

Dear Homeowner:

We understand how difficult it may be to ask for help when you need it the most.

The best way to find out what options are available is to help us understand your financial situation by completing the attached application package, including all the required documentation. Upon receipt of the documentation, we will assign a relationship manager to assist you throughout the process.

As an alternative, if you are experiencing any difficulty completing the full package you may complete this form by checking all of the appropriate boxes to the right. This will help us identify potential programs available to meet your needs. Once we have received this information, we will assign a Relationship Manager to personally help you through this process.

Once your relationship manager is assigned they will stay with you throughout the process and assist with all documentation needs as well as explain every step of the process.

We look forward to working through this with you.

Thank you.

Loan Servicing

Please check the box that best describes your situation.

I want to:

- Keep the property ☐
Sell the property ☐

This home is:

- Where I live ☐
Second Home ☐
Investment Property ☐

I, or a member of my family is or has been on active duty with our military ☐

You may be eligible for benefits and protection under the Servicemembers Civil Relief Act (SCRA)

I need help because I have/am...

- A loss of income ☐
Increase in expenses ☐
Can't sell/rent my home ☐
Marital problems ☐
Unemployed ☐
Incarceration ☐
Damage to the home due to hurricane, flood, earthquake, etc ☐
Death or illness of family member ☐
Other ☐

Fax this letter with your documentation attached to 1-866-709-4744, -or- Mail to: Loss Mitigation, 233 Gibraltar Rd., Suite 600, Horsham PA 19044

**What is the best number/time to reach you? () _____ - _____
_____ am**

Consider all options. We will explore all options to help you keep your home. If you do not wish to stay in your home, we can help make your transition to a new home easier. Following is a brief description of available options:

- Repayment Plan: If you have experienced a temporary loss of income or increase in expenses but can now afford to make higher payments, we may be able to develop a repayment plan.
- HAMP Modification: This is an important Federal Program designed to assist you in obtaining an affordable mortgage payment. We will review your monthly income and housing costs – including any past due payments – and determine an affordable mortgage payment.
- Other Loan Modifications: If you are not able to make higher monthly payments but can still afford your current mortgage payment, we may be able to modify your loan.
- Short Sale: If the value of your home has declined, you may be able to sell it for less than the full amount due and eliminate your mortgage.
- Deed in Lieu of Foreclosure: If you have tried to sell your property for 90 days, you may be able to voluntarily return the deed to GMAC Mortgage to satisfy your debt and avoid foreclosure.

Notice Regarding Foreclosure Scams:

- There is never a fee to participate in or learn more about our Modification Programs. To locate a HUD-approved counselor, visit: <http://www.hud.gov/offices/hsg/sfh/hcc/fc/>
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can “save” your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

Please Note:

Documentation must be received 7 days prior to the scheduled foreclosure sale date. If your property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.

This is an attempt to collect a debt and any information obtained will be used for that purpose

To: Loss Mitigation

From: _____ Account Number(s) _____

Fax to: **1-866-709-4744**

or mail to: **Loss Mitigation
233 Gibraltar Road Suite 600
Horsham PA 19044**

ALL of the following information must be completed and returned to determine eligibility:

- ☐ Financial Analysis Form/Information for Government Monitoring Purposes
- ☐ A signed and dated Dodd-Frank Certification
- ☐ A signed and dated Acknowledgement and Agreement
- ☐ A signed and dated IRS Form 4506T-EZ (Request for Transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers. This form is required even if you have not filed or are not required to file tax returns.
- ☐ Documentation confirming occupancy – for example, a recent utility bill in your name at the property address.
- ☐ Documentation verifying expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. (if applicable)
- ☐ Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.

TYPE OF INCOME	DOCUMENTATION REQUIRED
Paid by an employer or short term disability	<input type="checkbox"/> Copy of two most recent pay stubs from your employer including year to date information. Pay stubs cannot be more than 90 days old.
Self employed or receive a 1099 form	<input type="checkbox"/> Copy of most recent quarterly or year-to-date Profit and Loss statement See Exhibit A for a sample of a 3 Month Self Employment Income Statement (Profit and Loss Form) AND <input type="checkbox"/> Copies of two most recent bank statements. Bank statements cannot be over 90 days old. AND <input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss.
Child support or alimony*	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of child support or alimony. Bank statements cannot be over 90 days old.
Social Security, disability, death benefits, or pension	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of benefit income. Bank statements cannot be over 90 days old.
Other earned income (i.e. bonus, commission, housing allowance, and/or tips)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (i.e. an employment contract and/or printouts documenting tips) and indicating the income is not a one time payout.
Rental income from an investment property	<input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. AND Current lease agreement for the subject property. <input type="checkbox"/> AND Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old. See Exhibit B for a sample of an Investment Property Schedule .
Rental income from room rental of the primary residence	<input type="checkbox"/> Copy of current lease agreement. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Unemployment	<input type="checkbox"/> Copy of a benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Benefit must continue for at least 9 months to be considered. AND <input type="checkbox"/> Documentation must show receipt unemployment benefits have begun or will begin within 60 days.
Other income (investment, interest, dividends, etc.)	<input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Income not specified above	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.

*You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you choose to have it considered.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD1), if available
- ☐ Signed Third Party Authorization Form



To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You **MUST** sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, please submit with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.

FINANCIAL ANALYSIS FORM

Account 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		Home Phone Number With Area Code	
Cell or Work Number With Area Code		Cell or Work Number With Area Code	
Email Address		Email Address	
Mailing Address			
Property Address (If Same As Mailing Address, Write Same)			
I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		The property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant If Owner Occupied, include a recent utility bill in your name at the property address. If Renter Occupied, include a copy of the current lease agreement.			
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Date listed: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Agent's Name: _____ Agent's Phone Number: _____ Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer _____ Amount of Offer \$ _____		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property? Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condo or HOA Fee <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No Paid to: _____ Address of paid to: _____		Who pays the hazard insurance policy for your property? Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of People in the Household _____			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Case Number _____			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers. Lien Holder's Name/Service Balance Contact Number Loan Number			

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

If applying for the Making Home Affordable Modification Program we encourage you to provide the following, however this is not a requirement of other modification programs. 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.

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

INFORMATION REGARDING MILITARY SERVICE MEMBERS

Please check here if you or a family member is on active duty with our military. You may be eligible for benefits and protection under the Service members Civil Relief Act "SCRA".

☐

INCOME/EXPENSES FOR HOUSEHOLD

1 - Monthly Household Income			2 - Household Assets		3 - Monthly Household Expenses/Debt	
	Borrower 1	Borrower 2	Estimated Value of this property	\$	First Mortgage Payment	\$
Gross Salary/Wages	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Estimated Value of Other Real Estate Owned	\$	Alimony Payment	\$
	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> 1 st & 15 th / 15 th & 30 th <input type="checkbox"/> Other	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> 1 st & 15 th / 15 th & 30 th <input type="checkbox"/> Other	Checking Account(s) Balance	\$	Child Support Payment	\$
			Saving Account(s)/Money Market Balance	\$	Dependent Care Payment	\$
			Life Insurance Cash Value	\$	Liens/Rents	\$
			IRA/Keogh Account(s) Balance	\$	Other Mortgages	\$
			401K/ESOP Account(s) Balance	\$	Personal Loans/Student Loans	\$
			Stocks/Bonds/CDs Balance	\$	Auto Loans/Lease	\$
Self employed	\$	\$	Other Investments	\$	Auto Expenses	\$
Overtime	\$	\$			Auto Insurance	\$
Child Support Income/Alimony Income*	\$	\$			Medical Expenses	\$
Social Security/SSDI	\$	\$			Medical Insurance	\$
Other monthly income from pensions, annuities or retirement plans	\$	\$			HOA/Condo Fees	\$
Tips, commissions, and/or bonus income	\$	\$			Credit Card(s) / Installment Loans	\$
Rental income from investment property	\$	\$			Food/Household Supplies	\$
Rental income from room rent of primary residence	\$	\$			Spending Money	\$
Unemployment Income					Utilities/Water/Sewer/Phone(s)/Cable	\$
Food Stamps/Welfare	\$	\$			Donations	\$
Other (investment, income, royalties, interest, dividends, etc.)	\$	\$			Property Taxes (If not escrowed and included in your current mortgage payment)	\$
					Insurance - Hazard, wind, flood etc (If not escrowed and included in your current mortgage payment)	\$
					Other _____	\$
Total Income (Gross)	\$	\$	Total Assets	\$	Total Debt/Expenses	\$

***** ALL INCOME MUST BE DOCUMENTED *****

Include combined expenses from the borrower and co-borrower (if any).

If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.

*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

HARDSHIP AFFIDAVIT

I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):

<input type="checkbox"/> Borrower Death	<input type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Adjustment
<input type="checkbox"/> Illness of Borrower	<input type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)
<input type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a costly repair that needs to be made)	<input type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying
<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)
<input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	

☐ Other _____

Explanation (Required): _____

If additional space is needed for Explanation, please include an additional page.

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Name Primary Borrower

Date

Name Secondary Borrower

Date

ACKNOWLEDGEMENT AND AGREEMENT

Account Number _____

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will obtain 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 document, the Servicer may cancel any Agreement under Making Home Affordable or any mortgage relief granted and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of the Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
- 9 I/we agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
- 10 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 11 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 12 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 13 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 14 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 15 **I/we agree that to be considered for the Making Home Affordable program, or any other program, all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date.**
- 16 **NOTICE TO TEXAS BORROWERS: If the loan you are requesting to modify is a Texas Home Equity Loan or Line of Credit, your loan does not qualify to be modified. However, please proceed with submitting your financial information so that we can examine your financial situation and determine if there is a repayment program available to you in order to prevent foreclosure.**
- 17 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
- 18 I/we consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
- 19 ☐ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.

888-995-HOPE™
Homeowner's HOPE Hotline

Borrower Signature _____

Date _____

Co-Borrower Signature _____

Date _____



To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You **MUST** sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, please submit the application with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

NOTICE TO BORROWERS

Be advised that you are signing the following documents 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 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 the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, 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.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Short Form Request for Individual Tax Return Transcript

Request may not be processed if the form is incomplete or illegible.

OMB No. 1545-2154

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
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 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.

Third party name

Telephone number

GMAC Mortgage

800-850-4622

Address (including apt., room, or suite no.), city, state, and ZIP code

Attn: Loss Mitigation, 233 Gibraltar Rd Suite 600, Horsham, PA 19044

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2009"). Most requests will be processed within 10 business days.

2010

2009

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

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

Where to mail . . .

If you filed an individual return and lived in:

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia

Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming

Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705-B41
Kansas City, MO 64999
816-292-6102

Signature and date. Form 4506T-EZ 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 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

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

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. 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 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 4506T-EZ 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.

Exhibit A - 3 Month Self Employment Income Statement (Profit and Loss Form)

This form may be used if you are self-employed or a 1099 wage earner only.

BORROWER'S NAME _____ **Account Number** _____

For each borrower who is self employed a Profit and Loss Statement is required for each business. If borrower has more than one business, we require a Profit and Loss Form for each business. The example document may be used to supply the required information.

Month and Year must be indicated. Use most recent consecutive months.	Month 1	Month 2	Month 3	Total
	Month _____ Year _____	Month _____ Year _____	Month _____ Year _____	
Sales		\$	\$	\$
Cost of Goods Sold		\$	\$	\$
Gross Profit		\$	\$	\$
Operating Expenses				
Advertising	\$	\$	\$	\$
Amortization	\$	\$	\$	\$
Auto Expenses	\$	\$	\$	\$
Bank Charges	\$	\$	\$	\$
Depreciation	\$	\$	\$	\$
Dues & Subscriptions	\$	\$	\$	\$
Employee Benefits	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Office Expenses	\$	\$	\$	\$
Payroll Taxes	\$	\$	\$	\$
Rent	\$	\$	\$	\$
Repairs & Maintenance	\$	\$	\$	\$
Salaries & Wages	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Taxes & Licenses	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Operating Expenses	\$	\$	\$	\$
Net Profit Before Taxes	\$	\$	\$	\$
Income Taxes	\$	\$	\$	\$
Net Profit After Taxes	\$	\$	\$	\$

Exhibit B – Investment Property Schedule

BORROWER'S NAME _____ **Account Number** _____

For each borrower who receives rental income from an investment property an Investment Property Schedule is required. If additional space is needed, please include an additional page.

Property Number	Property Street Address	Property City, State, and Zip Code	Number of Units (1, 2, 3, 4, or 5+)	Status Circle All That Apply R – Rented V – Vacant PS – Pending Sale F – In Foreclosure	Gross Monthly Rental Income	Monthly Mortgage Payment (excluding taxes and insurance)	Monthly Insurance and Taxes	Monthly HOA/Condo Dues (if applicable)
Primary Residence				R V PS F	\$	\$	\$	\$
2				R V PS F	\$	\$	\$	\$
3				R V PS F	\$	\$	\$	\$
4				R V PS F	\$	\$	\$	\$
5				R V PS F	\$	\$	\$	\$
6				R V PS F	\$	\$	\$	\$
Totals					\$	\$	\$	\$

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.

Account Number: _____ Name: _____
Property Address: _____



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can “save” your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call **1.800.CALL.FHA** to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

_____ of _____ in his/her capacity as
Name Company Name

Relationship (if applicable) Phone Number Email Address

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The **authorization needs to be in the name of an individual (not a company)** and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

Borrower Printed Name

Borrower Signature

Date

Co-Borrower Printed Name

Co-Borrower Signature

Date

SIGN HERE

Important Tips/Reminders

- The enclosed package encompasses requirements for all available programs, including the Government's Making Home Affordable program. For information and eligibility requirements under the Making Home Affordable program, visit www.makinghomeaffordable.gov website. **Please be aware we will not be able to process your request until all parts of the application have been completed including signatures and all necessary supporting documentation has been supplied.**
- **Please continue to make your monthly payment.** If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access www.hud.gov or call 800-225-5342 for more information regarding credit counselors.
- You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.
- All modifications require an escrow account for the payment of taxes and insurance. If your loan does not currently include an escrow account for the payment of taxes and insurance, one will be added.
- While being reviewed for a workout (other than the Making Home Affordable program), a fee to validate the value of the property may be assessed at your expense (approximate cost \$100 - \$150).
- As a condition of the modification, you may be required to enroll in an electronic payment program.

Frequently Asked Questions

How long will it take to process my modification request and determine if I qualify for the program?

- We will review your request as quickly as possible. Once the package is returned to our office, Loss Mitigation will contact you within **10** business days advising the package was received and notifying you if additional information is required.
- Within **30** days from the date a complete package is received, you will be notified whether the modification option is available to you.
- If you aren't eligible for a modification, the reason for denial will be provided.
- Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

I pay my car insurance on a semi-annually or annual basis. How should I list that?

Please make sure that the amount of the expense is broken down to a monthly premium amount.

Example: If the car insurance is \$500 for 6 months to determine the monthly premium divide \$500 by 6 months (\$83.33).

What information is needed on the form 4506T-EZ?

Please complete the following:

- Line(s)** **1a – 4:** List information as shown on your tax return
 5: Write the name, address, and telephone number shown on your monthly mortgage statement
 6: Write the year of the most-recent tax return you filed (Should be 2008 in most cases)

Be sure to sign the form where indicated.

The 4506T-EZ form states, "Caution: If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy." What do I enter for those items?

All applicable blanks on the form need to be completed. This disclaimer is provided as a warning that line 6 must be completed prior to signing the form.



To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You **MUST** sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, please submit the application with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.