



Dear Borrower,

Thank you for contacting BankUnited, N.A. about homeowner's assistance. We are committed to helping our customers.

We require the following information to begin the short sale review process. Once we receive all the documents, we will review the file and make a decision on your request:

1. Hardship affidavit/letter signed and dated by the borrower(s)
2. Completed verification of employment form (enclosed)
3. Completed authorization to release information form (enclosed)
4. Completed Request for Transcript of Tax Return (Form 4506-T)
5. Completed income and expense statement form with dated signature (enclosed)
6. Two most recent pay stubs. If you are retired, please provide your Social Security and/or pension awards letter. If you are self employed, please provide last year and year-to-date profit and loss statement
7. All pages of your two most recent bank statements from all bank accounts including retirement accounts
8. Tax returns for the last two years, including all schedules, attachments and W-2s, or tax extensions
9. Completed and signed listing agreement
10. Completed and signed sales contract (with contingency on BankUnited, N.A. approval of sale)
11. Preliminary HUD1
12. Signed "Affidavit of Arms Length Transaction" (notarized)

Send this information to:

BankUnited, N.A.
Attn: Loss Mitigation
7815 NW 148th Street
Miami Lakes, FL 33016

Or via email to MortgageAssistance@BankUnited.com

We have partnered with Green River Financial LLC, a national real estate firm, to provide an expedited and streamlined process. Green River can offer you or your realtor assistance throughout the short sale process. A Green River representative may be reaching out to you in the near future to discuss how they can assist you with the transaction.

If you have any questions about how a short sale may work for you, please contact BankUnited, N.A. at 866-828-8479 or contact Green River at 888-206-1113.

It is important to note that we must receive a complete package along with your sales offer and pre-HUD1 in order to conduct a short sale. Once we receive the complete set of documents, our review will be expedited depending upon your circumstances. We look forward to hearing from you shortly.

Thank you,
BankUnited, N.A.'s Loss Mitigation Department



Short Sale Program Hardship Affidavit

Borrower Name : _____

Co-Borrower Name : _____

Property Street Address : _____

Property City, State Zip : _____

Loan Number : _____

In order to qualify for BankUnited, N.A.'s offer to enter into an agreement for a short sale, I/we am/are submitting this form to BankUnited, N.A. and indicating by my/our checkmarks ("") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower Co-Borrower

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation".

My household financial circumstances have changed. For example: death in the family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation".

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or other natural disasters), unexpectedly high utility bills, increased real estate property taxes. I have provided details below under "Explanation".

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money marketing funds, marketable stocks and bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation".

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation".

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation".



Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge that BankUnited, N.A. may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand that BankUnited, N.A. will pull a credit report on all borrowers obligated on the note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, BankUnited, N.A. may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
6. I/we certify that I/we am/are willing to provide all requested documents and to respond to all communication from BankUnited, N.A. in a timely manner. I/we understand that time is of the essence.
7. I/we understand that BankUnited, N.A. will use information to evaluate my/our eligibility for a loan modification or other workout, but BankUnited, N.A. is not obligated to offer me/us assistance based solely on the representations in this affidavit.

Borrower Signature	Date	Co-Borrower Signature	Date
Email Address	: _____	Email Address	: _____
Cell Phone #	: _____	Cell Phone #	: _____
Home Phone #	: _____	Home Phone #	: _____
Work Phone #	: _____	Work Phone #	: _____
Social Security #	: _____ - _____ - _____	Social Security #	: _____ - _____ - _____



VERIFICATION OF EMPLOYMENT

Attention: _____ Date: _____
Employers Business Name : _____
Employers Business Phone: _____
Fax #: _____
Re: _____ # of Pages: _____
Employee's Name: _____
Employee's Social Security Number: _____
Dates of Employment: _____
Employee Present Position: _____
Employee percentage of ownership (if any): _____
Print Name: _____
Authorized: _____ Title: _____
Signature of Employer: _____
Phone #: _____ Date: _____



Authorization for BankUnited, N.A. to Release Information

LOAN # : _____

Date : _____

I, _____ am authorizing _____
to obtain information on the loan listed above.

The contact information for authorized person(s):

Phone # : _____

Cellular # : _____

Fax # : _____

Property Address:

Print Names :

Signatures:

_____	_____
_____	_____



Occupancy Inspection
(to be completed by listing agent)

Loan Number: _____

Property Address: _____

Date of Inspection: _____

Name of person performing inspection: _____

Occupancy Status: Occupied _____ Vacant _____

Occupant Name: _____

Occupant Type: Owner _____ Tenant _____

If tenant, is lease valid? Yes _____ No _____

Property Type: Primary Residence _____ 2nd Home _____ Investment _____



CERTIFICATE

The undersigned (the "Buyer") does hereby certify to the following:

The Buyer's, nor any person affiliated with Buyer, is an (i) affiliate, (ii) employee, director or officer, or (iii) relative of an employee, director or officer of BankUnited, nka, BankUnited, N.A., as assignee of the FDIC, as receiver of BankUnited, FSB. "Person" means any individual, sole proprietorship, partnership, limited liability company, joint venture, trust, unincorporated organization, joint stock company, association, corporation, institution, entity, party, or government (including any division, agency or department thereof) or any other legal entity, whether acting in an individual, fiduciary or other capacity, and, as applicable, the successors, heirs and assigns of each.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Certificate as of the date set forth below.

Dated: _____

Property Address: _____

Buyer's Name (printed): _____

Buyer's Signature: _____

NOTARY CERTIFICATION

STATE OF _____

COUNTY OF _____

On _____, before me, _____ Notary

Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature, or the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify UNDER PENALTY OF PERJURY under the laws of the State of _____ that the forgoing paragraph is true and correct.

WITNESS my hand and official seal,

Signature _____



CLOSING CHECK LIST

LOAN #: _____ NEW LOAN # IF LSBO _____

BORROWERS NAME: _____

MI APPROVAL LETTER: ____ YES INVESTOR CODE: (100-189) _____

SALE DATE: _____

FINANCING: Cash ____ Conventional ____ FHA ____ VA ____ Other ____

CONTINGECIES: _____

TITLE COMPANY: _____

CONTACT: _____

PHONE #: _____ EMAIL: _____

CLOSING DATE: _____

LISTING AGENT: _____

BROKER NAME: _____

CELL #: _____ E-MAIL: _____

MISC: _____



AFFIDAVIT OF “ ARM’S LENGTH TRANSACTION”

All Parties to the contract on the premises dated _____:

Property address: _____

Hereby affirm that this is an “Arm’s Length Transaction”,

No party to this contract is a family member, business associate, or shares a business interest with the mortgagee. Further, there are no hidden terms or special Understandings between the seller or buyer or their agents or Mortgagee.

The Buyers and Sellers nor their Agents have any agreements written or implied that will allow the Seller to remain in the property as renters or regain ownership of said property at any time after the execution of this short sale transaction. None of the parties shall receive any proceeds from this transaction except the sales commission.

(Seller) (Date) (Seller) (Date)

Print Name Print Name

(Seller’s Agent) (Date) (Buyer’s Agent) (Date)

Print Name and Company Print Name and Company

(Buyer) (Date) (Buyer) (Date)

Print Name and Title Co. Name Print Name and Title Co. Name

Please note that Seller and Buyer signatures must match the corresponding executed contract. This document is related to the attached notary form and must be completed for for each of their signatures. Separate affidavits are allowed if seller and buyer are unable to sign the same document. If either party is out of The U.S. where a U.S. notary is unavailable, this form must be executed and notarized at closing and returned with the required closing documents.



AFFIDAVIT OF “ ARM’S LENGTH TRANSACTION”
NOTARY CERTIFICATION

STATE OF _____

COUNTY OF _____

On _____, before me, _____ Notary

Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature, or the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify UNDER PENALTY OF PERJURY under the laws of the State of _____ that the forgoing paragraph is true and correct.

WITNESS my hand and official seal,

Signature _____

Income and Expense Statement

Name: _____

	Monthly Expenses	
	Balance	Monthly Payment
Residence	\$ _____	\$ _____
Auto 1	\$ _____	\$ _____
Auto 2	\$ _____	\$ _____
Gas	\$ _____	\$ _____
2nd Mortgages	\$ _____	\$ _____
Other Mortgages	\$ _____	\$ _____
Phone (s)	\$ _____	\$ _____
Electric	\$ _____	\$ _____
Cable TV	\$ _____	\$ _____
Nat. Gas/Water, etc	\$ _____	\$ _____

	Income(NET)take-home Monthly
Primary:	\$ _____
Other:	\$ _____
Other:	\$ _____
Total Net:	\$ _____
Checking Account:	\$ _____
Savings Account:	\$ _____

Monthly Remaining:

Credit cards (list)	Balance	Payment
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____
4) _____	\$ _____	\$ _____
5) _____	\$ _____	\$ _____
6) _____	\$ _____	\$ _____

Other loans (list)	Balance	Payment
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____
4) _____	\$ _____	\$ _____

Insurance (health)	\$ _____
Insurance (Auto)	\$ _____
Food	\$ _____

Other expenses (list)	Balance	Payment
1) _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____
4) _____	\$ _____	\$ _____
5) _____	\$ _____	\$ _____

Total Monthly

Signature

Date

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **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)
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 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.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps 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 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 provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. 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 2010, filed in 2011, will not be available from the IRS until 2012. 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. _____

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

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

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 the signature date.

		Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ 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 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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 addresses, send your request to the address 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 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
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
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
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	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	512-460-2272
	559-456-5876
	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
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
	801-620-6922
	859-669-3592

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. Ensure that all applicable lines are completed before signing.

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 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:

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.