

ITEMS NEEDED FOR LOAN MODIFICATION

1. COPY OF MORTGAGE STATEMENT
2. COPY OF TAX BILL
3. TWO MONTH BANK STATEMENTS ALL PAGES
4. ONE MONTH PAY STUBS OR SOCIAL SECURITY LETTER
5. TWO YEARS TAX RETURNS SIGNED AND DATED ALL PAGES WITH W'2
6. ALL CREDIT CARD STATEMENTS
7. UTILITIES BILLS, ELECTRIC , CABLE
8. ANY BILLS YOU PAY OUT EACH MONTH
9. HARDSHIP LETTER STATING WHY YOU NEED MODIFICATION SIGNED AND DATED
10. RMA RESIDENTIAL MORTGAGE APPLICATION
11. AUTHORIZATION TO HAVE CREDIT REPORT PULLED
12. DODD-FRANK CERTIFICATION
13. 4506T INCOME TAX FORMS
14. COMMUNITY HOME SOLUTIONS APPLICATION
15. HOME OWNERS INSURANCE POLICY
16. Hardship affidavit

COMMUNITY HOME SOLUTIONS, INC.

INTAKE FORM

(To be completed at the time of each request for assistance)

Date: _____

Name: _____
Last First Middle Maiden

Address: _____
Street Town Zip

How long at this address? _____ Phone #: _____

What type of assistance are you requesting at this time? _____

Names & ages of ALL household members: _____

Are there any problems with your current residence which you feel are, or may be, unsafe? _____
If yes, please give details _____

List all sources and amounts of household's earned and unearned income. This includes cash, saving and checking accounts, other income contributions from family/friends and any other income from any other source: _____

Type of Loan. _____ Current Rate _____

I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a crime.

Signature _____



Community Home Solutions, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate and benefit from its services, programs, benefits and employment opportunities.

PART A. BORROWER PROFILE

DIRECTIONS: COMPLETE ALL THE FIELDS THAT APPLY TO YOU.

INCOMPLETE INFORMATION WILL DELAY YOUR SERVICE

Today's Date:

1. Borrower Name:

2. Date of Birth:

3. Social Security Number:

4. Gender: Female Male

5. Race: Amer. Indian or Alaskan Asian Black or African Amer. Hawaiian or other Pacific Islander White
Amer. Indian or Alaskan & White Asian & White Black or African Amer. & White Amer. Indian / Alaskan & Black Other
Chose Not to Respond

6. Hispanic: Yes No

7. Property Address

Street: _____ **City:** _____ **State:** ____ **ZIP:** _____

8. Current Address: *(If different from property above)*

Street: _____ **City:** _____ **State:** ____ **ZIP:** _____

9. Contact: Phone: Work: _____ Home: _____ Cell: _____

Email: _____ Fax: _____

10. Best phone number to contact you (Check 1): Work: Home: Cell:

11. How did you hear about us?

12. Employment Status: Employed: Self-Employed: Unemployed:

13. If unemployed, do you receive unemployment benefits? Y N N/A

14. How many people live in your home? _____

15. Household Status (check 1): Single Female-headed single parent Male-headed single parent
Married without dependents Married with dependents Two or more unrelated adults Other



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PART A CONTINUED - CO-BORROWER PROFILE

**DIRECTIONS: IF THERE IS A CO-BORROWER, COMPLETE ALL THE FIELDS THAT APPLY TO THE CO-BORROWER.
INCOMPLETE INFORMATION WILL DELAY YOUR SERVICE**

1a. Co-borrower's Name:	
2a. Date of Birth:	3a. Social Security Number:
4a. Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
5a. Race: Amer. Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African Amer. <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Amer. Indian or Alaskan & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African Amer. & White <input type="checkbox"/> Amer. Indian / Alaskan & Black <input type="checkbox"/> Other <input type="checkbox"/> Chose Not to Respond <input type="checkbox"/>	
6a. Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/>	
7a. Property Address	
Street: _____	City: _____ State: _____ ZIP: _____
8a. Current Address: (If different from property above)	
Street: _____	City: _____ State: _____ ZIP: _____
9a. Contact: Phone: Work: _____ Home: _____ Cell: _____	
Email: _____ Fax: _____	
10a. Best phone number to contact you: (Check 1) Work: <input type="checkbox"/> Home: <input type="checkbox"/> Cell: <input type="checkbox"/>	
11a. How did you hear about us? _____	
12a. Employment Status: Employed: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Unemployed: <input type="checkbox"/>	
13a. If unemployed, do you receive unemployment benefits? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	



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PART B MORTGAGE INFORMATION

DIRECTIONS: COMPLETE ALL THE FIELDS THAT APPLY TO YOUR MORTGAGE. INCOMPLETE INFORMATION WILL DELAY YOUR SERVICE

1. Your Lender/Service:	
2. Your Mortgage Loan Number (if you know it):	Check if you don't know ___
3. Is this your primary residence? Yes ___ No ___	
4. What type of property do you have? (Check 1) Single family ___ Townhome ___ Condo ___ 1 to 4-unit ___	
5. What type of mortgage do you have? Fixed/Conventional ___ Adjustable Rate Mortgage (ARM) ___ Other ___	
6. Current Mortgage Payment: \$	
7. Current Mortgage Interest Rate:	Check if you don't know ___
8. Are property taxes and insurance included in your mortgage? Yes ___ No ___	
9. Did you purchase your home before January 1, 2009? Yes ___ No ___	
10. Do you owe less than \$729,750 on your mortgage? Yes ___ No ___	
11. Has your mortgage been modified in the last 6 months? Yes ___ No ___	
12. If you have an Adjustable Rate Mortgage (ARM) loan, has the interest rate changed? Yes ___ No ___	
13. Is the loan interest only? Yes ___ No ___	
14. Do you have a second mortgage? Yes ___ No ___	
15. Have you been in contact with your lender? Yes ___ No ___	
16. How many months are you behind on your mortgage payment?	
17. Do you have a letter of intent to foreclose? Yes ___ No ___ Don't know ___ / Is there a sale date? Yes ___ No ___ / What is the date?	
18. What caused you to be late / delinquent?	
19. Have you ever worked with another counseling agency? Yes ___ No ___ / If yes, which one?	



Community Home Solutions, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate and benefit from its services, programs, benefits and employment opportunities.

PART C. PRELIMINARY BUDGET

DIRECTIONS: PLEASE ESTIMATE THE MONTHLY INCOME AND EXPENSES FOR YOUR HOUSEHOLD

Combined Household Monthly Income / Expenses <i>(If applicable, combine co-borrower's expenses with the borrower's)</i>	Amount
Gross Monthly Income	\$
Auto Payment(s)	\$
Total Credit Card Payments	\$
Utilities	\$
Telephone / Cell	\$
Cable / Satellite	\$
Groceries	\$
Childcare	\$
Medical Expenses	\$
Property Taxes <i>(If not included in your mortgage)</i>	\$
Homeowners Insurance <i>(If not included in your mortgage)</i>	\$
Condo/HOA fee <i>(If applicable)</i>	\$
Other _____	\$
Other _____	\$
Total Monthly Expenses	\$

Office Use Only

HAMP Eligible Y/N _____ Investor: Freddie Mac ___ Fannie Mae ___ FHA ___ Refinance ___ Other ___
 Housing Payment Ratio (DTI) _____% Data Entered By: _____
 Date: _____ Homeownership Advisor Assigned: _____
 Next appt: Date: _____ Time: _____ Client ID# _____

Community Home Solutions, Inc. Application for Assistance

The following confidential information will enable Community Home Solutions, Inc. to learn about you and your potential to become a beneficiary. The submission of this information does not guarantee you participation in any way.

Date: _____

Name: _____ Social Security #: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Res. Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

PERSONAL DATA:

Date of Birth: _____ Marital Status: _____

Spouse's Name: _____ Social Security #: _____

Date of Birth: _____

How long have you lived at your current address? _____

Previous addresses for the past two years:

Street	Town & State	From	To

For any child in your household with a parent who is not in the household please list:

Parents Name	Age	Address	Occupation

Please list all household members (including self):

Name	Age	Occupation	Income	Relationship

Do you own? _____ Name of all owners: _____

Name of Mortgage holder: _____

Do you rent? _____ Name of Landlord: _____

Relationship to landlord: _____ Date rent is due: _____

Date last paid: _____ Has the landlord begun eviction? _____

Applicant's Relatives:

Name	Address	Relationship	Occupation

Spouse's Relatives:

Name	Address	Relationship	Occupation

Military Service of Applicant or Spouse:

Veteran: _____ Branch: _____

Dates of Service: _____ Area Served: _____

Discharge Type: _____ Benefits: _____

BUSINESS AND/OR WORK EXPERIENCE:

Applicant's Employment History:

Present/most recent employer: _____ Dates of Employment: _____

Position Held: _____ Reason for Termination: _____

Previous work experience:

Spouse's Employment History:

Present/most recent employer: _____ Dates of Employment: _____

Position Held: _____ Reason for Termination: _____

Have you ever filed for bankruptcy? _____ If yes, provide particulars: _____

Are you registered with Employment Security? _____

Type of Assistance Requested: _____

Reason for Request: _____

Duration of Assistance: _____

FINANCIAL INFORMATION:

Bank Information:

Name of Bank	Type of Account	Acct. #	Balance

Cash on hand: _____ Other personal property: _____

Stocks, bonds, retirement funds (types & value): _____

Automobile Information:

Year	Make	Model	Registration#	Value	Monthly Payment

Insurance Information:

Type	Company	Cash Value (if any)	Monthly Premium

Applicant's income after taxes: \$ _____ per week / per month (circle one)

Spouse's income after taxes: \$ _____ per week / per month (circle one)

Other Sources of Income:	Yes	No	Amount per month
TANF, APTD, OAA	_____	_____	\$ _____
SSI, SSDI, or other disability payments	_____	_____	\$ _____
Social Security, Pension, Veterans Benefits	_____	_____	\$ _____
Annuity or Trust Funds	_____	_____	\$ _____
Relatives, Boarders or Renters	_____	_____	\$ _____
Unemployment Compensation	_____	_____	\$ _____
Support Payments (Child or Alimony)	_____	_____	\$ _____
Other Income (explain)	_____	_____	\$ _____

Have you or members of your household ever received any kind of public assistance? _____

When: _____ Type: _____ Source: _____ Amount: _____

Does anyone in your household currently receive food stamps? _____

If yes, how much per month? _____

Does any one in your household currently receive WIC or CSFP? _____

If yes, who? _____

Is anyone in your household covered by Medicaid, Medicare, or personal medical or dental insurance? _____

If yes, who, what type and what are the costs? _____

Have you or anyone in your household ever been sanctioned by a public assistance agency? _____

If yes, who, when and by which agency? _____

Does anyone in your household have a lawsuit pending which may result in a cash award or settlement? _____

If yes, please give the name & address of the attorney handling the case and the household member involved: _____

Expenses:

Rent/Mortgage.....Amount \$ _____ per week / per month (circle one)

Food (including food stamps used)....Amount \$ _____ per week / per month (circle one)

ElectricAmount \$ _____ per week / per month (circle one)

Gas / Oil..... Amount \$ _____ per week / per month (circle one)

Automobile Expenses.....Amount \$ _____ per week / per month (circle one)
(Registrations, insurance, gas, maintenance)

Other Debts (specify).....Amount \$ _____ per week / per month (circle one)

Are you personally supporting any contingent liability such as co-signer, endorser and or guarantor on behalf of any relative or friend? Yes _____ No _____

Are there any problems with your current residence which you feel are, or may be unsafe? _____

If yes, please give details: _____

EDUCATION

High school completion of grade: _____ Location: _____ Year _____

College / University Degree: _____ Location: _____ Year _____

What Organizations, if any are you associated with? _____

How did you hear about Community Home Solutions, Inc.? _____

Are you related to any board member, officer or director of Community Home Solutions, Inc.? Yes ___ No ___
If yes, who: _____ Relationship? _____

Please state below any additional information you feel may impact your individual case.

I understand that Community Home Solutions, Inc. will keep all information on this Application for Financial Assistance Sheet strictly confidential.

IT IS EXPRESSLY UNDERSTOOD THAT THE SUBMISSION OF THIS INFORMATION DOES NOT CONSTITUTE A CONTRACT AND DOES NOT OBLIGATE EITHER THE COMPANY OR THE APPLICANT IN ANY MANNER. THE APPLICANT CONFIRMS THAT THE INFORMATION DISCLOSED HEREIN IS ACCURATE AND TRUE AND THAT THE COMPANY IS ENTITLED TO USE APPROPRIATE MEANS IN DETERMINING THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS INDEED A TRUE REFLECTION OF THE APPLICANTS PERSONAL AND FINANCIAL QUALIFICATIONS.

Dated this _____ day of _____ 2011

Signature of Applicant(s) _____

Community Home Solutions, Inc.
PO Box 537
14 New Zealand Road
Seabrook, NH 03874

Office#: (603) 474-7449
Fax#: (603) 474-8100



Legal Disclosure Notice



Date: _____

Re: _____

Dear Borrower,

Please accept this as formal notice that **Community Home Solutions does not provide any legal services.** Our HUD approved Foreclosure Counseling Program is designed to assist you in communicating with your Lender or Servicer.

If your loan is under the threat of Foreclosure, Community Home Solutions is unable to assist you in responding to any Legal Notices posted or received from the court system or your Lender. Community Home Solutions does not have the adequate resources to respond to legal matters; furthermore, responding to legal issues is out of the scope of services our office can provide.

Our office recommends that you work with a Licensed Attorney experienced in foreclosure defense to protect your rights and assist you in responding to any legal notices that you may receive. While many Lenders will abate the foreclosure process when the Borrower is receiving foreclosure counseling from a HUD approved counseling agency and or preparing an application for modification, this is done as a courtesy and not a matter of law. Entering into Foreclosure Counseling or submitting a request to your lender for a **loan modification will NOT prevent your Lender from advancing foreclosure proceedings.**

You are at risk of losing your home if you do not take appropriate action.

If your Lender has given you notice that they intend to commence or proceed with the foreclosure process we will work in collaboration with your attorney to submit a comprehensive loan modification request to your Lender. Please have your attorney of choice contact our office as soon as possible.

_____ (Please Initial) **I have chosen not to consult with or retain the services of an Attorney** at this time and understand that Community Home Solutions will not be providing me with any legal services or protections. I understand that their efforts to negotiate with my Lender and or submit a loan modification may not stop or prevent my Lender from moving forward with the Foreclosure process.

Receipt Acknowledged

Date

Receipt Acknowledged

Date



Counseling Agreement



I/we, _____ understand that Community Home Solutions provides Homeownership Counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other Housing Agencies as deemed appropriate.

I understand that Community Home Solutions received State and Federal funds, and as such, is required to share my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I give permission for Community Home Solutions program administrators and/or their agent to follow-up with me for the purposes of program evaluation.

I understand that I may be referred to other housing agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A Housing Counselor may answer questions and provide information, but not give legal advice, if I want legal advice, I will be referred for appropriate assistance.

Borrower Signature

Date

Printed Name

Co-Borrower Signature

Date

Printed Name



PRIVACY STATEMENT



Community Home Solutions is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information", such as your total debt information, income, living expenses and personal information concerning your financial circumstances will be provided to creditors, program monitors and others only with your authorization and signature on the Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

- Information we receive from you orally, on application or other forms, such as your name, address, social security number, assets and income.
- Information about your transactions with us, your creditors, or others such as your account balance, payment history, parties to transactions and credit card usage.
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

- You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to opt-out, we will not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to your opt-out status, you may contact us to do so.

Release of your information to third parties:

- So long as you have no opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g. If we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you: We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Borrower Signature

Date

Co-Borrower Signature

Date



Consent Form



- I hereby authorize Community Home Solutions to order a consumer credit report that is needed to provide a Loan Modification application.
- I hereby authorize Community Home Solutions to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my Loan Modification application.
- I hereby authorize Community Home Solutions to verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.
- I hereby authorize Community Home Solutions to obtain an investigative report including information as to my character, general reputation criminal background history. It is understood that a photo copy of this form will also serve as an authorization.

The information obtained is only to be used to provide a mortgage estimate or to process my/our application for a mortgage loan.

Applicant's Signature

Social Security Number

Date

Applicant's Signature

Social Security Number

Date

Hardship Affidavit

Borrower Name: _____
Co-Borrower Name: _____
Property Street Address: _____
Property City, ST, Zip: _____
Servicer: _____
Loan Number: _____

In order to qualify for Litton Loan Servicing LP's ("Servicer") offer to enter into an agreement to modify my loan, I/We am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower Co-Borrower

- My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, a decline in self-employed business earnings. I have provided details below under "Explanation."
- My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."
- My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."
- My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."
- My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans, or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."
- There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/We understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate federal law.
3. I/We understand the Servicer will pull a current credit report on all borrowers obligated on the Note.

4. I/We understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud, or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/We certify that my/our property is owner-occupied, and I/we have not received a condemnation notice.
6. I/We certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/We certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/We understand that time is of the essence.
8. I/We understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. This modification is not a government Home Affordable Modification, and you will not be eligible to receive the benefits of the government program through this modification.

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

Explanation: _____

Lined writing area consisting of approximately 25 horizontal lines.



Consent Form



- I hereby authorize Community Home Solutions to order a consumer credit report that is needed to provide a Loan Modification application.
- I hereby authorize Community Home Solutions to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my Loan Modification application.
- I hereby authorize Community Home Solutions to verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.
- I hereby authorize Community Home Solutions to obtain an investigative report including information as to my character, general reputation criminal background history. It is understood that a photo copy of this form will also serve as an authorization.

The information obtained is only to be used to provide a mortgage estimate or to process my/our application for a mortgage loan.

Applicant's Signature

Social Security Number

Date

Applicant's Signature

Social Security Number

Date

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.

▶ _____
Borrower Signature Social Security Number Date of Birth Date

▶ _____
Co-Borrower Signature Social Security Number Date of Birth Date



Request for Transcript of Tax Return

OMB No. 1545-1872

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

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

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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

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

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

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

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

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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

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

	Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) real estate taxes; (4) homeowner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) other liens, if any, on your property.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ; (3) required income documentation, and (4) required hardship documentation.

Loan I.D. Number _____ (usually found on your monthly mortgage statement)

I want to: Keep the Property Sell the Property

The property is currently: My Primary Residence A Second Home An Investment Property

The property is currently: Owner Occupied Renter occupied Vacant

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	
MAILING ADDRESS			

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)	EMAIL ADDRESS
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Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the listing date? _____ If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: _____ Amount of Offer: \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the counselor contact information below: Counselor's Name: _____ Agency's Name: _____ Counselor's Phone Number: _____ Counselor's Email Address: _____
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Do you have condominium or homeowner association (HOA) fees? Yes No
 Total monthly amount: \$ _____
 Name and address that fees are paid to: _____

Have you filed for bankruptcy? Yes No
 If yes: Chapter 7 Chapter 13 Filing Date: _____
 Has your bankruptcy been discharged? Yes No Bankruptcy case number: _____

UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets (associated with the property and/or borrower(s))	
Monthly Gross wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony*	\$	Homeowner's Insurance	\$	Savings / Money Market	\$
Non-taxable social security/SSDI	\$	Property Taxes	\$	CDs	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Car Lease Payments	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Mortgage Payments on other properties	\$		\$
Other _____	\$	Other _____	\$		\$
Total (Gross income)	\$	Total Debt/Expenses	\$	Total Assets	\$

*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

Lien Holder's Name	Balance / Interest Rate	Loan Number

Required Income Documentation

Do you earn a wage?
For each borrower who is a salaried employee or hourly wage earner, include the most recent pay stub that reflects at least 30 days of year-to-date earnings for each borrower.

Are you self-employed?
For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.

Do you have any additional sources of income? Provide for each borrower as applicable:
"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:
 Reliable third-party documentation describing the amount and nature of the income (e.g., employment contract or printouts documenting tip income).
Social Security, disability or death benefits, pension, public assistance, or adoption assistance:
 Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and
 Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.
Rental income:
 Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent reduced by the monthly debt service on the property, if applicable; or
 If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.
Investment income:
 Copies of the two most recent investment statements or bank statements supporting receipt of this income.
Alimony, child support, or separation maintenance payments as qualifying income:*
 Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and
 Copies of your two most recent bank statements or other third-party documents showing receipt of payment.
 *Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

HARDSHIP AFFIDAVIT

(provide a written explanation with this request describing the specific nature of your hardship)

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options.

Date Hardship Began is: _____

I believe that my situation is:

- Short-term (under 6 months)
- Medium-term (6 – 12 months)
- Long-term or Permanent Hardship (greater than 12 months)

I am having difficulty making my monthly payment because of reasons set forth below:

(Please check all that apply and submit required documentation demonstrating your hardship)

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Underemployment	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills; OR <input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable)
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none"> • Bankruptcy filing for the business; or • Two months recent bank statements for the business account evidencing cessation of business activity; or • Most recent signed and dated quarterly or year-to-date profit and loss statement

Borrower/Co-Borrower Acknowledgement and Agreement

1. I certify that all of the information in this Borrower Assistance Form is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, owner or guarantor of my mortgage, or their agent(s) may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate Federal and other applicable law.
3. I understand the Servicer will obtain a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. I certify that my property has not received a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use this information to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
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 this 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 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 agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
11. If I qualify for and enter into a repayment plan, forbearance plan, and trial period plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
12. I understand that the Servicer will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor.
13. If I am eligible for foreclosure prevention relief under the federal Making Home Affordable Program, I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by the 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, and (c) companies that perform support services in conjunction with Making Home Affordable.
14. I 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.

Borrower Signature

Date

Co-Borrower Signature

Date

BUDGET WORKSHEET

Name _____ Date _____

A. Available Assets & Income

Source _____ Amount _____ Wk/MO

Source _____ Amount _____ Wk/MO

Total Available Income \$ _____

B. Allowable Expenses

(Actual expenses or maximum from schedule- whichever is less)

Rent/Mortgage amount: \$ _____ Wk/Mo

Home Owner insurance/taxes if not escrowed \$ _____ Wk/Mo

Food minus amount of food stamps \$ _____ Wk/Mo

Maintenance Allowance \$ _____ Wk/Mo

Medical \$ _____ Wk/Mo

Utilities Electric \$ _____ Wk/Mo

Fuel (Gas/Oil) \$ _____ Wk/Mo

Automobile Auto payment \$ _____ Wk/Mo

Auto Gas \$ _____ Wk/Mo

Auto Insurance \$ _____ Wk/Mo

Cable \$ _____ Wk/Mo

Telephone \$ _____ Wk/Mo

Cell Phone \$ _____ Wk/Mo

Credit cards \$ _____ Wk/Mo

Child support/Alimony \$ _____ Wk/Mo

Total Allowable Expenses \$ _____

Difference income/expense \$ _____