



LEPIZZERA • LAPROCINA

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

(Regions 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.

Request for Transcript of Tax Return

▶ **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 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.

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

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.

c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received *within 120 days of signature date*.

Telephone number of taxpayer on line 1a or 2a

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

General Instructions

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

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

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

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

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, 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, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, 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, Georgia, 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 120 days of the date signed by the taxpayer or it will be rejected.

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice.

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

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, 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.



BORROWER FINANCIAL INFORMATION

REGIONS MORTGAGE LOAN NUMBER _____

REGIONS EQUITY LOAN NUMBER _____

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 (BEST TIME TO CALL)		HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)		EMAIL ADDRESS	
Number of Dependents:	Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it rental property? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have a lease agreement, please provide a copy.	Is it leased? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the listing agreement.			
Agent's Name:		Agent's Phone Number:	Agent's Email:
Have you contacted a credit-counseling agency for help? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Counselor's Name:		Counselor's Phone Number:	Counselor's Email:
Do you receive and pay the Real Estate Tax bill on your home or does your lender pay it for you? I do <input type="checkbox"/> Lender does <input type="checkbox"/>			
If you pay it, please provide a copy of your tax statement. Are the taxes current? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you pay for a hazard insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the policy current? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you pay it, please provide a copy of this policy.			
Have you filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> If yes, Filing Date: _____			
Has your bankruptcy been discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the discharge order signed by the court.			

INVOLUNTARY INABILITY TO PAY			
I (We), _____, am/are requesting that Regions review my/our financial situation to determine if I/we qualify for a workout option.			
I am having difficulty making my monthly payment because of financial difficulties created by <i>(please check all that apply)</i> :			
<input type="checkbox"/> Abandonment of Property	<input type="checkbox"/> Excessive Obligations	<input type="checkbox"/> Military Service	<input type="checkbox"/> Other
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Fraud	<input type="checkbox"/> Payment Adjustment	
<input type="checkbox"/> Casualty Loss	<input type="checkbox"/> Illness in Family	<input type="checkbox"/> Payment Dispute	
<input type="checkbox"/> Curtailment of Income	<input type="checkbox"/> Illness of Mortgagor	<input type="checkbox"/> Property Problems	
<input type="checkbox"/> Death in Family	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Title Problems	
<input type="checkbox"/> Death of Mortgagor	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Transferring Property	
<input type="checkbox"/> Distant Employment Transfer	<input type="checkbox"/> Marital Difficulties	<input type="checkbox"/> Unemployment	
I believe that my situation is: <input type="checkbox"/> Short term (under 6 months) <input type="checkbox"/> Long Term (over 6 months) <input type="checkbox"/> Permanent			
I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property			
Please provide a detailed explanation of the hardship on a separate sheet of paper.			
If there are additional Liens/Mortgages or Judgments on this property, please name the person (s), company or firm and their respective telephone numbers.			
_____	\$ _____	_____	_____
Lien Holder's Name	Balance / Interest Rate	Phone Number (with area code)	
_____	\$ _____	_____	_____
Lien Holder's Name	Balance / Interest Rate	Phone Number (with area code)	

Before mailing, make sure you have signed and dated the form and attached appropriate documentation.



BORROWER FINANCIAL INFORMATION

REGIONS MORTGAGE LOAN NUMBER _____

REGIONS EQUITY LOAN NUMBER _____

EMPLOYMENT

BORROWER EMPLOYER'S ADDRESS & PHONE #	HOW LONG?	CO- BORROWER EMPLOYER'S ADDRESS & PHONE #	HOW LONG?
Monthly Income – Borrower		Monthly Income – Co-Borrower	
Wages / Frequency of Pay	\$	Wages / Frequency of Pay	\$
Unemployment Income	\$	Unemployment Income	\$
Child Support / Alimony *	\$	Child Support / Alimony *	\$
Disability Income / SSI	\$	Disability Income / SSI	\$
Rents Received	\$	Rents Received	\$
Other	\$	Other	\$
Less: Federal and State Tax, FICA	\$	Less: Federal and State Tax, FICA	\$
Less: Other Deductions (401K, etc.)	\$	Less: Other Deductions (401K, etc.)	\$
Commissions, bonus and self-employed income	\$	Commissions, bonus and self-employed income	\$
*** DOCUMENT ALL INCOME *****			
Paystub must be most recent date with year to date information.			
Total	\$	Total	\$
Monthly Expenses		Assets	
Other Mortgages / Liens	\$	Type	Estimated Value
Auto Loan(s)	\$	Checking Account(s)	\$
Auto Expenses / Insurance	\$	Saving / Money Market	\$
Credit Cards / Installment Loan(s) (total minimum payment for both per month)	\$	Stocks / Bonds / CDs	\$
Health Insurance (not withheld from pay)	\$	IRA / Keogh Accounts	\$
Medical (Co-pays and Prescriptions)	\$	401(K) / Espo Accounts	\$
Child Care / Support / Alimony	\$	Home	\$
Food / Spending Money	\$	Other Real Estate	\$
Water / Sewer / Utilities / Phone	\$	Cars	\$
HOA / Condo Fees / Property Maintenance	\$	Life Insurance (Whole Life not Term)	\$
Life Insurance Payments (not withheld from pay)	\$	Other	\$
Total	\$	Total	\$

*Alimony, child support or separate maintenance income need not be revealed if the Borrower or Co-borrower does not choose to have it considered for repaying this loan.

I agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status.

Submitted this _____ day of _____, 200_____

By _____
Signature of Borrower

By _____
Signature of Co-Borrower

Before mailing, make sure you have signed and dated the form and attached appropriate documentation.



HELP FOR AMERICA'S HOMEOWNERS.



Servicer: _____

Address of Servicer: _____

Loan #: _____

Servicer FAX: _____

Servicer Email: _____

Date: ____/____/____

Borrower: _____

Co-Borrower: _____

Address of Borrower: _____

Borrower Phone: _____

Borrower Email: _____

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 11 rows and 2 columns. Items include Contract Sales Price, Less Total Allowable Closing Costs (Commissions, Settlement Escrow/Attorney Fees, Seller's Title and Escrow Fees, Subordinate Lien Payoff, Transfer taxes/stamps/recording fees, Real Property Taxes, Termite Inspection/Repair, Borrower Relocation Assistance, Other), Net Proceeds to Servicer, Earnest Money Deposit, Down Payment, Closing Date, Approved Buyer(s), Settlement Agent, Settlement Agent's Address, Settlement Agent's Office Phone, and Settlement Agent's Office Fax.

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.

Borrower Signature Date Co-Borrower Signature Date
Printed Name 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.

