIZATION

I/We hereby authorize Manatee Community Action Agency, Inc. to release/exchange information from my records in order to assist me in resolving my/our mortgage default. This information will be released only to those institutions, companies, and agencies that our organization believes can provide assistance in solving a mortgage default.

I/We hereby give permission to pull my (our) credit report for the purpose of my (our) application for assistance in regards to my home mortgage. All information will be kept confidential between my Counselor and me. I further understand that the Manatee Community Action Agency, Inc. (MCAA) will be held harmless for information received in this credit report.

I/We hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of the Title 18, United States Code, and Section 1001.

I/We understand that MCAA and its representative are not legal authorities and will not be held liable for any legal actions resulting in my case.

Client/Applicant

Date

Co-Client/Applicant

Date

HOUSEHOLD BUDGET WORKSHEET

NAME: _____

DATE: _____

SIGNATURE: _____

MONTHLY TAKE HOME INCOME	
Salary/Wages/Business Draw	
Salary or Wages (Spouse)	
Social Security (REGULAR)	
Social Security (SSI/SSDI)	
Pension/Retirement	
Alimony/ Child Support	
Investment Dividends	
Unemployment	
Food Stamps	
Other	
Other	
TOTAL TAKE HOME INCOME	

MONTHLY LIVING EXPENSES	
Alimony/Child Support (outgoing)	
Auto Gas/Repair/Bus/Taxi	
Auto Insurance	
Cable TV/ Satellite Fees	
Cable/Phone/Internet Bundles	
Charitable Contributions	
Child Care	
Children's Activities	
Clothing Maintenance (Laundry Mat/Dry Cleaning)	
Clothing Purchases	
Electric Bill	
Entertainment/Recreation (Alcohol, Tobacco, Lottery, Hobbies, Movies/Rentals)	
Food (in-home/Groceries)	
Food (out of home-Coffee, Lunch, Dinner)	
Gas and Oil Bill	
Health and Dental Insurance	
Household items (soaps, paper towels, cleaning supplies)	
Internet Access	
Life and Disability Insurance	
Memberships (Health Club etc.)	
Personal Care (Grooming/Toiletries)	
Pets (Food, Shots, Litter, etc.)	
Prescriptions	
Property Services (Gardener, Pool)	
Security Services (Alarm)	
Subscriptions	
Telephone (Home)	
Telephone (Cell, Pager)	
Tuition and School Supplies	
Water Bill	
Other Expenses	
TOTAL MONTHLY LIVING EXPENSES	

SECURED DEBTS (Monthly Payments)	
Rent	
1 st Mortgage	
2 nd Mortgage	
Homeowner/Condo Fees	
Land Lease (Trailer Park, other)	
Auto Loans/Leases	
Auto Loans/ Leases	
Recreation (Boat, ATV, etc.)	
Property Taxes	
Mortgage Insurance (Home Owners Insurance)	
Rental Insurance	
Student Loans	
Other Loans	
Other Loans	
TOTAL SECURED DEBT	

OTHER DEBTS	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Payday Loans	
Rent-to-Own (Babcock, Aarons)	
Medical Bill Payments	
Other	
TOTAL UNSECURED DEBT	

SUMMARY	
Total Take Home (income)	
Total Living Expenses (-)	
Total Secured Debt Payments (-)	
Total Other Debt Payments (-)	
TOTAL (Balance Remaining)	

Use this space for additional items not listed:

ALL OF THE FOLLOWING ITEMS ARE NEEDED
FOR
HOUSING/MORTGAGE COUNSELING
APPOINTMENTS

- 1) ID'S FOR ALL ADULTS
- 2) SOCIAL SECURITY CARDS FOR EVERYONE IN HOUSEHOLD
- 3) PROOF OF ALL HOUSEHOLD INCOME (PAYSTUBS 2 MONTHS) **CURRENT**, CHILD SUPPORT (IF YOU GET CHILD SUPPORT I NEED THE COURT ORDER AND THE PRINT OUT FROM THE STATE SHOWING WHAT YOU ARE GETTING, DISABILITY, VA, PENSION, AFDC, FOODSTAMPS, ETC.) **IF YOU ARE SELF EMPLOYED I WILL NEED A PROFIT & LOSS STATEMENT FOR 6 MONTHS**
- 4) PROOF OF **ALL ASSETS** (CASH, BANK ACCOUNTS, RETIREMENT PLANS, OR CREDIT UNION ACCOUNTS, ETC.)
- 5) IF FOR MORTGAGE HELP: NEED CLOSING PAPERS, CURRENT STATEMENT OR PAYMENT BOOK, AND ANY LETTERS THAT YOU HAVE GOTTEN FROM MORTGAGE CO.
- 6) BRING **ALL CURRENT BILLS THAT YOU PAY EVERY MONTH**. AND NOT JUST THE FRONT PAGES THE COMPLETE BILLS. (ELEC., WATER, CABLE, GAS, FOOD, PHONE, CELL PHONE, CAR, INSURANCES, CREDIT CARD BILLS, LOANS, MEDS, DOCTOR BILLS, ETC.)
- 7) I WILL BE DOING A COMPLETE BUDGET FOR THE HOUSEHOLD THIS IS WHY I NEED TO KNOW YOUR BILLS AND INCOME IF I'M GOING TO TRY TO HELP YOU GET OUT OF TROUBLE
- 8) MOST APPOINTMENTS ARE AT LEAST 3-4 HOURS, SOME HAVE BEEN LONGER DEPENDING ON THE CLIENT
- 9) PLEASE BE ON TIME FOR YOUR APPOINTMENT, ALSO HAVE ALL PAPER WORK AND DOCUMENTS NEEDED TO ASSIST YOU. **IF YOU CAN PLEASE MAKE COPIES**
- 10) DIVORSE PAPERS, AND QUICK CLAIM DEED IF APPLICABLE
- 11) REQUEST FOR TRANSCRIPT OF TAX RETURN – FORM 4506-T (ATTACHED)
- 12) HOME AFFORDABLE HARDSHIP AFFIDAVIT (ATTACHED)
- 13) I WILL ALSO NEED A STATEMENT FROM YOU EXPLAINING HOW YOU GOT BEHIND OR INTOUBLE WITH YOUR MORTGAGE (**HARDSHIP LETTER**)

FOR ALL ITEMS LISTED BELOW:
PLEASE BRING COPIES

- 14) BRING IN **2 MONTHS** OF BANK STATEMENTS IF YOU ARE EMPLOYED, IF SELF EMPLOYED I NEED **4 MONTHS** (CURRENT ONES) **ALL PAGES IF IT STATES 1 OF 4 I NEED ALL 4 PAGES.**
- 15) BRING IN PAST **2 YEARS** INCOME TAX RETURNS WITH W-2 FORMS. IF SELF EMPLOYED, PROOF OF QUARTLY TAX PAYMENTS FOR THE LAST FOUR QUARTERS AND TWO YEARS SIGNED AND DATED INCOME TAX RETURNS.
- 16) HOMEOWNERS INSURANCE STATEMENT AND PROPERTY TAX BILL
- 17) A CREDIT REPORT WILL HAVE TO BE PULLED AND **THIS WILL COST \$13.50 FOR SINGLE OR \$27.00 FOR A COUPLE (PAYABLE TO MCAA) MONEY ORDERS ONLY**

Manatee Community Action Agency, Inc.



302 Manatee Avenue East
Suite 322
Bradenton, FL 34208
(p) 941.827.2887
(f) 941.827.3001
www.manateecaa.org

Head Start

Early Head Start
Head Start
Voluntary Prekindergarten
(p) 941.750.6667
(f) 941.746.7374

Resource Connection For Families

Child Development Services
Family Self-Sufficiency
Healthy Families Manatee
HIPPIE
Housing Counseling
LIHEAP
Weatherization
Whole Child Project
(p) 941.827.0188
(f) 941.827.0193
941.748.0617

A HUD Approved Agency

SOCIAL SECURITY NUMBER COLLECTION POLICY DISCLOSURE

Effective October 1, 2007

Please be advised, Manatee Community Action Agency Inc.(MCAA), and its government funding sources collect your Social Security number for the following purpose:
Classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.07(5), Florida Statutes (2007).
Social Security numbers serve as a unique numeric identifier and may be used for such purposes.

**PLEASE RETAIN THIS DISCLOSURE FOR YOUR
RECORDS**

Manatee Community Action Agency, Inc.



Client/Counselor Agreement

302 Manatee Avenue East
Suite 322
Bradenton, FL 34208
(p) 941.827.2887
(f) 941.827.3001
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Resource Connection For Families

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Family Self-Sufficiency
Healthy Families Manatee
IHPPY
Housing Counseling
LIHEAP
Weatherization
Whole Child Project
(p) 941.827.0188
(f) 941.827.0193
941.748.0617

Manatee Community Action Agency, Inc. and its Counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer or bank
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

I/We, _____ agree to the following terms of service:

I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.

I/We will provide all necessary documentation and follow-up information within the timeframe requested.

I/We will be on time for appointments and understand that, if a I/we are 15 minutes or more late for an appointment, the counselor will either end at the scheduled time or will be rescheduled for another date and time.

I/We will call within 12 hours of a scheduled appointment if I/we will be unable to attend an appointment.

I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner

Date

Homeowner

Date

Homeowner

Date

Homeowner

Date

Manatee Community Action Agency Inc. and its employees are NOT attorneys. The information provided in the document is to be used as a resource and is based solely on the experiences of the Agency's counselors and training. This form is to be completed only for the purpose of providing Foreclosure Intervention & Default Counseling.

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about **all** of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

SECTION 1: BORROWER INFORMATION

BORROWER

BORROWER'S NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YY) _____

HOME PHONE NUMBER WITH AREA CODE _____

CELL OR WORK NUMBER WITH AREA CODE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

CO-BORROWER

CO-BORROWER'S NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YY) _____

HOME PHONE NUMBER WITH AREA CODE _____

CELL OR WORK NUMBER WITH AREA CODE _____

MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME") _____

EMAIL ADDRESS _____

Has any borrower filed for bankruptcy? Chapter 7 Chapter 13

Filing Date: _____ Bankruptcy case number: _____

Has your bankruptcy been discharged? Yes No

Is any borrower a servicemember? Yes No

Have you recently been deployed away from your principal residence or recently received a permanent change of station order? Yes No

How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? _____

Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? Yes No

Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? Yes 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 principal residence? Yes No

SECTION 2: HARDSHIP AFFIDAVIT

I (We) am/are requesting review under MHA.
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: reduced pay or hours, decline in business or self employment 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"/> If am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other: _____

Explanation (continue on a separate sheet of paper if necessary):

SECTION 3: PRINCIPAL RESIDENCE INFORMATION

(This section is required even if you are not seeking mortgage assistance on your principal residence.)

I am requesting mortgage assistance with my principal residence Yes No

If "yes", I want to: Keep the property Sell the property

Property Address: _____ Loan I.D. Number: _____

Other mortgages or liens on the property? Yes No Lien Holder / Servicer Name: _____ Loan I.D. Number: _____

Do you have condominium or homeowner association (HOA) fees? Yes No If "Yes", Monthly Fee: \$ _____ Are fees paid current? Yes No

Name and address that fees are paid to: _____

Does your mortgage payment include taxes and insurance? Yes No If "No", are the taxes and insurance paid current? Yes No

Annual Homeowner's Insurance: \$ _____

Is the property listed for sale? Yes No If "Yes", Listing Agent's Name: _____ Phone Number: _____

List date? _____ Have you received a purchase offer? Yes No Amount of Offer: \$ _____ Closing Date: _____

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: _____ Principal residence servicer phone number: _____

Is the mortgage on your principal residence paid? Yes No If "No", number of months your payment is past due (if known): _____

SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expenses/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$ _____	First Mortgage Principal & Interest Payment*	\$ _____	Checking Account(s)	\$ _____
Overtime	\$ _____	Second Mortgage Principal & Interest Payment*	\$ _____	Checking Account(s)	\$ _____
Self employment income	\$ _____	Homeowner's Insurance*	\$ _____	Savings / Money Market	\$ _____
Unemployment Income	\$ _____	Property Taxes*	\$ _____	CDs	\$ _____
Untaxed Social Security / SSD	\$ _____	HOA/Condo Fees*	\$ _____	Stocks / Bonds	\$ _____
Food Stamps/Welfare	\$ _____	Credit Cards/Installment debt (total min. payment)	\$ _____	Other Cash on Hand	\$ _____
Taxable Social Security or retirement income	\$ _____	Child Support / Alimony	\$ _____		
Child Support / Alimony**	\$ _____	Car Payments	\$ _____		
Tips, commissions, bonus and overtime	\$ _____	Mortgage Payments other properties****	\$ _____		
Gross Rents Received ***	\$ _____	Other	\$ _____	Value of all Real Estate except principal residence	\$ _____
Other	\$ _____			Other	\$ _____
Total (Gross income)	\$ _____	Total Debt/Expenses	\$ _____	Total Assets	\$ _____

** Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

*** Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

**** Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

Required Income Documentation

(Your servicer may request additional documentation to complete your evaluation for MHA)

All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to-date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment. Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

SECTION 5: OTHER PROPERTIES OWNED

(You must provide information about all properties that you or the co-borrower own, other than your principal residence and a property described in Section 4 below. Use additional sheets if necessary.)

Other Property #1	
Property Address: _____	Loan I.D. Number: _____
Servicer Name: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____
Other Property #2	
Property Address: _____	Loan I.D. Number: _____
Servicer Name: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____
Other Property #3	
Property Address: _____	Loan I.D. Number: _____
Servicer Name: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

* The amount of the monthly payment made to your lender - including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

SECTION 6: OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED

(Complete this section **ONLY** if you are requesting mortgage assistance with a property that is not your principal residence.)

I am requesting mortgage assistance with a rental property. Yes No

I am requesting mortgage assistance with a second or seasonal home. Yes No

If "Yes" to either, I want to: Keep the property Sell the property

Property Address: _____ Loan I.D. Number: _____

Do you have a second mortgage on the property Yes No If "Yes", Servicer Name: _____ Loan I.D. Number: _____

Do you have condominium or homeowner association (HOA) fees? Yes No If "Yes", Monthly Fee: \$ _____ Are HOA fees paid current? Yes No

Name and address that fees are paid to: _____

Does your mortgage payment include taxes and insurance? Yes No If "No", are the taxes and insurance paid current? Yes No

Annual Homeowner's Insurance \$ _____ Annual Property Taxes \$ _____

If requesting assistance with a rental property, property is currently:
 Vacant and available for rent.
 Occupied without rent by your legal dependent, parent or grandparent as their principal residence.
 Occupied by a tenant as their principal residence.
 Other _____

If rental property is occupied by a tenant: Term of lease / occupancy _____ - _____ / _____ / _____ Gross Monthly Rent \$ _____
MM / DD / YYYY MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: _____

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: _____

Is the property for sale? Yes No If "Yes", Listing Agent's Name: _____ Phone Number: _____

List date? _____ Have you received a purchase offer? Yes No Amount of Offer \$ _____ Closing Date: _____

RENTAL PROPERTY CERTIFICATION

(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 this Section 6 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 principal residence).

Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their 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 RMA is received by your servicer.

Initials: Borrower _____ Co-borrower _____

SECTION 7: 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 respective 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 certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

SECTION 5: 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><i>Interviewer's Name (print or type) & ID Number</i></td> <td style="width: 20%;"></td> </tr> <tr> <td><i>Interviewer's Signature</i></td> <td><i>Date</i></td> </tr> <tr> <td colspan="2"><i>Interviewer's Phone Number (include area code)</i></td> </tr> </table>	<i>Interviewer's Name (print or type) & ID Number</i>		<i>Interviewer's Signature</i>	<i>Date</i>	<i>Interviewer's Phone Number (include area code)</i>		<i>Name/Address of Interviewer's Employer</i>
<i>Interviewer's Name (print or type) & ID Number</i>								
<i>Interviewer's Signature</i>	<i>Date</i>							
<i>Interviewer's Phone Number (include area code)</i>								

SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
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 am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Borrower Signature

Social Security Number

Date of Birth

Date

Co-borrower Signature

Social Security Number

Date of Birth

Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, 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 with 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 but not limited to misstatement regarding your occupancy of your property, 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 my Servicer 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 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.sigtar.gov and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Beware of Foreclosure Rescue Scams. Help is FREE!

- **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.**
- **Never make your mortgage payments to anyone other than your mortgage company without their approval.**



Request for Transcript of Tax Return

(Rev. January 2011)

OMB No. 1545-1872

Department of the Treasury
Internal Revenue Service

► **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 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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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
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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 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. The IRS has no control over what the third party does with the tax information.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

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 is a combination of line item information and later adjustments to the account. 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 2007, filed in 2008, will not be available from the IRS until 2009. 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.

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 signature date.

Telephone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

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

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.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:

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

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
--	---

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	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
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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	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
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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	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102
--	--

Chart for all other transcripts

If you lived in or your business was in:

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

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
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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.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T 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 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; 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 4506-T 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.

(Rev. January 2012)

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 border="1" style="width: 100%;"> <tr> <td data-bbox="89 758 971 856">Third party name</td> <td data-bbox="971 758 1529 856">Telephone number</td> </tr> <tr> <td colspan="2" data-bbox="89 856 1529 884">Address (including apt., room, or suite no.), city, state, and ZIP code</td> </tr> </table>		Third party name	Telephone number	Address (including apt., room, or suite no.), city, state, and ZIP code	
Third party name	Telephone number				
Address (including apt., room, or suite no.), city, state, and ZIP code					

Caution. If the tax 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 this line. Completing this step 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 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. 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.**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.**Caution.** Do not sign this form unless all applicable lines have been completed.**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 the signature date.Phone number of taxpayer
on line 1a or 2a

Sign Here	▶ _____	_____
	Signature (see instructions)	Date
	▶ _____	_____
	Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506T-EZ at <http://www.irs.gov/form4506>. Information about any recent developments affecting Form 4506T-EZ (such as legislation enacted after we released it) will be posted on that page.

Caution. Do not sign this form unless all applicable lines have been completed.

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 (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax 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 tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

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 the return was filed.

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

If you filed an individual return and lived in:

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, Florida, Georgia, 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
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

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. If you request a transcript, 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:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:M:S
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.

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. Ensure that all applicable lines are completed before signing.

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