



LEPIZZERA · LAPROCINA

***YOUR GUIDE
TO
SIMPLIFYING
THE
SHORT SALE***

(Ocwen Package)

IMPORTANT : READ BEFORE PROCEEDING

Lepizzera & Laprocina Package Instructions & Policies

Thank you for choosing Lepizzera & Laprocina to negotiate your short sale. The following are detailed instructions on completing and submitting a short sale file to our office. Please read these instructions carefully and be sure to fully execute all requirements so we may ensure the very best service for you and your client.

1. Please be sure that you have the most current lender package to be completed by your seller. If you are unsure you may email submit@leplap.com with your request and one of our processors will forward you the most recent package as an email attachment.
2. Use the checklist that we have provided on the following page of this package. It is designed to help you stay organized and ensure that you collect all necessary pieces of information required.
3. In order to submit a file to us you must have at least a valid offer on the property in question with a signed and dated purchase contract.
 - The day you sign the purchase contract you should also receive the sellers:
 - detailed hardship letter (with same date and signature)
 - financial statement (with same date and signature)
 - any supporting documents requiring a date and signature
 - 60 days of bank statements as well as 30 days of paystubs
 - must be current to the day that the contract is signed
 - ***IT IS IMPERATIVE THAT ALL DATED MATERIALS CORRESPOND AND MATCH THE DATE LISTED ON THE PURCHASE CONTRACT***
 - i.e. – If the purchase contract is signed and dated for April 1st, the hardship letter, financial statement, and supporting documents must also be signed and dated April 1st. The 60 days of bank statements should be from February 1st to March 1st to April 1st and the 30 days of paystubs should be from March 1st to April 1st.
4. Once you have collected all necessary documentation requested, scan your file to PDF format and email to Submit@LepLap.com as an attachment.
 - Once your package has been received, it will be reviewed by one of our processors and you will be notified of any missing or inaccurate documentation.
 - Your timeliness in addressing these issues (if any) will determine how long it takes for us to submit your file to the lender and begin our negotiations
 - ***BE ADVISED THAT YOUR FILE WILL NOT BE SUBMITTED TO THE LENDER UNTILL ALL NECESSARY DOCUMENTATION IS RECEIVED***
5. Once we have submitted your package to the lender we will need updated paystubs and bank statements from your seller on a **MONTHLY BASIS**. All lenders require us to continually update all files on a monthly basis for the duration of our negotiation.

Please understand that these instructions and policies have been put into place to help us better serve you and your client. All information that we require is required by the lenders and our goal is to be proactive so that we may expedite every file as quickly as possible. If you have any questions or concerns please contact us directly at 401.739.7397 or at ShortSales@LepLap.com.

THANK YOU!

~ Your Lepizzera & Laprocina Negotiating Team



LEPIZZERA · LAPROCINA

SHORT SALE CHECK LIST

FINANCIAL INFORMATION

- Tax Information
 - Two most recent 1040's
 - Two most recent W2's
- Two Months Most Recent Bank Statements- all pages
- 30 days Most Recent Paycheck Stubs or Commission Check Stubs
- Self Employed – Current Year to Date Profit & Loss

HARDSHIP INFORMATION

- Hardship Letter written and signed and dated by seller
- Any documentation supporting the hardship letter
 - ~ (i.e. Medical Bills, Child Support/Alimony Payments, etc.)

MORTGAGE AND OTHER RELATIVE PROPERTY INFORMATION

- 1st Mortgage Statement
- 2nd Mortgage Statement (if applicable)
- Recent Real Estate Tax Bills (if available)
- Condo Association Contact info. Are you delinquent? Yes or no
- Any recent water/ sewer Bills (if available)

LEPIZZERA & LAPROCINA DOCUMENTS TO BE COMPLETED BY SELLER

- Authorization Form
- Monthly Budget
- L & L Disclosure

QUESTIONS TO BE ASKED OF SELLER

- How many months delinquent?
- Is there a notice of default filed yet & if so when?
- Is there a bank sale date yet and if so when?

INFORMATION TO BE PROVIDED BY LISTING AGENT/BUYER'S AGENT

- Listing Agreement
- Purchase & Sale Agreement
- Commitment Letter from new Lender for the Buyer
- Comps
- Printout detailing time on the market and sales prices
- Seller Contact Information Sheet
- Realtor Contact Information Sheet



Seller Contact Sheet

■ Name: _____

■ Property Address: _____

■ Current Mailing Address: _____

■ Home Phone: _____

■ Cell Phone: _____

■ Work Phone: _____

■ E-mail Address: _____

■ How Many Mortgages On The Property? _____

~ Please List:

Lender: _____

Acct #: _____

Lender: _____

Acct #: _____

Lender: _____

Acct #: _____



Listing Agent Contact Information

- Name: _____
- Agency: _____
- Cell phone: _____
- Office Phone: _____
- E-mail Address: _____

- Is this a co-broke? YES or NO

Buyer's Agent Contact Information

- Name: _____
- Agency: _____
- Cell Phone: _____
- Office Phone: _____
- E-mail Address: _____



AUTHORIZATION

- We hereby authorize Paul Laprocina, Jr., Esq., Michael Lepizzera, Jr., Esq., Christopher DePalo, Esq., Daniel Balkun, Diana Cordeiro, Mary-Lynn DeSimone, Melissa Cabral, Paula Frias, Tina Champagne, Ryan Boughton, Jodi Lussier, Coleen Palmisano, John Geisser, and Stephanie Thivierge (all of Lepizzera and Laprocina) 117 Metro Center Boulevard, Suite 2001, Warwick, Rhode Island 02886 to obtain any and all information relating to the following mortgage(s):

(Lender)

(Account Number)

(Lender)

(Account Number)

- In reference to the property address of:

(address)

(city)

(state)

(zip)

X _____
(Signature)

(Date)

(Print name)

(Social Security Number)

X _____
(Signature)

(Date)

(Print name)

(Social Security Number)



Short Sale Disclosure

- Thank you for choosing Lepizzera & Laprocina for the sole purpose of negotiating a short sale of your (hereinafter “Seller’s”) real property located at: _____ (hereinafter referred to as “the Property”). A “short sale” is a voluntary sale of the Property for a price that is less than the total amount of any mortgages and/or liens that currently encumber the Property.
- During this process, Lepizzera & Laprocina will negotiate with the Seller’s mortgage and/or lien holders to short sell the Property. In order to effectuate a successful short sale, all of the Seller’s mortgage and/or lien holder(s) must approve the proposed short sale that is negotiated by Lepizzera & Laprocina.
- In order to effectively negotiate the short sale, Seller must provide any relevant financial and other personal information to Lepizzera & Laprocina upon request. Upon receipt, the information will be submitted to Seller’s mortgage and/or lien holder(s). The information will permit the mortgage and/or lien holders to fully analyze the requested short sale.
- In order for Lepizzera & Laprocina to commence the negotiation process with the mortgage and/or lien holder, Seller must read, fully understand and acknowledge all provisions set forth below. The provisions set forth fully disclose the terms of the engagement and scope of services offered by Lepizzera & Laprocina. The provisions also fully disclose the limitations on Lepizzera & Laprocina’s services offered.
- Lepizzera & Laprocina is not associated with the government, and our service is not approved by the government or your lender.
- Lepizzera & Laprocina does not accept any upfront fees or payments from Seller.
- After Seller has read and fully understood each provision, Seller must initial each provision to verify that said provision has been fully read and understood. If the Seller does not fully understand the terms of the Disclosure, Seller shall consult independent counsel in Seller’s applicable jurisdiction.
- Lepizzera & Laprocina looks forward to working with you to assist in the successful sale of your Property.
- The Seller(s) understand and acknowledge that:

- _____ 1. Lepizzera & Laprocina’s scope of engagement is for the sole purpose of negotiating the proposed short sale of the subject Property. Seller acknowledges that Lepizzera & Laprocina is in no way representing or acting as legal counsel to Seller. Lepizzera & Laprocina is not offering any legal advice to Seller. Seller acknowledges that Seller has been advised to seek independent advice of counsel regarding any and all legal issues that may arise as a result of any short sale transaction.
- _____ 2. All short sales are solely subject to the approval of all of Seller’s mortgage and/or lien holders associated with the Property.
- _____ 3. Lepizzera & Laprocina does not warrant and cannot guarantee that Seller’s mortgage and/or lien holders will approve the proposed short sale. Seller’s mortgage and/or lien holder(s) are under no obligation to approve the proposed short sale. The decision to approve said short sale rests solely within the discretion of the mortgage and/or lien holder(s). Further, Lepizzera & Laprocina cannot guarantee and make no representation that it will be able stop, postpone or cancel any foreclosure proceedings initiated by any mortgage and/or lien holder(s).
- _____ 4. Seller agrees to provide any and all documents and/or information requested by Lepizzera & Laprocina for the purpose of processing and negotiating the proposed short sale. Seller further agrees that it is Seller’s affirmative obligation to immediately notify Lepizzera & Laprocina of any and all foreclosure proceedings initiated by any party. Seller is responsible to receive and open any and all notifications regarding the subject Property received by mail and/or service of process. If Seller does not reside at the subject Property or there has been a change in Seller’s mailing address, Seller must notify the mortgage and/or lien holders of the new address to ensure receipt of all notices.



Short Sale Disclosure Continued

____ 5. Seller hereby acknowledges that no proceeds from the sale of the subject Property will be received by Seller. All net proceeds from the short sale of Seller's home, including any refunded insurance premiums, shall be paid to Seller's mortgage and/or lien holders.

____ 6. Seller acknowledges that the mortgage and/or lien holder(s) may accept Seller's proposed short sale and issue a lien release while preserving its right to pursue a judgment against Seller for any deficiencies owed as a result of the mortgage and/or lien holder(s) agreement to accept less than a full payoff. Lepizzera & Laprocina does not warrant and cannot guarantee that a deficiency resulting from the short sale will be forgiven, waived and/or cancelled by the mortgage and/or lien holder(s). Various jurisdictions may be governed by an anti-deficiency statute that prohibits mortgage and/or lien holder(s) from seeking a deficiency judgment against Seller. The scope of Lepizzera & Laprocina's service does not include negotiating settlements in the event the mortgage and/or lien holder(s) seek to recover monies from Seller stemming from a deficiency balance that may exist after closing. Seller further acknowledges that Seller has been advised to seek the advice of legal counsel in Seller's jurisdiction to determine whether an anti-deficiency statute or various applicable laws govern the recourse rights of mortgage and/or lien holder(s) which may affect the Seller's decision to proceed with a short sale.

____ 7. The acceptance of a payoff for less than the full amount owed to Seller's mortgage and/or lien holder(s) may be reported to the credit bureaus, which may negatively impact Seller's credit rating and serve as an impediment on Seller's ability to obtain future credit. Lepizzera & Laprocina does not negotiate with any credit bureau on behalf of Seller.

____ 8. The mortgage and/or lien holders may forgive a portion or all of Seller's debt, which may be considered income to Seller. Seller should consult an independent, qualified professional regarding any questions or concerns regarding any potential tax liabilities of a short sale.

____ 9. Seller is not obligated to pay Lepizzera & Laprocina in advance for the negotiation of Seller's payoff(s). Seller acknowledges that Seller understands that Lepizzera & Laprocina will seek compensation from the mortgage and/or lien holder(s) from the proceeds of the short sale. Lepizzera & Laprocina will not claim, demand, charge, collect or receive any compensation until after Lepizzera & Laprocina has fully performed or attempted to perform each and every service in an effort to effectuate the short sale of the Property.

Compensation is approved by the mortgage and/or lien holder(s). Compensation is deducted from the net proceeds that the mortgage and/or lien holder(s) have agreed to accept by approving the short sale.

____ 10. Seller agrees and acknowledges that Lepizzera & Laprocina has made no promises, guarantees, or representations made to Seller which are contrary to the disclosures and information contained herein. Seller(s) may accept or reject any short sale approval presented to them resulting from our negotiation of the short sale.

■ Seller(s) have read, understand and acknowledge the foregoing Short Sale Disclosure and fully agree with the terms and conditions contained herein.

Name date witness

Name date witness



LAST NAME: _____

LOAN NUMBER: _____

REQUIRED DOCUMENT CHECKLIST

- | | | |
|-----|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> Hardship Affidavit | The enclosed Hardship Affidavit must be signed and dated by all borrowers . |
| 2. | <input type="checkbox"/> IRS Form 4506-T | The enclosed IRS Form 4506-T must be signed and dated by all borrowers .
<i>(SPECIAL NOTE: Each borrower must complete and sign this form. If you filed jointly, you can use one form, but be sure that both borrowers sign it.) This form provides authorization to retrieve past tax returns from the IRS. Actual copies of tax returns requested below are still required. There is no cost to you associated with this form.</i> |
| 3. | <input type="checkbox"/> Occupancy Evidence | Provide one (1) of the following forms of documentation evidencing your occupancy of the property (utility bill, cable bill, water bill or phone bill). |
| 4. | <input type="checkbox"/> Homeowner's Association / Condo Dues Paid | Amount Paid Monthly \$ _____ |
| | BWR CO-BWR CO-BWR | |
| 5. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Tax Returns – Copy of signed most recently filed tax returns with all schedules –
<i>Base this on the last tax return you filed. If you filed electronically, please print and sign the electronic copy and send.</i> |
| 6. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Paystubs – Two (2) Most Recent for ALL borrowers – <i>Must be from the last 90 days.</i> |
| 7. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Bonus, Commission, Overtime, Housing Allowance or Tips – <i>This income requires a letter from your Employer that states that this income will, in all probability, continue.</i> |
| 8. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Copy of most recent quarterly or year to date profit / loss statement – <i>Applies ONLY to self-employed borrower(s).</i> |
| 9. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Social Security, Disability, Death Benefits, Pension, Public Assistance or Unemployment require the following documents: |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <i>Copy of most recent federal tax return with all schedules and W-2.</i> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <i>Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Such benefit must continue for at least three (3) years for social security, disability, death benefits or pension and at least nine (9) months for public assistance or unemployment to be considered qualifying income.</i> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <i>Copy of two (2) most recent bank statements.</i> |
| 10. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Alimony or Child Support Income |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <i>Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be received. Payments must continue for at least three (3) years to be considered qualifying income under this program.</i> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <i>Proof of full, regular and timely payments (for example: deposit slips, bank statements, court verification or federal tax returns filed with schedules).</i> |
| 11. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Alimony or Child Support Payments |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <i>Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be paid.</i> |
| 12. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Rental Income |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <i>Copies of two (2) most recent years filed federal tax returns with all schedules, including Schedule E (Supplement Income and Loss). Rental income for qualifying purposes will be 75% of gross.</i> |



LAST NAME: _____

LOAN NUMBER: _____

HARDSHIP AFFIDAVIT

In order to qualify for Ocwen’s offer to enter into an agreement to resolve my loan under the Federal Government’s Home Affordable Modification Program (the “Agreement”) or other possible resolutions, I (we) am (are) submitting this form to the Servicer and putting an “X” to define the one or more events that contribute to my (our) difficulty making payments on my (our) mortgage loan.

Enter “X” in the respective box for each borrower (BWR) where any of the following events apply:

Income has been reduced or lost

- | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------------------------------------|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to unemployment</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to under employment or reduced job hours</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to reduced pay</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to decline in self-employed business earnings</i> |

Household financial circumstances have changed

- | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to death in family</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to serious or chronic illness</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to permanent or short-term disability</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increased family responsibilities – adoption or birth of a child, taking care of elderly relatives or other family members</i> |

Expenses have increased

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increase in monthly mortgage payment or scheduled to increase</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to high medical and health care costs</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to uninsured losses (fire, natural disaster, etc.)</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to unexpectedly high utility bills</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increased real property taxes</i> |

Insufficient cash reserves to cover mortgage payment and basic living expenses at the same time

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts) not being equal to three (3) times my monthly debt payments</i> |

Debt payments are excessive and overextended with creditors

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to my use of credit cards, home equity loans or other credit to make my monthly mortgage payments</i> |



LAST NAME: _____ LOAN NUMBER: _____

HARDSHIP AFFIDAVIT – Page 2

Other reasons – Provide details below under “Explanation”

- BWR CO-BWR CO-BWR *Due to military service*
 BWR CO-BWR CO-BWR *Due to incarceration*
 BWR CO-BWR CO-BWR *Other*

EXPLANATION – PLEASE SUPPLY FURTHER DETAILS OF HARDSHIP

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	Interviewer’s Name (print or type)	Name/Address of Interviewer’s Employer
<input type="checkbox"/> Face-to-face interview	Interviewer’s Signature Date	
<input type="checkbox"/> Mail		
<input type="checkbox"/> Telephone	Interviewer’s Phone Number (include area code)	
<input type="checkbox"/> Internet		



LAST NAME: _____

LOAN NUMBER: _____

HARDSHIP AFFIDAVIT – Page 3

By signing this document, I represent and warrant the following (check option that applies):

- I occupy the property listed above as my primary residence.
 I do not occupy the property listed above as my primary residence.

Borrower / Co-borrower(s) Acknowledgment:

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge that the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current 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, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied, and I/we have not received a condemnation notice.
6. 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.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we authorize and consent to Servicer disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us or retained by Servicer in connection with the Home Affordable Modification Program.

Please provide contact information where your workout agreement should be sent, if approved.

E-mail Address _____ Fax Number _____

Please provide contact information where we may contact you to discuss your submission.

Home Phone # _____ Cell Phone # _____ Work Phone # _____

 Borrower Signature

Date

 Borrower Signature

Date

 Borrower Signature

Date

Request for Transcript of Tax Return

(Rev. January 2008)

- ▶ 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

Department of the Treasury
Internal Revenue Service

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)
[Redacted]	[Redacted]
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
[Redacted]	[Redacted]
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
[Redacted]	
4 Previous address shown on the last return filed if different from line 3	
[Redacted]	
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.	
Ocwen Loan Servicing, LLC Attn: Home Retention Department 1661 Worthington Road, Suite 100 West Palm Beach, Florida 33409	

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. ▶ 1040

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 / 2007 12 / 31 / 2008 / / / /

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 ()
	[Redacted]		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

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

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

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

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

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware,	RAIVS Team
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 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) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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 60 days of the date signed by the taxpayer or it will be rejected.

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 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, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



HELP FOR AMERICA'S HOMEOWNERS.



Servicer: _____
Address of Servicer: _____

Borrower: _____
Co-Borrower: _____
Address of Borrower: _____

Loan #: _____
Servicer FAX: _____
Servicer Email: _____

Borrower Phone: _____
Borrower Email: _____

Date: ____/____/____

Request for Approval of Short Sale Pursuant to Agreement Dated (Date of SSA: ____/____/____)

This is a Request for Approval of the Short Sale Pursuant to Agreement Dated [Date of SSA] between the above referenced Servicer ("Servicer") and the borrower and co-borrower ("Borrower" or "you"). Under penalty of perjury you certify that:

- 1) the sale of the property is an "arm's length" transaction, between parties who are unrelated and unaffiliated by family, marriage, or commercial enterprise;
- 2) there are no agreements or understandings between you and the Buyer that you will remain in the property as a tenant or later obtain title or ownership of the property;
- 3) neither you nor the Buyer will receive any funds or commissions from the sale of the property; and
- 4) there are no agreements or offers relating to the sale or subsequent sale of the property that have not been disclosed to the Servicer.

Please read and sign below.

Borrower Signature

Date

Co-Borrower Signature

Date



Program Terms And Conditions



Terms of Sale [All blanks to be completed by Borrower]:

Table with 2 columns and 11 rows detailing terms of sale such as Contract Sales Price, Closing Date, and Settlement Agent information.

As required by the Short Sale Agreement, copies of the following documents are attached:

- ☐ Sales contract and all addenda
☐ Buyer's documentation of funds or Buyer's pre-approval or commitment letter on letterhead from lender

The Borrower represents that the information provided in this Request is true and accurate and authorizes the Servicer to disclose to the U.S. Department of the Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided in connection with the Making Home Affordable program.

Signature and Date lines for Borrower, Co-Borrower, and Printed Name.

If you would like to speak with a counselor about this program, call the Homeowners HOPE™ Hotline 1-888-995-HOPE (4673). The Homeowner's HOPE™ Hotline offers free HUD-certified counseling services and is available 24/7 in English and Spanish. Other languages are available by appointment.

If you have questions, please contact us directly between the hours of [insert hours] at [insert toll free number.]

NOTICE TO BORROWER

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 in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: " Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct." If you are aware of fraud, waste, abuse, mismanagement or 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. Mail can be sent Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

