



LOAN # \_\_\_\_\_

**CHECKLIST OF REQUIRED DOCUMENTS NEEDED**

- **Certification, Authorization and Acknowledgement Form**
- **Completed Borrower Financial Report**
- **Completed 4506-T**
- **Hardship Letter**
- **Completed Second Lien Form**
- **Escrow Documentation Information (non-escrowed accounts only)**
- **Tax Returns**
- **Bank Statements**
- **Income Documentation:**
  - ✓ **Hourly/Salaried Employees Information**
  - ✓ **Self-Employed**
  - ✓ **Other Household Income**

**PLEASE READ!!!!**

**IT IS VERY IMPORTANT TO MAKE SURE  
YOU ARE INCLUDING ALL OF THE REQUIRED DOCUMENTS  
WHEN RETURNING THE WORK OUT PACKET IN ORDER  
TO BE REVIEWED! *THANK YOU!***



P.O. Box 840  
Buffalo, NY 14240

Date

Name

Address

City, State, Zip

RE: Mortgage No.

Dear Borrower (s):

In response to your recent request for a modification of your mortgage loan, you will need to provide the bank with required financial information, and complete the attached forms. By providing this information, we will be able to begin our review in order to determine if you qualify for a modification of your loan. Only upon completion of our review will we notify you of our decision as to your modification request.

This offer is being extended in accordance with the servicing guidelines required by the owner of your loan, and to assist you in your desire to avoid a possible foreclosure of your property.

The following forms are attached, and need to be completed and signed by all borrowers:

- **Certification, Authorization and Acknowledgement Form.**
- **Borrower(s) Financial Report.**
- **IRS Form 4506-T** (allows us to verify tax return information if necessary).
- **Second Lien form** (only if the property secures other debt, including a Home Equity line).

In addition to these, we will also need the following information for all borrowers:

- **Hardship Letter:** Please write and sign a detailed letter explaining the reason(s) for default and/or why you are unable to afford your current periodic payment. Provide details of any changed circumstances including any dates and amounts of income changes, if applicable.
- **Escrow Documentation Information:** If your loan is not escrowed for property taxes and/or Homeowner's insurance, please provide a copy of your most recent property tax bill and/or a copy of your Homeowner's insurance binder.
- **Income and Asset Documentation:** Please submit the following based on your employment status:

**Hourly/Salaried Employees:**

- **Most recent pay stubs** (the past thirty (30) days including year to date income).
- **Checking and savings account statements** for the past three (3) months (include all pages).
- **Most recent tax return** - complete with all schedules and attachments (W-2's and/or 1099's).

**Self-Employed:**

- **A current year profit and loss statement.**
- **Checking and savings account statements** for the past six (6) months both personal and business (include all pages).
- **Most recent personal and business tax returns** - complete with all schedules and attachments (W-2's and/or 1099's).

**Other Household Income (if applicable) - In addition to the above:**

- For household members who have other income (such as: Social Security/pension, rental leases, disability, death benefit/annuity or unemployment), please provide a copy of the benefit statement(s), which includes the amount, frequency and duration of this benefit.
- Alimony, separate maintenance and/or child support payments (note: this income need not be revealed if you do not wish to have this source of income considered). If you chose to have it considered, please provide a copy of the divorce/separation or any other agreement that states the amount, frequency and duration of these payments.

**It is imperative that you submit all of the above required information to us within seven (7) days upon receipt of this letter. Our ability to review your request will depend on your timely and complete response to this letter. It is possible that after our review additional information may be requested from you. Typically a decision will be reached within thirty (30) days from the date M&T Bank receives all of the required documentation to determine if any loss mitigation options are available. If applicable, this would include approval from the mortgage insurance company.**

Until a decision is made with respect to your loss mitigation assistance request, you may still receive notices, and you are required to make your monthly payments during the review process. There is a possibility that the foreclosure process may commence/continue. If a foreclosure action has begun and you are approved for a modification, the foreclosure action will be suspended upon receipt of the executed stipulation agreement and the first payment.

If you should have any questions please feel free to contact us. Our phone number is 1-800-724-1633 Our hours of operation are Monday – Thursday 9AM -9PM, Friday 9AM - 5PM, and Saturday 8AM - 12PM Eastern Standard Time.

Please note, if you have an FHA insured mortgage and have not received Consumer Credit Counseling, you should contact HUD approved credit counseling for assistance. To contact one of these agencies in your area dial 1-800-569- 4287.

Homeowner Assistance Center  
Fax (716) 630-4900

M&T Bank is attempting to collect a debt and any information will be used for that purpose. If you are in bankruptcy or received a bankruptcy discharge of this debt, this communication is not an attempt to collect the debt against you personally, but is notice of a possible enforcement of the lien against the collateral property.

## **Borrower(s) Financial Report**

Loan Number:	
Property Address:	

<b>Borrower</b>			
Name:		Social Security #:	
Mailing Address:		Home Phone #:	
		Work Phone #:	
		Email:	
<b>Co-Borrower</b>			
Name:		Social Security #:	
Mailing Address:		Home Phone #:	
		Work Phone #:	
		Email:	

### **General Questions**

Do You occupy the property?	Is the property a rental?	Do you wish to retain the property?
Is the property listed for sale?	If listed for sale, what is the listing agent's name and phone number?	
Filed Bankruptcy?	If filed for bankruptcy,	
	Chapter:	Attorney Name & Number
	Filing Date:	
Household Composition		
# of Cars	# of Adults	# of Children
Contribution		
Amount:	Date:	

*Please confirm that the amounts in the "Stated" columns below are accurate. If the amount is inaccurate, enter the correct amount in the "Confirmed" column.*

#### **Wages/Earning Income (monthly)**

<b>Borrower</b>	Stated	Confirmed
Gross		
Take Home		

<b>Co-Borrower</b>	Stated	Confirmed
Gross		
Take Home		

<b>Household Totals</b>	Stated	Confirmed
Total		

#### **Other Income (monthly)**

	Stated	Confirmed
Unemployment		
Alimony		
Child Support		
Social Security		
Business		
Interest & Dividends		
Real Estate		
Personal/Retirement		
Food Stamps		
Disability		
Death Benefits		
Other		
<b>Total</b>		

*Notice: 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.*

**Installment Payments**

	Stated	Confirmed
Monthly Credit Card		
Student Loans		
Installment for car #1		
Installment for car #2		
Second Mortgage		
Home Equity Loan		
Other Loan #1		
Other Loan #2		
<b>Total</b>		

**Transportation Expense**

	Stated	Confirmed
Gas		
Bus Fare		
Subway		
Train		
Car Pool		
Other		
<b>Total</b>		

**Food, Clothing & Other Expenses**

	Stated	Confirmed
Food		
Clothing		
Laundry & Dry Cleaning		
Housekeeping Supplies		
<b>Total</b>		

**Other Miscellaneous Expenses**

	Stated	Confirmed
Child Support		
Child Care		
Dependents (not living at home)		
Tuition		
Auto Insurance		
Life Insurance		
Health Insurance (if not deducted from pay)		
Medical and Dental		
Religious/Charity Contribution		
Home Maintenance		
HOA or Condo Fee		
Alimony		
Taxes (non-escrow loan)		
Homeowner Insurance (non-escrow loan)		
Monthly Rental Property Loss		
Renters Insurance		
Other		
<b>Total</b>		

**Utilities Expense**

	Stated	Confirmed
Electric & Heating Fuel		
Water & Sewer		
Telephone		
Garbage		
Security		
Cable TV/Satellite		
Rent (not in monthly installments)		
<b>Total</b>		

**Assets**

Type	Estimated Value		Balance Due	
	Stated	Confirmed	Stated	Confirmed
Home				
Other Real Estate				
Checking				
Savings				
Retirement Plan				
Cash Value insurance				
Personal Property				
Other Investments				
Other Vehicles				
<b>Total</b>				

The Information herein is an accurate statement of my financial status.

Name:	
Signature:	Date:

Name:	
Signature:	Date:

## CERTIFICATION, AUTHORIZATION AND ACKNOWLEDGMENT

I have requested that M&T Bank (hereinafter "M&T" or "You") evaluate me for loss mitigation assistance.

**Certification:** By signing below, I certify the following:

1. In connection with requesting assistance, I provided you with required information, including financial information. I certify that all of the information I provided is true, accurate and complete.

**Authorization:** By signing below I authorize the following:

1. You may, at any time, obtain credit reports on me or any other information you feel is necessary in connection with my request. If I ask You, You will tell me if a credit report was obtained and, if so, the name and address of the credit reporting agency furnishing the report. (NY Gen Bus Law Sec 380-b(b))
2. You may engage in discussions with me or my designated representative, \_\_\_\_\_, regarding this request, the documentation and information I submitted, and all foreclosure alternative programs.
3. You and the mortgage insurer, if any, may discuss and share any and all information about my mortgage loan and personal financial situation with each other, as You or the mortgage insurer deem necessary.

**Acknowledgment:**

I acknowledge that M&T is not under any obligation to agree to loss mitigation assistance/alternative to foreclosure. The decision will be based on, among other things, my financial information, credit report and payment history. I understand that any agreement that I may reach with M&T must be in writing, to be binding upon me and M&T. I understand and acknowledge that any action, including foreclosure, currently in progress will continue without delay while I am being reviewed for loss mitigation/foreclosure alternative programs.

I agree that discussions regarding loss mitigation or a possible alternative to foreclosure will not constitute a waiver or defense to M&T Bank's right to commence or continue any foreclosure or other collection action or otherwise enforce its rights under the Note, Mortgage or other loan documents.

I understand that this document is a legally binding agreement and that I have the right to seek the advice of legal counsel before signing it.

**Authorization to release information:** You may use the following authorization, at any time, to obtain any information you need in connection with my request.

To Whom it May Concern:

1. M&T Bank ("M&T"), any investor that makes or purchases my loan and the mortgage insurer of my loan (if any), may verify information contained in my application and in other documents required in connection with my loan, either before or after my loan is closed.
2. I authorize you to provide to M&T and to any investor, to the mortgage insurer of my loan (if any), and to the servicer of my loan, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income, any deposit or investment account balances, and credit history.
3. M&T or any investor of my loan or the mortgage insurer of my loan (if any) may address this authorization to any party in possession of any of the above information.
4. A copy of this authorization may be accepted as an original.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
SS Number

\_\_\_\_\_  
Co-Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
SS Number

If you are not obligated under the terms of the loan and want to have your financial information considered for this request, please authorize by signing below.

\_\_\_\_\_  
Additional Contributor

\_\_\_\_\_  
Date

\_\_\_\_\_  
SS Number



P.O. Box 840  
Buffalo, NY 14240

## **SECOND LIEN INFORMATION**

Borrower Name: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Lien Holder's Name: \_\_\_\_\_

Lien Holder Address: \_\_\_\_\_

Lien Holder Phone: \_\_\_\_\_

Amount of Lien: \_\_\_\_\_

Subordination Fee: \_\_\_\_\_

List of Requirements: \_\_\_\_\_



**Request for Transcript of Tax Return**

(Rev. January 2011)

OMB No. 1545-1872

Department of the Treasury  
Internal Revenue Service

▶ **Request may be rejected if the form is incomplete or illegible.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
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**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

**4** Previous address shown on the last return filed if different from line 3 (See instructions)

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. 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
▶ <b>Signature</b> (see instructions)	Date
▶ <b>Title</b> (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 RAIVS teams, send your request to the team based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self help-service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

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

#### If you filed an individual return and lived in:

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

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
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Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
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Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102
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## Chart for all other transcripts

#### If you lived in or your business was in:

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

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
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**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

**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, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to 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.



LOAN # \_\_\_\_\_

## **CHECKLIST OF REQUIRED DOCUMENTS NEEDED**

- FINANCIAL STATEMENT:** Please verify that all of the financial information is correct and sign.
- AUTHORIZATION & ACKNOWLEDGMENT:** Please fill out and return form.
- HARDSHIP LETTER:** Please write a letter explaining your reason for delinquency. Please include current telephone numbers and email address.
- COMPLETED 4506-T Form**
- FEDERAL TAX RETURNS:** 2 most recent years (**FORM 1040**)
- ESCROW DOCUMENTATION INFO:** (non-escrowed accounts only)
- SECOND LIEN FORM:** Please fill out Second Lien form and return. (**If Applicable**).
- BANK STATEMENTS:** Please include full bank statements for the last two months.
- PROOF OF ALL HOUSEHOLD INCOME:** Please include proof of any income that you have coming into your household.
  - ✓ **SALARIED EMPLOYEES:** Requires two current pay stubs (within 30 days).
  - ✓ **SELF EMPLOYED:** Requires a current year to date profit and loss statement.
  - ✓ **FOR BORROWERS WHO HAVE INCOME SUCH AS SOCIAL SECURITY, DISABILITY, DEATH BENEFITS, PENSION, UNEMPLOYMENT, FOOD STAMPS AND/OR PUBLIC ASSISTANCE:** Requires a copy of the benefits statement, which includes the amount, frequency and duration of the benefit.
  - ✓ **RENTAL INCOME:** Please include a copy of the current lease agreement specifying the terms of the lease and the amount received each month.

**PLEASE READ!!!!**

**IT IS VERY IMPORTANT TO MAKE SURE  
YOU ARE INCLUDING ALL OF THE REQUIRED DOCUMENTS  
WHEN RETURNING THE WORK OUT PACKET IN ORDER  
TO BE REVIEWED! THANK YOU!**

**RETURNING THE WORK OUT PACKET**

**MAIL: M&T BANK  
WORK OUT DEPARTMENT  
1<sup>ST</sup> FLOOR  
1100 WEHRLE DRIVE  
WILLIAMSVILLE, NEW YORK 14221**

**FAX: 716-630-4900  
ATTN:  
HOMEOWNER ASSISTANCE DEPT.**

**EMAIL: @mtb.com**

**PHONE: IF YOU HAVE ANY FURTHER QUESTIONS PLEASE FEEL FREE TO CONTACT ME AT 1-800-724-1633 EXTENSION.**

