

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Thank you inquiring about Specialized Loan Servicing LLC's ("SLS") Short Sale requirements. The following items are required prior to reviewing your request for Short Sale approval:

- 1. Letter of Authorization signed by the one or both SLS customers to discuss and/or release SLS account information. The authorization must include the full name of the company and the full name of all assigned associates to whom SLS may release information.
- 2. A copy of the estimated HUD1 or Settlement Sheet from the pending closing to include the estimated closing date.
- 3. A copy of Sales Contract signed by all parties.
- 4. Seller's completed Financial Form (blank form enclosed).
- 5. Seller's completed Hardship Letter
- 6. Copy of preliminary title report.
- 7. Copies of seller(s)' two most recent pay stubs (tax returns if self employed)
- 8. A copy of the most recent appraisal or valuation of the property to substantiate the offer price (an emailed copy to my email address below is preferable).
- 9. If applicable, provide a payoff quote from the current 1st lien holder good through the closing date.

In addition to the items requested above, SLS may require additional information before making a final decision. It is important that you and the customer understand that SLS' review will not begin until each of the above items has been provided.

Please do not interpret this letter as approval of your request. SLS will do a thorough review of this request and will make a business decision based on the information provided. It is SLS policy to respond to your request as quickly as possible upon receipt of the requested items, but it may take up to 15 business days or more. Upon conclusion of our review, you will be notified immediately of the results.

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|--|------------------------|
| results. | |
| | |
| We look forward to working with you. | |

Specialized Loan Servicing LLC

Sincerely,

BANKRUPTCY NOTICE- IF YOU ARE A CUSTOMER IN BANKRUPTCY OR A CUSTOMER WHO HAS RECEIVED A BANKRUPTCY DISCHARGE OF THIS DEBT: PLEASE BE ADVISED THAT THIS NOTICE IS TO ADVISE YOU OF THE STATUS OF YOUR MORTGAGE LOAN. THIS NOTICE CONSTITUTES NEITHER A DEMAND FOR PAYMENT NOR A NOTICE OF PERSONAL LIABILITY TO ANY RECIPIENT HEREOF, WHO MIGHT HAVE RECEIVED A DISCHARGE OF SUCH DEBT IN ACCORDANCE WITH APPLICABLE BANKRUPTCY LAWS OR WHO MIGHT BE SUBJECT TO THE AUTOMATIC STAY OF SECTION 362 OF THE UNITED STATES BANKRUPTCY CODE. HOWEVER, IT MAY BE A NOTICE OF POSSIBLE ENFORCEMENT OF THE LIEN AGAINST THE COLLATERAL PROPERTY, WHICH HAS NOT BEEN DISCHARGED IN YOUR BANKRUPTCY. IF YOU WOULD LIKE TO DISCONTINUE THESE STATEMENTS PLEASE CONTACT OUR CUSTOMER CARE CENTER AT 800-306-6057.



Customer's Authorization

| I, | , authorize Specialized Loan Servicing LLC to discuss and/or receive any |
|------------------------------|--|
| information in connection wi | h all mortgage loans serviced by SLS on the property located at |
| | with the following contacts at |
| Names of authorized associat | es: |
| SLS Loan Number | |
| Social Security Number | |
| Printed Name | |
| Signature | |

Please note: A current home value must be obtained in order to review your loan for possible modification. The charge for this order will be assessed to your loan account.

| REQUEST FO | OR FINAN | ICIAL INFOR | RMATION | | | Loan n | umber: | | | | |
|---|-----------------------|---------------|---|---|-----------------------|-----------------|----------------|--|-----------------------------------|--|--|
| Borrower Borrower's Name | | | | Co-Borrower's name | | | | | | | |
| Social Security Number Date of Birth | | | | Social Security Number Date of Birth | | | | | | | |
| Home Phone Code | Number | With Area | Work Ph Area Cod | one Number With de | | | | ne Phone Number With Area Work Phone Number With Area Co | | | |
| Mailing Addr | ess | | | | | Mailing Address | | | | | |
| Property Add | dress(If s | ame as maili | ng address, | just write same) | | | | | | | |
| # of persons | | | | | | | | iving at residence | | | |
| Do you occu property? | py the | Is it a renta | I property? | Is it leased? (if y a copy of the ag | | | | | | | |
| | lo | Yes | No | Yes | No | | | · | ents Name, Phone Number and Email | | |
| Have you eve | er contac | ted a credit- | counseling a | gency for help? Y | es or l | No. If | yes, pl | ease provide the co | unselors name, p | ohone, and email | |
| Do you recei | ive, and p | ay, the Real | Estate Tax b | oill on your home o | or does | s your l | lender p | pay it for you? I do | Lender does | (circle one) | |
| If you pay it, | please p | rovide a cop | y of your tax | statement. Are | the ta | xes cur | rrent? ` | Yes or No (circle or | ne) | | |
| Do you pay f copy of the p | | rd insurance | policy? Yes | s or No (circle on | e) Ist | he poli | cy curre | ent? Yes or No (cire | cle one) If you p | ay it, please provide a | |
| Have you file Date: copy of the c | | | | Has your | | | | apter 13? (circle on scharged? Yes or N | | yes, please provide a | |
| | | | | INVOLU | NTARY | / INABI | LITY TO | PAY | | | |
| | | | | | a work | kout op | tion. I | | | zed Loan Servicing, LLC nthly payment because | |
| Abandon | | | (Flease Clied | ck all that apply) | oligatio | ons | | Military Servi | ce | Other | |
| Business Failure | | | Fraud | | Payment Adjustment | | | | | | |
| Casualty | | | Illness in Fan | nily | ○ Payment D | | Payment Disp | oute | | | |
| Curtailm | Curtailment of Income | | r | | Property Problems | | | | | | |
| Death in I | Family | | ☐ Inability to Rent Property ☐ Title Problems | | | | | | | | |
| Death of | Mortgago | or | | | Transferring Property | | | | | | |
| Distant E | mployme | nt Transfer | | Marital Diffice | tal Difficulties | | Unemployment | | | | |
| I believe my | situation | is: | | ◯ Short Term (ເ | under 6 months) | | over 6 months) | Permanent | | | |
| I want to: | | | | C Keep the Pro | | | | ○ Sell the Property | | | |
| EMPLOYMEN | NT-please | provide las | t two (2) pay | stubs from each | employ | yer | | | | | |
| Borrower Em | | | | ow long? | | | Co-Boi | rrower Employer | How Long? | | |

| Employer Address and Phone Number | | | Employer Address and Phone Number | | | | |
|-----------------------------------|------------|-------------------------|--------------------------------------|----------|-------------------------|--|--|
| Position | | Gross Pay per Period \$ | Position | | Gross Pay Per Period \$ | | |
| Commission Bonus \$ | | Net Pay Per Period \$ | Commission | Bonus \$ | Net Pay Per Period \$ | | |
| How often paid? | | # of Dependants | How often paid? | | # of Dependants | | |
| Other monthly income-Description | | Amount \$ | Other monthly income- Description | | Amount \$ | | |
| Expenses | | | | | | | |
| Туре | Mont | thly | Total Balan | | ice | | |
| Mortgage Payment | \$ | | \$ | | | | |
| Alimony/Child Support: | \$ | | | \$ | | | |
| Dependents Exp: | | | | \$ | | | |
| Rent Exp: | \$ | | | | | | |
| Other Mortgage: | \$ | | | | | | |
| Personal/Auto Loan: | | \$ | | | | | |
| Medical Exp/Ins: \$ | | | | \$ | | | |
| HOA Fees: | \$ | | | \$ | | | |
| Addl. Auto/Auto Ins: | \$ | | | \$ | | | |
| Typical Food Exp: | хр: \$ | | | \$ | | | |
| Utilities Exp: | s Exp: \$ | | | \$ | | | |
| Other Exp: | er Exp: \$ | | | \$ | | | |

| Name of Institution: | | | | | | | | |
|---|---|--|---|---|--|--|--|--|
| Account Number: | Phone Number: | Amount O | Amount Owed: \$ | | | | | |
| А | CKNOWLEDGEMENT/AG | REEMENT AND | AUTHORIZATION TO OBTAIN IN | IFORMATION | | | | |
| situation with third parties suc and negotiations of a possible any foreclosure or other collec | h as purchasers, real esta foreclosure alternative w tion action, and an altern | ate brokers, insu ill not constitute ative to foreclos | rers, financial institutions, cred a waiver of or defense to my se | ny mortgage and personal financial itors and credit bureaus. Discussions ervicer's right to commence or continue greement has been approved in writing b | | | | |
| Borrower's Signature | Date | | ver's Signature Date | . | | | | |
| • | | | | | | | | |
| Send to: | *Provide copies of | the following: | Western Union Quick Collect | : Wiring Instructions: | | | | |
| Specialized Loan Servicing 8742 Lucent Blvd, Ste. 300 Highlands Ranch, CO 80129 | Current bank Sta Accounts | tements on all | Code City: PAY SLS State: CO Your SLS Account # and nan | Bank Name: Wachovia Bank, N.A. Bank Address: 1525 West W.T. Harris Blvd., Charlotte, NC 28262 | | | | |
| Fax to: (720) 241-7526 | Current Pay stub | s (past two) | | Account No: 2000042928232 Bank ABA: 053000219 | | | | |
| | Tax return from t years | he last two (2) | MONEY GRAM INSTRUCTIONS: | Account Name: SLS Wire Clearing Your SLS Account # and name | | | | |
| | Hardship Letter | | Receiving Code: 6114 – Specialized Loan Servicing | | | | | |
| | Property Tax Star | tement | Your SLS Account # and nan | ne | | | | |

PLEASE NOTE THAT IF THE PACKAGE YOU SEND TO US IS NOT COMPLETE, WE WILL NOT BE ABLE TO PROCESS YOUR REQUEST. PLEASE INCLUDE YOUR LOAN NUMBER ON THE COVER PAGE.

Please read the following letter for important information on applying for a loan modification. You will need to fax in all documents to 720-241-7526 (20 pages or less at a time).

W-2 employees:

- * Two most recent pay stubs
- * Two most recent bank statements
- * Hardship letter
- * Financial Worksheet (Included in package)
- * If you are new to your job, we will accept a letter from your employer stating your wages.

Self Employed:

- * Two most recent bank statements (from all accounts)
- * Hardship letter
- * Financial worksheet (Included in package)
- * Year to date profit and loss statements
- * Tax Return for prior year (complete pages) (If you have not filed tax returns for the last year, we will need a copy of Form 4868 tax return extension and profit and loss statement for the prior year)

Self Employed pay yourself:

- * Two recent bank statements
- * Hardship letter
- * Financial worksheet (Included in package)
- * Two most recent pay stubs

Form 1099:

- * Two most recent bank statements
- * Year to date profit and loss statement
- * Tax returns for most recent tax year
- * Hardship letter
- * Financial worksheet (Included in package)

Form 1099 without expenses claimed:

- * Year to date gross income (pay stubs)
- * Tax returns for most recent tax year
- * Financial worksheet (Included in package)
- * Hardship letter
- * Two most recent bank statements
- * If applicable, employer letter stating how often you are paid and for how much.

Tips:

- * Financial worksheet (Included in package)
- * Hardship letter
- * Letter from employer explaining average tip income
- * Bank statements to show deposited amounts used for income
- * Tax returns for the most recent tax year

Rental Properties:

- * Financial worksheet (Included in package)
- * Hardship letter

- * Two most recent bank statements
- * Lease agreement for all properties (month to month lease must be signed within last 90days)
- * Mortgage statements for all properties
- * If you are using a rental property company, we will need the contract signed between you and the rental property

Fixed income: (SSI, VA, Pension, Insurance settlements, Alimony/child support)

- * Award letters/court orders
- * Two most recent bank statements
- * Hardship letter
- * Financial worksheet (Included in package)

Second Mortgages:

We will need a mortgage statement from the first mortgage. If you do not have an escrow account on your first mortgage, then we will need proof of your annual property taxes and annual property insurance.

Please feel free to call SLS during business hours to speak with a live representative. Monday-Friday 6AM-7PM and Saturday 6AM-12PM (Mountain Time): 800-306-6059.

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