

FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)  
**\*\*PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE\*\***

To: Loss Mitigation	Account Number(s)
From: _____	or mail to: Loss Mitigation
Fax to: 1-866-709-4744	233 Gibraltar Road Suite 600
	Horsham PA 19044

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

- Financial Analysis Form (Enclosed)
- A copy of the most recently filed signed federal income tax return, including all schedules and forms, for each borrower
- A signed and dated copy of IRS Form 4506T-EZ (Request for Transcript of Tax Return) with all applicable fields completed for each borrower – (Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers.) (Enclosed)
- 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.
- Documentation to verify expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. Please see the chart below.

TYPE OF INCOME	DOCUMENTATION REQUIRED
For each borrower who is paid by an employer:	<input type="checkbox"/> Copy of the two most-recent pay stubs from your employer <i>including year-to-date information</i> . Pay stubs or other documentation that shows year-to-date income must be submitted. Pay stubs cannot be more than 90 days old. If hired within the fiscal year of 2009, please include your employment start date.
Other earned income (e.g. bonus, commission, fee, housing allowance, tips, and/or overtime)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (e.g. an employment contract and/or printouts documenting tip income)
For each borrower who is self-employed:	<input type="checkbox"/> Copy of the most recent quarterly or year-to-date profit and loss statement
For each borrower who has benefit income such as 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 the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who has income such as unemployment or public assistance:	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Such benefit must continue for at least 9 months to be considered qualifying income. <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who is relying on alimony or child support as qualifying income:	<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 the two most-recent bank statements or other documentation showing receipt of alimony or child support. Bank statements cannot be over 90 days old.
For each borrower who has 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. <b>If the subject property, on which the modification is being requested, is not your primary residence, please include the following:</b> <input type="checkbox"/> Copy of the current lease agreement for this property
For each borrower who has 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. This would include situations where the borrower rents a room of his or her primary residence to another person.

TYPE OF EXPENSE	DOCUMENTATION REQUIRED
For borrower(s) whose property requires Homeowners or Condominium Dues:	<input type="checkbox"/> A letter or billing statement from the Homeowners or Condominium Association or Co Op showing the amount and frequency of dues.

**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 (HUD-1), if available
- Signed Third Party Authorization Form

# FINANCIAL ANALYSIS FORM

Account Number \_\_\_\_\_

**I want to:**  Keep the Property  Sell the Property  Investment  
**The property is my:**  Primary Residence  Second Home  Vacant  
**The property is:**  Owner Occupied  Renter occupied

<b>BORROWER</b>		<b>CO-BORROWER</b>	
BORROWER'S NAME	DATE OF BIRTH	CO-BORROWER'S NAME	DATE OF BIRTH

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
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MAILING ADDRESS	EMAIL ADDRESS
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PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)

Is the property listed for sale?  Yes  No  
 Have you received an offer on the property?  Yes  No  
 Date of offer \_\_\_\_\_ Amount of Offer \$ \_\_\_\_\_

Agent's Name: \_\_\_\_\_  
 Agent's Phone Number: \_\_\_\_\_  
 For Sale by Owner?  Yes  No

Who pays the Real Estate Tax bill on your property?  
 I do  Lender does  
 Are the taxes current?  Yes  No  
 Condominium or HOA Fee  Yes  No \$ \_\_\_\_\_  
 Paid to: \_\_\_\_\_

Have you contacted a credit-counseling agency for help?  
 Yes  No  
 If yes, please complete counselor contact information below:  
 Counselor's Name: \_\_\_\_\_  
 Counselor's Phone Number: \_\_\_\_\_  
 Counselor's Email: \_\_\_\_\_

Who pays the hazard insurance policy for your property?  
 I do  Lender Does  Paid by Condo or HOA  
 Is the policy current?  Yes  No  
 Name of Insurance Co. \_\_\_\_\_  
 Insurance Co. Tel #: \_\_\_\_\_

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

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 \_\_\_\_\_

## HARDSHIP AFFIDAVIT

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

<input type="checkbox"/> My household income has been reduced or lost. For example unemployment, underemployment, reduced pay or hours, decline in business earnings, death in family, serious or chronic illness, permanent or short-term disability, incarceration, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members) or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical or health care costs, uninsured losses (such as those due to fires or natural disasters), increased property taxes, or unexpectedly high utilities.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment 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).
<input type="checkbox"/> Other _____	

Explanation (Required):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

# FINANCIAL ANALYSIS FORM

Account Number \_\_\_\_\_

(Continued)

INCOME/EXPENSES FOR HOUSEHOLD		NUMBER OF PEOPLE IN HOUSEHOLD	
1 - Monthly Household Income	2 - Monthly Household Expenses/Debt	3 - Household Assets	
Gross Salary/Wages Gross salary/wages = total monthly income before any tax withholding or employer deductions.	First Mortgage Payment	Checking Account(s) Balance	\$
Overtime	Second Mortgage Payment/Liens/Rents	Checking Account(s) Balance	\$
Child Support/Alimony*	Insurance - hazard, wind, flood, etc (If not escrowed and included in your current mortgage payment)	Savings/Money Market	\$
Social Security/SSDI	Property Taxes (If not escrowed and included in your current mortgage payment)	CDS	\$
Other monthly income from pensions, 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	Health Insurance	Other Real Estate (estimated value)	\$
Unemployment Income	HOA/Condo Fees/Property Maintenance	Other _____	\$
Food Stamps/Welfare	Car Payments		
Other (investment income, royalties, interest, dividends etc)	Medical Expenses		
	Child Care		
	Student Loans/Personal Loans		
	Auto Expenses (Gasoline/Insurance)		
	Food/Household Supplies		
	Water/Sewer/Utilities/Phone(s)/Cable		
	Other _____		
<b>Total (Gross income)</b>	\$	<b>Total Debt/Expenses</b>	\$
		<b>Total Assets</b>	\$

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

\*Include combined income and 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.

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

<b>BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information	<b>CO-BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b>	<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	<b>Race:</b>	<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
<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

<b>To be Completed by Interviewer</b>		Name/Address of Interviewer's Employer	
This application was taken by:		Interviewer's Name (print or type) & ID Number	
<input type="checkbox"/> Face-to-face interview	<input type="checkbox"/> Mail	Interviewer's Signature	Date
<input type="checkbox"/> Telephone	<input type="checkbox"/> Internet	Interviewer's Phone Number (include area code)	

## 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, 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 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 document, the Servicer may cancel any Agreement under Making Home Affordable 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 I/We am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 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.
- 10 I/We agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 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.
- 12 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.
- 13  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.

Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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.

**888-995-HOPE**  
HOMEOWNER'S HOPE HOTLINE

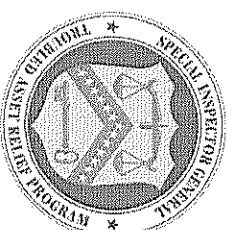
### NOTICE TO BORROWERS

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.sigtarp.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.



**Form 4506T-EZ**

(October 2009)

Department of the Treasury  
Internal Revenue Service

**Short Form Request for Individual Tax Return Transcript**

OMB No. 1545-2154

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

**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

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

**6** Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

**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.

Telephone number of  
taxpayer on line 1a or 2a

Sign \_\_\_\_\_  
Here Signature (see instructions)

Date

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 541855

Form 4506T-EZ (10-2009)

**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 RAVS 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:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
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	RAVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAVS 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.

**THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE**

**(Please complete and return if you ONLY 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:

Name \_\_\_\_\_ of \_\_\_\_\_ Company Name \_\_\_\_\_ in his/her capacity as  
Relationship (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_

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.

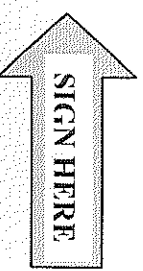
We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we,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



### **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](http://www.makinghomeaffordable.gov) website. **Please wait to submit the financial package until ALL required forms are completed and necessary attachments included.**
- **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](http://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).

#### **If I am submitting my tax returns, why do I need to complete the 4506T-EZ form?**

The 4506T-EZ form is required for a modification. If income tax information is missing that you are unable to provide, we will utilize the 4506T-EZ form to obtain the necessary information.

#### **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 filed 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.