



Homeownership Preservation Packet

Dear Homeowner,

First, allow me to congratulate you on taking the first step of contacting our agency. Neighborhood Partnership Housing Services is a HUD approved counseling agency that has the ability to assist you with the current financial hardship you are facing. We understand how hard that was to do and promise to work with you to find a realistic solution to your situation.

In order to provide effective and efficient service, please complete the attached forms completely and clearly, as missing information will only hamper our ability to assist you. Please give the monthly Income and Budget form careful attention. This information is the key element of resolving these difficult situations. In addition, the checklist included outlines items that need to be collected before an appointment is scheduled. Once all of the items on the checklist are collected please contact us for further assistance. If there are questions or information you don't understand, please contact us.

There is an emphasis on being truthful. A resolution will not materialize unless a complete and accurate picture of the financial hardship is given. Also, please note our organization is attempting to assist in resolving a financial hardship. The end result lies in the hands of the lender; Neighborhood Partnership Housing Services cannot and will not guarantee the final outcome of any situation.

Appointments usually last an hour and a half. Please arrive on time. Many other families are facing similar situations and the demand for our services is high. We often have appointments back to back. If you arrive late, we will only be able to work with you for the remaining time of your appointment.

You have taken the first step to resolving your situation. We look forward to working with you.

Sincerely,

The Neighborhood Partnership Housing Services Team

Neighborhood Partnership Housing Services
9551 Pittsburgh Avenue, Rancho Cucamonga, California 91730
Telephone (800) 761-NPHS (6747)
Fax: (909) 467-0120
www.nphsinc.org



Foreclosure Mitigation Counseling Agreement (page 1 of 2)

Neighborhood Partnership Housing Services (NPHS) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both verbally and in writing will be managed within legal and ethical considerations. Your “non-public personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the **Disclosure of Programs and Services**. We may also use anonymous aggregated case file information for the purposes of evaluating our services, gathering valuable research information for designing future programs.

Types of Information that we gather about you

- Information we receive from you verbally, on applications or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usages.
- Information we receive from credit reporting agencies, such as your credit history.

Release of your Information to third parties

1. So long as you have not opted-out per the **Disclosure of Programs and Services** form, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to non-public personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

Neighborhood Partnership Housing Services and its counselors agree to provide the following services:

- Assess current financial situation
- Analysis of mortgage default, including the amount and cause of default
- Development of an action plan
- Presentation and explanation of reasonable options available to the homeowner
- Presentation and negotiation of possible remedies with mortgage servicers
- Assistance in communication with the mortgage servicer and other creditors
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Confidentiality, honesty, respect and professionalism in all services
- As the final outcome lies with the servicer, our counselors are not able to guarantee and solution.

Foreclosure Mitigation Counseling Agreement (page 2 of 2)

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

1. I/We understand that **Neighborhood Partnership Housing Services** provides foreclosure mitigation counseling after which I/We will receive a written action plan consisting of recommendations for handling my/our finances, possibly including referrals to other housing agencies as appropriate.
 2. I/We understand that **Neighborhood Partnership Housing Services** receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
 3. I/We give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and the end of the fiscal year and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and the end of the fiscal year for the purpose of program evaluation.
 4. I/We acknowledge that I/We have received a copy of **Neighborhood Partnership Housing Services: Disclosure of Programs and Services**, included in this Home Preservation Packet.
 5. I/We may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to help with particular concerns that have been identified. I/We understand that I/We am not obligated to use any of the services offered.
 6. A Counselor may answer questions and provide information, but not give legal advice. If I/We want legal advice, I/We will be referred for appropriate assistance.
 7. I/We understand that **Neighborhood Partnership Housing Services** provides information and education on numerous loan products and housing programs and I/We further understand that the housing counseling I/We receive from **Neighborhood Partnership Housing Services** is no way obligated me/us to choose any of these particular loan products or housing programs.
- 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 timeframes requested.
 - I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
 - I/We understand that repeated no-shows or excessive cancellations may result in cancellation of services.
 - I/We understand that I/We **must** have an appointment to meet with counselor and that should I/We walk-in I/We will be given an appointment for a later date and time.
 - I/We understand that once I/We are an established client I/We may drop off documentation and that counselor availability is **not** guaranteed without an appointment.
 - I/We will call within 6 hours of a scheduled appointment if I/We will be unable to attend an appointment.
 - I/We will contact the counselor about any changes in our situation immediately.
 - I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Primary Client

Date

Co-Client

Date

Counselor

Date

**Neighborhood Partnership Housing Services
Disclosure of Programs and Services**

NPBS receives funding from HUD under the Housing Counseling Program as well as funding from Bank of America, JPMorgan Chase, Comerica Bank, Citi Foundation, Wells Fargo, Fannie Mae and Freddie Mac. NPBS is also an approved Freddie Mac Borrower Help Center and a member of the Fannie Mae Mortgage Help Network. NPBS clients are under no obligation to use any of the above stated organizations for any type of services.

You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties, that is, direct us not to make those disclosures.

If you choose to “opt-out”, we will not be able to answer questions from our partners. If at any time you wish to change your decision with regard to your “opt-out”, you may call us at (909) 988-5979 and do so. **Please initial below to accept or decline disclosure to NPBS third party partners. NPBS receives funds from partners that enable us to provide assistance to families in need. NPBS is contractually required to provide non-personal information regarding our performance and demonstrate adherence to the rules and regulations, regarding foreclosure education and counseling, to ensure that clients receive appropriate assistance.**

Please Initial below:

Primary Client:

Co-Client

To Accept _____ To Decline _____

To Accept _____ To Decline _____

I understand that Neighborhood Partnership Housing Services (NPBS) provides homebuyer education and counseling, down payment assistance loans and grants, and I am under no obligation to use NPBS programs and services.

I understand that NPBS does not receive referral fees from any lenders in the “Approved Lenders” list and I am under no obligation to use any particular lender.

I understand that NPBS does not have financial arrangements with its volunteer instructors and I am under no obligation to receive services from the volunteers and other NPBS community partners.

I understand that I am under no obligation to utilize the services of Neighborhood Partnership Housing Services’ partners (i.e., lenders, realtors, and insurance).

I further understand that I am under no obligation to use the services and, or, loan programs provided by Neighborhood Partnership Housing Services.

I understand that NPBS owns sells properties and I am under no obligation to purchase those properties and that there are other alternative sources of homes for purchase.

Primary Client

Date

Co-Client

Date

Client Authorization and Counseling Disclosure

Client Name: _____ Co-Client _____

HUD Certified Non-Profit Counseling Agency: Neighborhood Partnership Housing Services, Inc.

Agency Counselor: _____

I would like to participate in your counseling sessions to help me improve my financial and housing situation. I understand that my counselor may discuss information about my credit history, financial situation, employment, and other information with me, and with other representatives of financial institutions or agencies as necessary to assist me in improving my financial and housing situation. I understand that information about my personal circumstances will be treated as confidential. I further understand that I am free to choose a lender, lending product and home regardless of the recommendations made by my counselor. If I choose to seek financial assistance, I understand that I may be referred to a separate agency. I understand that there may be additional eligibility requirements to qualify for such assistance.

I hereby authorize my counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my financial and housing situation and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial institutions when disclosing this information will help my counselor and I work out and assess improvements to my financial and housing situation.

It is further understood that in consideration of the counseling agency's assistance with my financial and housing situation, I agree to hold harmless the counseling agency and its agent and/or its employees and the agencies and financial institutions with which the counseling agency works and shares information from any and all claims or causes of actions arising, or which may arise, from mistakes, errors, or omissions in regards to said counseling.

I/we hereby authorize NPHS to verify my/our past and present employment earnings, records, bank accounts, stock holdings and any other asset balances that are needed to process a mortgage loan application. I/we further authorize NPHS to order a consumer credit report to verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will serve as authorization.

Applicant Signature _____ Date _____

Co-Applicant _____ Date _____

Current Address _____

Borrower's Authorization to Negotiate With and Release Information
Autorizacion del Cliente Para Negociar y Revelar Infomacion

English

To Whom It May Concern:

I/We have requested Foreclosure Prevention Counseling from Neighborhood Partnership Housing Services (NPHS), a HUD approved homeownership counseling agency. As part of the counseling process, I/We authorize any and all mortgagors, servicers and creditors to negotiate with and provide the Foreclosure Counselors of NPHS with any and all information pertaining to the resolution of my/our financial hardship.

I/We further hereby authorize NPHS to make a recommendation about appropriate action to take with regard to my/our mortgage loan, which may assist the loan servicer in determining whether to restructure my/our loan or to offer other extraordinary services that could preserve my/our long-term homeownership.

A Photographic or facsimile copy of the signature(s) of the undersigned may be deemed to be the equivalent of the original and may be used as a duplicate original.

Espanol

A Quien Corresponda:

Yo he contratado a Neighborhood Partnership Housing Services (NPHS), una Agencia de Consejeria de Viviendas del departamento de HUD, que suministra consejeria sobre la prevencion de embargo. Como parte del proceso de consejeria, yo autorizo a todos mis acreedores, companias hipotecarias, y sus administradores a negociar y proveer informacion de mi caso a los consejeros de Neighborhood Partnership Housing Services. Esto incluye toda la informacion perteneciendo a la resolucion de mi situacion financiera.

Tambien autorizo a Neighborhood Partnership Housing Services a suministrar recomendaciones para accion apropiada en relacion a mi prestamo hipotecario que puede asistir la compania hipotecaria y sus administradores en determinado el resultado de reestructurar mi prestamo o ofrecer otros tipos de servicios que puedan preservar mi habilidad de retener mi casa para un futuro largo.

Una Copia exacta por fax o por correo electronico de las firmas de los clientes indicados es el equivalente del original y puede ser duplicado.

Borrower/Solicitante _____ SS# _____

Signature/Firma _____ Date/Fecha _____

Borrower/Solicitante _____ SS# _____

Signature/Firma _____ Date/Fecha _____

Address/Domicilio: _____

Lender/Administrador Hipotecario(s): _____

Account Number/Numero de Cuenta(s): _____

Counselor/Consejero signature: _____

PRIVACY POLICY

Neighborhood Partnership Housing Services takes the financial privacy of its customers very seriously. This notice describes our policy on collection and disclosure of personal non-public information. Personal non-public information, as used in this notice, means information that identifies an individual personally, and is not otherwise publicly available information. During the course of counseling and processing your application, we accumulate non-public personal information from you and from other sources about your income, your assets, and your credit history in order to allow Neighborhood Partnership Housing Services the necessary information to advise you and to make an informed decision regarding your case.

Information We Collect

We collect personal, non-public information regarding you to help support our lending and counseling operations, and to aid you in shopping for and obtaining a home mortgage. We request such information from the following sources:

- Homebuyer Education, Counseling, and Lending Intake Forms
- Required and requested Documents
- Consumer credit reporting agencies
- HUD-1 Settlement Statements

Information We May Disclose

We may disclose the following:

- Information from your applications and other forms, such as your name, address, social security number, assets and income
- Information that we receive from required and requested Documents
- Information we receive from a consumer credit reporting agency, such as your creditworthiness, credit score, or credit history

To Whom We May Disclose

We may also disclose personal non-public information to third parties as permitted by law. We may disclose your personal, non-public information, to the following third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans
- Government and private agencies such as Housing and Urban Development (HUD) and Neighbor Works America (NWA), but only for purposes of program reviews, auditing, research and oversight purposes
- Real Estate affiliates and/or Realtors and Real Estate Developers in connection with your purchase transaction

Confidentiality and Security

We restrict access of your non-public personal, information about you to our employees who need to know that information to provide products or services to you, including but not limited to underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and counseling. We maintain physical, electronic, and procedural safeguards that comply with HUD regulations to guard your personal non-public information. We do not disclose customer information to companies that perform marketing services.

PRIVACY CHOICES

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose your personal non-personal non-public information to unaffiliated third parties, you may opt out of those disclosures. You may direct us not to make those disclosures (other than disclosures permitted by law). You may opt out as follows by requesting so in writing:

1. Limit disclosures of personal, non-public information about me to unaffiliated third parties other than non-profit organizations involved in community development.
2. Limit disclosures of personal, non-public information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

If you want to opt out, that is, if you want to direct us not to use your personal information (other than disclosures permitted by law) as described in this notice, you may do so by contacting Neighborhood Partnership Housing Services Staff.

Primary Applicant Signature

Date

Co Applicant Signature

Date

Date/Fecha: _____

Office use only:

Fannie Mae Loan:
Freddie Mac Loan:

Name/ Nombre: _____
First/Primero Middle/Segundo Last/Apellido

Address/ Dirección: _____
Street/Calle City/Ciudad State/ Estado Zip Code/ código postal

Home Phone/Numero de telefono: () - Cell/ Móvil: -

Social Security Number/ Numero de Seguro Social: Birth date/ Fecha de nacimiento: _____

Race/Raza (Circle one/ Marque con un círculo):

- 1. White/ Blanco
- 2. Native Hawaiian/ Nativo de Hawai
- 3. American Indian/Alaskan / Indeo Americano / Nativo de Alaska
- 4. Asian/ Asiático
- 5. Other/ Otro
- 6. Black or African American/ Afro Americano

Hispanic/ Hispano: Yes/ Si No Place of Birth/ Lugar nacimiento: _____

Marital Status/ Estado civil: Single/Soltero Married/Casado Divorce/ Divorciado Separated/Separado Widow/ Viudo

Gender/ Genero: Male/ Masculino Female/Femenino

Disabled/Incapacitado? Yes/ Si No

Head of Household type/ Tipo de Hogar?

- 1. Female headed single parent household/ Madre soltera cabeza de familia
- 2. Single adult/ Adulto soltero
- 3. Male headed single parent household/ Padre soltero cabeza de familia
- 4. Married with children/ Matrimonio con hijos
- 5. Two or more unrelated adult/ dos o más adultos sin relación
- 6. Married without children/ Matrimonio sin hijos
- 7. Other/ Otro tipo

Family Size/ tamaño de la familia: How many dependents/cuántos dependientes? _____

What ages are they/Cuáles son las edades? _____

Total annual household income / Ingreso anual del hogar? _____

Highest Education Completed/ de educación más alto completado

- 1. Below High School Diploma/ Menos que titulo de preparatoria
- 2. Two Year College/ dos años la universidad
- 3. High School Diploma or Equivalent/diploma de escuela secundaria o su equivalente
- 4. Bachelors Degree/ Licenciatura
- 5. Masters degree/ Maestria
- 6. Above Masters Degree/ maestros abover grado

Referred to by/ se refiere el: Print Ad/ Imprimir Publicida Bank/ Banco Government/ Gobierno Radio/Radiofonia

Realtor/ Vendedor Staff/Board member / Miembro de dirección Walk-In/ Por si solo Friend/ Amigo TV / Tele

Newspaper Article/ Artículo de prensa Other referral please list / Referencia, puede ponerse en lista de _____

CO-APPLICANT / SEGUNDO SOLICITANTE

Name/ Nombre: _____
First/Primero Middle/Segundo Last/Apellido

Social Security Number/ Numero de Seguro Social: Birth date/ Fecha de nacimiento: _____

Race/Raza (Circle one/ Marque con un círculo):

- 1. White/ Blanco
- 2. Native Hawaiian/ Other Pacific Islander/ Nativo de Hawai/otra isla del Pacífico
- 3. Asian/ Asiático
- 4. American Indian/Alaskan / Indeo Americano / Nativo de Alaska
- 5. Other/ Otro
- 6. Black or African American/ Afro Americano

Hispanic/ Hispano: Yes/ Si No Place of Birth/ Lugar nacimiento: _____

Marital Status/ Estado civil: Single/Soltero Married/Casado Divorce/ Divorciado Separated/Separado Widow/ Viudo

Gender/ Genero: Male/ Masculino Female/Femenino

Disabled/Incapacitado? Yes/ Si No

Relationship to Customer/ Relación con el cliente Spouse/ Esposo/a Daughter/ Hija Son/Hijo Sister/ Hermana

Brother/ Hermano Girlfriend/ Novia Boyfriend/ Novio Mother/ Madre Father/ Padre

CUSTOMER EMPLOYMENT / EMPLEO de Cliente PLEASE PRINT CLEARLY/ POR FAVOR ESCRIBA CLARAMENTE

Primary Employer/ Empleador primario: Position/ Titulo: _____

Hire date/ Fecha de comienzo Phone / Teléfono Net Income per month/ Salario neto por mes _____

Is this amount paid/Pago es? Weekly/Semanal, Every two weeks /cada dos semana, Twice a month/ dos veces por mes, Monthly/ Mensual:

Co-Applicant Employment / Empleo de Sedundo Solicitante

Primary Employer / Empleador primario: Position /Titulo: _____

Hire date/ Fecha de comienzo Phone / Teléfono Net Income per month/ Salario neto por mes _____

Is this amount paid/Pago es: Weekly/Seman Every two weeks /cada dos semana, Twice a month/ dos veces por m Monthly/ Mensual:

PROPERTY INFORMATION

First Mortgage Lender: _____ **Loan Number:** _____

Interest Rate _____% **Fixed/ Adjustable/Interest Only/ Option Arm** (circle one)

Principal Balance \$ _____ **Monthly Payment \$** _____

Second Mortgage Lender: _____ **Loan Number:** _____

Interest Rate _____% **Fixed/ Adjustable/Interest Only/ Option Arm** (circle one)

Principal Balance \$ _____ **Monthly Payment \$** _____

Explanation of Financial Hardship

I'm having problems making my monthly payment due to financial difficulties.

I believe my situation is: _____ Temporary _____ Permanent

My financial difficulties are the result of:

Explain:

Financial Statement/Estado Financiero

Household Income/Ingreso de los hogares

Net monthly income/ Ingreso neto por mes

Summary/Resumen

Borrower/Prestatario	\$
Co-Borrower/ Prestatario Secundario	\$
Other Household members/ Otro Miembro del hogar	\$
Rental Income/Ingresos por Alquiler	\$
Child Support/Alimony/Manutención de Niños/Aliment	\$
Disability/Social Security/Disabilidad/ Numero de Segu	\$
Other Income/Otros Ingresos	\$
Total	\$

Total Income	
Total Expenses:	
Surplus/Deficit:	

NOTES/NOTAS

Assets

Estimated Value/Valor Estimado

Checking Account/ Cuenta de Cheques	\$
Savings accounts/ Cuenta de Ahorros	\$
IRA/Retirement Accounts/Keogh/401K	\$
Other/Otro	\$
Total	\$

Expenses

Min. Payment/ Pago Minimo Delinquent

1st Mortgage/1st Hipoteca	\$	
2nd Mortgage/2nd Hipoteca	\$	
Other Mortgage/Liens/Rent/Otras Hipotecas	\$	
Home Owners Insurance/Aseguransa de Vivienda	\$	
Home owners Assoc. Dues/ Asociacion de Vivienda	\$	
Property Taxes/ Impuestos de Propiedad	\$	
Other Insurance/Life/Health/Aseguransa Medica	\$	
Transportation (gas/insurance)/ Transportacion (gas/a	\$	
Auto Loans/ Prestamo de Automovil	\$	
Installment Loans/ Prestamo Personal	\$	
Credit Card/ Targeta de Credito	\$	
Credit Card/ Targeta de Credito	\$	
Credit Card/ Targeta de Credito	\$	
Credit Card/ Targeta de Credito	\$	
Child Care/ Cuidado de niños	\$	
Child Support/ Pension Para Hijos	\$	
Electric bill/ Electricidad	\$	
Gas heating/Gas natural	\$	
Water/Agua	\$	
Trash/Basura	\$	
Home phone/Cable/Internet/Telefono/Cable/Internet	\$	
Cell Phone/ Telofono Movil	\$	
Groceries/ Comida	\$	
Other/ Otro gasto	\$	
Total	\$	

By signing below, I/We certify that the information and documentattion provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf.

Firmando esta carta, nosotros verificamos que la infomacion y documentacion en esta forma es correca. He incluido autorisacion escrita en caso de que un tercer partido sea designado a asistirme.

Signature/Firma

Date

Signature/Firma

Date

Required Document Checklist

Review the list below and provide the following required documents. If you are submitting this intake packet online, you will be required to submit the additional documents in Section II to start the counseling process. All documentation is required for us to open your file and begin work. Incomplete files will delay processing. Please fax your documents to (909) 467-0120, mail to 9551 Pittsburgh Avenue, Rancho Cucamonga, CA 91730 or drop off in person.

I. ORIGINAL SIGNATURE FORMS

FORECLOSURE MITIGATION COUNSELING AGREEMENT
COUNSELING AGREEMENT AND DISCLOSURE FORMS
BORROWERS AUTHORIZATION FORM
PRIVACY POLICY
COMPLETED BORROWERS AUTHORIZATION FORM
RMA AND DODD FRANK DOCUMENTS
HARDSHIP LETTER
HOMEOWNERS ASSOCIATION VERIFICATION

II. PROVIDE COPIES ONLY (no originals) OF THE FOLLOWING FORMS

3 CURRENT PAYSTUBS
3 MONTHS BANK STATEMENTS-INCLUDES ALL PAGES, EVEN BLANK PAGES
W-2'S & TAX RETURNS: 2 YEARS (2010-2011)-INCLUDES ALL PAGES, ALL SCHEDULES (copies)
IF SELF EMPLOYED: 2 YEARS (2010-2011) 1099/GROSS RECEIPTS AND TAX RETURNS YEAR-TO-DATE PROFIT AND LOSS STATEMENT. TAX RETURN: INCLUDES ALL PAGES, ALL SCHEDULES, EVEN BLANK PAGES
MORTGAGE STATEMENTS
COPIES OF YOUR MORTGAGE "NOTE" OR LOAN DOCUMENTS
ALL SUPPORTING DOCUMENTATION PERTINENT TO YOUR CASE
UTILITY BILL - LATEST MONTH
HOMEOWNERS ASSOCIATION BILL - LATEST MONTH (if applicable)
PROPERTY TAX BILL (latest installment)
HOMEOWNERS INSURANCE POLICY

FANNIE MAE BORROWERS ARE ALSO REQUIRED TO PROVIDE COPIES OF THE FOLLOWING ITEMS:

DRIVER LICENSE
SOCIAL SECURITY CARD

Call NPFS when you have collected all your documents to discuss the next steps. Provide Original Signature Forms as Indicated above. Bring COPIES (copies will not be made for you) of all required documents to ensure accurate assessment. All information on file is considered confidential and will be treated as such.

Form **4506-T**

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. 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 or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	

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

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.

AccuVerify.com 45 Flower Ln Dracut MA 01826 t. 978.223.2245 Fax 866.620.6870

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

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. 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. 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 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

12 / 31 / _____ / _____ / _____ / _____ / _____

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.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

Homeowners Association Verification

			<i>La</i>
<i>st Name</i>	<i>First Name</i>	<i>Middle</i>	

<i>Property Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Please check one:

- Yes My property is part of a Homeowners Association.
*** Please attach Home Owners Current Statement**

			<i>As</i>
<i>sociation Name</i>			

- No My Property is not part of a Homeowners Association.

<i>Signature</i>	<i>Date</i>

**Making Home Affordable Program
Request For Mortgage Assistance (RMA)**



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		CO-BORROWER	
BORROWER'S NAME _____		CO-BORROWER'S NAME _____	
SOCIAL SECURITY NUMBER _____	DATE OF BIRTH (MM/DD/YY) _____	SOCIAL SECURITY NUMBER _____	DATE OF BIRTH (MM/DD/YY) _____
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 _____	
MAILING ADDRESS _____		MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME") _____	
EMAIL ADDRESS _____		EMAIL ADDRESS _____	

Has any borrower filed for bankruptcy? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Bankruptcy case number: _____	Is any borrower a servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you recently been deployed away from your principal residence or recently received a permanent change of station order? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> 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):

- 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.
 - My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.
 - I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.
 - My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
 - My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
- 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 any property described in Section 6 below. Use additional sheets if necessary.)

Other Property #1

Property Address: _____ Loan I.D. Number: _____
 Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or seasonal home Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #2

Property Address: _____ Loan I.D. Number: _____
 Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or seasonal home Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #3

Property Address: _____ Loan I.D. Number: _____
 Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or seasonal home 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 8: 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		<i>Name/Address of Interviewer's Employer</i>
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	
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	

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.sig tarp.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.



UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number _____ (usually found on your monthly mortgage statement)

Servicer's Name _____

I want to: Keep the Property Vacate the Property Sell the Property Undecided

The property is currently: My Primary Residence Second Home An Investment Property

The property is currently: Owner Occupied Renter Occupied Vacant

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	

MAILING ADDRESS

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)

EMAIL ADDRESS

Is the property listed for sale? Yes No

If yes, what was the listing date? _____

If property has been listed for sale, have you received an offer on the property? Yes No

Date of offer: _____ Amount of Offer: _____

Agent's Name: _____

Agent's Phone Number _____

For Sale by Owner? Yes No

Have you contacted a credit counseling agency for help?

Yes No

If yes, complete the counselor contact information below:

Counselor's Name: _____

Agency's Name: _____

Counselor's Phone Number: _____

Counselor's Email Address: _____

Do you have condominium or homeowner association (HOA) fees? Yes No

Total Monthly payment amount: _____ Name and Address fees are paid to? _____

Have you filed for bankruptcy? Yes No If yes? Chapter 7 Chapter 11 Chapter 12 Chapter 13

If yes, what is the filing date? _____ Has your bankruptcy been discharged? Yes No Bankruptcy case Number: _____

Is any borrower an active duty service member? Yes No

Has any borrower been deployed away from his/her primary residence or received a Permanent Change of Station order? Yes No

Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death? Yes No

UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wages		First Mortgage Payment		Checking Account(s)	
Overtime		Second Mortgage Payment		Checking Account(s)	
Child Support / Alimony*		Homeowner's Insurance		Savings / Money Market	
Non-taxable social security/SSDI		Property Taxes		CDs	
Taxable SS benefits or other monthly income from annuities or retirement plans		Credit Cards/ Installment Loan(s) (total minimum payment per month)		Stock / Bonds	
Tips, commission, bonus and self-employed income		Allimony, child support payments*		Other Cash on Hand	
Rents Received		Car Lease Payments		Other Real Estate (estimated value)	
Unemployment Income		HOA/Condo Fees/Property Maintenance		Other _____	
Food Stamps/ Welfare		Mortgage Payments on other properties			
Other _____		Other _____			
Total (Gross Income)		Total Household Expenses and Debt Payments		Total Assets	

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

LienHolder's Name	Balance and Interest Rate	Loan Number	LienHolder's Phone Number

Required Income Documentation

Do you earn a salary or hourly wage?
 For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' or four weeks earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).

Are you self-employed?
 For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.

Do you have any additional sources of income? Provide for each borrower; as applicable:

"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:

Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).

Social Security, disability or death benefits, pension, public assistance, or adoption assistance:

Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and

Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.

Rental income:

Copy of the most recent filed federal tax return with all schedules, including Schedule E --Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported, reduced by the monthly debt service on the property, if applicable; or

If rental income is not reported on Schedule E - Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.

Investment income:

Copies of the two most recent investment statements or bank statements supporting receipt of this income.

Alimony, child support, or separation maintenance payments as qualifying income:*

Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and

Copies of your two most recent bank statements or other third-party documents showing receipt of payment.

***Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.**

UNIFORM BORROWER ASSISTANCE FORM

HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe my situation is: Short-term (under 6 months) Medium-term (6 - 12 months) Long- term or Permanent Hardship (greater than 12 months)

I am having difficulty making my monthly payment because of the reason set forth below:
(Please check the primary reason and submit required documentation demonstrating your primary hardship)

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; <input type="checkbox"/> Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical Bills None of the above shall require providing detailed medical information
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer/ Relocation	For active-duty servicemembers: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfers/new employment: <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Paystub from new employer; OR In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation

THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

Loan Number :

Servicer Name :

Property Address :

I/we do hereby authorize (my lender / mortgage servicer) to release or otherwise provide information to	
in his/her capacity as	
Name(required)	Company (if applicable)
Relationship (required)	Phone Number(required)
public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.	
I/we, the borrower(s), understand the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.	
I/we, the borrower(s) do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above names requestor or person identifying themselves to be that requestor.	
I/we the borrower(s) agree to this Authorization and the terms of the Release as stated above, All the borrower(s) have signed and dated below.	

Printed Borrower Name

Printed CoBorrower Name

Date :

Borrower Signature

CoBorrower Signature

Date :

HELP FOR AMERICA'S HOMEOWNERS



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	_____ Social Security Number	_____ Date of Birth	_____ Date
▶ _____ Co-Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date