US Bank

Requirements from Borrower:

3rd Party Authorization (attached)

Tax return for recent two years (Please include all schedules and W2)

2 most recent pay stubs

2 months most recent bank statements

Hardship letter (attached or typed)

Completed 4506t

Homeowners Insurance Policy

Financial Statement (attached-completed to its entirety)

Mortgage Statement for all loans

HOA info on Short Sale Information Summary attached)

Utility Bill

Requirements from Agent:

Signed Listing Agreement

Fully Executed Purchase Agreement

DU Approval (conventional) or LP Approval (FHA) for the buyer

Proof of funds if cash offer and down payment

Completed Short Sale Information Summary Form (attached)

Please forward them to

Gabriela Hanson

7065 Indiana Ave. Ste 200

Riverside, Ca 92506

Email to gabby@shortsaleprocessor.org

Fax to 951-346-0492 Attn: Gabby

Thank You for your cooperation



Short Sale Information Summary

Property Address:		
Borrowers Name:		Last 4 social #:
Co-Borrowers Name:		Last 4 social #:
Mailing Address:		Home #
Borrower Mobile #:	Co-Borrowe	r Mobile #:
Tenants (if any):		Tenants #:
1st Note:		Loan #:
# months delinquent:		
Notice of Default Filed: Y N	Date issued:	
Notice of Trustee Sale filed: Y N		
2nd Note:		Loan #:
# months delinquent:		
Notice of Default Filed: Y N	Date issued:	
Notice of Trustee Sale filed: Y N		
3rd Note:		Loan #:
# months delinquent:		
Notice of Default Filed: Y N	Date issued:	
Notice of Trustee Sale filed: Y N		
Brief Reason for Default:		
HOA Info & phone #:		# months delinquent:
Property taxes : current // delinquent	// impounded	Annual Tax:
Escrow Co.:		Escrow Contact:
Main #:	Fax #	Email:
Title Company:	Title	e Rep:

THIRD PARTY AUTHORIZATION FORM

I hereby authorize	_to discuss the account with the	
individual(s) that I have identified below as my design		
Agent"). Further,	is hereby authorized to negotiate the	e terms of a work-out
agreement with my Designated Agent and to deliver	documents to my Designated Agent	which
concern my request for payment assistance and char	nge of loan terms. I understand that	I will be fully responsible
for reviewing any information that is sent by	to my Design	nated Agent. This
Authorization will remain effective until I specifically n	otify	_
in writing that this authorization is no further in force a	and effect.	
My Designated Agents Are: Keller Williams Realty 7065 Indiana Ave Ste 200, Riverside, CA 92506	,	
Gabriela Benitez-Hanson	951-329-9119 ext 304	_ ~ //
	Phone #	भी र
Gabriel Gonzalez	951-329-9119 ext 304	* * * * * * * * * * * * * * * * * * *
	Phone #	
	2	
	Phone #	
		-
Loan #		4 * * * * * * * * * * * * * * * * * * *
Last Four digits of SSN	·	
Dotos		
Date:	Borrower	
Date:	Cohorrower	· .

Financial Worksheet

	<u>Amount</u>		<u>Amount</u>	
Question Panel				
How many people are in your household (including yourself)		How much do you have in Voluntary Funds?		
Income				
Borrower # 1 Monthly Income from Employment		Borrower #1 - Frequency of Pay Period		
Borrower # 1 Monthly Governmental Benefits & Insurance Income		Borrower # 1 Monthly Unemployment Income		
Borrower # 2 Monthly income from Unemployment		Borrower # 2 Frequency of Pay Period		
Borrower # 2 Monthly Governmental Benefits & Insurance Income		Borrower # 2 Monthly Unemployment Income		
Monthly Rental Income		Monthly Alimony Income		
Monthly Child Support Income		Other Monthly Income Description		
Other Monthly Income		Total Monthly Income		
Expenses Family				
Monthly Auto Maintainence		Monthly Food		
Monthly Medical/Dental		Monthly Alimony Paid		
Monthly Child Support Paid		Monthly Child Care		
Monthly Entertainment		Monthly Tuition School Expenses		
Other Monthly Family Expenses Description		Other Monthly Family Expenses		
Total Monthly Family Expenses				
Home				
Monthly Taxes		Monthly Home Repairs		
Other Monthly Home Expenses Description		Other Monthly Home Expenses		
HOA Monthy DUES		Total Monthly Home Expenses		
Utilities				
Monthly Cable TV		Monthly Electricity		
Monthly Natural Gas		Monthly Phone/Internet		
Monthly Sewer/Water		Other Monthly Utility Expenses Description		
Other Monthly Utility Expenses		Total Monthly Utility Expenses		
Work				
Monthly Dry Cleaning		Monthly Parking		
Monthly Union Dues		Other Monthly Work Expenses Description		
Other Monthly Work Expenses		Total Monthly Work Expenses		

Insurance	
Monthly Auto Insurance	Monthly Health Insurance
Monthly Life Insurance	Other Monthly Insurance Description
Other Monthly Insurance Expenses	Total Monthly Insurance Expenses
Contributions	
Monthly Church/Charity Contributions	Other Monthly Contributions Expenses Description
Other Monthly Contributions Expenses	Total Monthly Contributions Expenses
Debt - Auto	
Monthly Auto Payment 1	Monthly Auto Payment 2
Total Monthly Auto Payments	
Debt - Credit Card	
Monthly Credit Card Payment 1	Monthly Credit Card Payment 2
Monthly Credit Card Payment 3	Monthly Credit Card Payment 4
Total Credit Card Payment	
Debt - Mortgage	
1st Lien Monthly Payment Resident	2nd Lien Monthly Payment Resident
Monthly Student Loan Payments	Other Monthly Loan 1 Description
Other Monthly Loan 1 Payment	Other Monthly Loan 2 Description
Other Monthly Loan 2 Payment	Total Monthly Mortgage/Loans
Assets	
Home	401 K Accounts
Automobile	Checking Account
Savings Account	IRA/Keogh Accounts
Stocks/Bonds	Motor Home/Travel Trailers
Other Recreational Vehicles	Real Estate
Other Asset Descriptions	Other Assets
Asset Total	

Please complete to the best of your knowledge and complete to it entirety.



Request for Transcript of Tax Return

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

OMB No. 1545-1872

Department of the Treasury Internal Revenue Service 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.

	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, a	nd ZIP code (see instructions)
4 F	Previous address shown on the last return filed if different from line 3 (s	see instructions)
	If the transcript or tax information is to be mailed to a third party (such and telephone number.	as a mortgage company), enter the third party's name, address,
you ha on line	ave filled in these lines. Completing these steps helps to protect your pr	have filled in lines 6 through 9 before signing. Sign and date the form once rivacy. Once the IRS discloses your IRS transcript to the third party listed mation. If you would like to limit the third party's authority to disclose your not with the third party.
6	Transcript requested. Enter the tax form number here (1040, 1065, number per request. ►	1120, etc.) and check the appropriate box below. Enter only one tax form
а	changes made to the account after the return is processed. Transc	cripts are only available for the following returns: Form 1040 series, and Form 1120S. Return transcripts are available for the current year
b		rn was filed. Return information is limited to items such as tax liability
С	Record of Account, which provides the most detailed information Transcript. Available for current year and 3 prior tax years. Most requ	n as it is a combination of the Return Transcript and the Account uests will be processed within 30 calendar days
7	Verification of Nonfiling, which is proof from the IRS that you did r after June 15th. There are no availability restrictions on prior year req	not file a return for the year. Current year requests are only available quests. Most requests will be processed within 10 business days
8	Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series these information returns. State or local information is not included transcript information for up to 10 years. Information for the current year years, which is the sample, W-2 information for 2010, filed in 2011, will not be availaded purposes, you should contact the Social Security Administration at 1-8	with the Form W-2 information. The IRS may be able to provide this ear is generally not available until the year after it is filed with the IRS. ble from the IRS until 2012. If you need W-2 information for retirement
	ion. If you need a copy of Form W-2 or Form 1099, you should first con your return, you must use Form 4506 and request a copy of your return,	tact the payer. To get a copy of the Form W-2 or Form 1099 filed
9		eriod, using the mm/dd/yyyy format. If you are requesting more than four ests relating to quarterly tax returns, such as Form 941, you must enter
		you that one of the years for which you are requesting a transcript
Cautio	on. Do not sign this form unless all applicable lines have been completed.	
informatter	nation requested. If the request applies to a joint return, either husban-	ame is shown on line 1a or 2a, or a person authorized to obtain the tax d or wife must sign. If signed by a corporate officer, partner, guardian, tax in the taxpayer, I certify that I have the authority to execute Form 4506-T on orm must be received within 120 days of the signature date. Phone number of taxpayer on line
	\	1a or 2a
Sign	Signature (see instructions)	Date
Here		
	Spouse's signature	Date
<u></u>	Nivery Ast and Denominant Deduction Ast Nation and name O	0.1.N. 07007N

Page 2 Form 4506-T (Rev. 1-2012)

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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 addresses, send your request to the address based on the address of your most

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 and Form 1099)

If you filed an individual return and lived in:

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

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

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota,

RAIVS Team Stop 37106 Fresno, CA 93888

Utah, Washington, Wisconsin, Wyoming

559-456-5876

Connecticut, Delaware, District of Columbia, Florida, Georgia, 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

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

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

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

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

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 taxpaver or it will be rejected. Ensure that all applicable lines are completed before signing.

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

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 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

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,

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:

Internal Revenue Service Tax Products Coordinating Committee SE:W:CAR:MP:T:M:S 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.

Explanation of Hardship

What changes or events have occurred since your loan originated that have caused you to fall behind?

When did the change(s) and/or event(s) occur?
Do you anticipate any improvement in your financial situation in the near future? Y N
Acknowlegement: I (we) acknowledge that the financial information provided is an accurate statement of my (our) financial status
By:Date:
Signed Borrower
By:Date:
By:Date: Signed Co-Borrower

Making Home Affordable Program Request For Mortgage Assistance (RMA)



If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about <u>all</u> of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

SECTION 1: BORROWER INFORMATION

BORROWER	CO-BORROWER				
BORROWER'S NAME	CO-BORROWER'S NAME				
SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YY)				
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	MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")				
EMAIL ADDRESS	EMAIL ADDRESS				
Has any borrower filed for bankruptcy?	Is any borrower a servicemember?				
Filing Date: Bankruptcy case number: Has your bankruptcy been discharged? Yes No	Have you recently been deployed away from your principal residence or recently received a permanent change of station Yes No order?				
How many single family properties other than your principal residence do you and/or any	y co-borrower(s) own individually, jointly, or with others?				
Has the mortgage on your principal residence ever had a Home Affordable Modification I					
Has the mortgage on any other property that you or any co-borrower own had a perman Are you or any co-borrower currently in or being considered for a HAMP trial period plan					
	DSHIP AFFIDAVIT				
	ing review under MHA. use of financial difficulties created by (check all that apply):				
My household income has been reduced. For example: reduced pay or hours, decline in business or self employment earnings, death, disability or divorce of a borrower or co-borrower.	My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.				
My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.				
II am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other:				
Explanation (continue on a separate sheet of paper if necessary):					

SECTION 3: PRINCIPAL RESIDENCE INFORMATION

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence ☐ Yes ☐ No If "yes", I want to: ☐ Keep the property ☐ Sell the property				
Property Address: Loan I.D. Number:				
Other mortgages or liens on the property?				
Do you have condominium or homeowner association (HOA) fees?				
Name and address that fees are paid to:				
Does your mortgage payment include taxes and Insurance?				
Is the property listed for sale?				
List date? Have you received a purchase offer? Yes No Amount of Offer \$ Closing Date:				
Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.				
Principal residence servicer name: Principal residence servicer phone number:				
Is the mortgage on your principal residence paid? Yes No if 'No", number of months your payment is past due (if known):				

SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income			ld Expenses/Debt nce Expense Only)	Household Assets		
Monthly Gross wages	\$	First Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$	
Overtime	\$	Second Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$	
Self employment Income	\$	Homeowner's Insurance*	\$	Savings / Money Market	\$	
Unemployment Income	\$	Property Taxes*	\$	CDs	\$	
Untaxed Social Security / SSD	\$	HOA/Condo Fees*	\$	Stocks / Bonds	\$	
Food Stamps/Welfare	\$	Credit Cards/Installrnent debt (total min. payment)	\$	Other Cash on Hand	\$	
Taxable Social Security or retirement income	\$	Child Support / Alimony	\$			
Child Support / Alimony**	\$	Car Payments	\$			
Tips, commissions, bonus and overtime	\$	Mortgage Payrnents other properties****	\$			
Gross Rents Received ***	\$	Other	\$	Value of all Real Estate except principal residence	\$	
Other	\$			Other	\$	
Total (Gross income)	\$	Total Debt/Expenses	\$	Total Assets	\$	

^{**} Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

^{***} Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

^{****} Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

(Your servicer may	Required Income Documentation request additional documentation to complete your evaluation for MHA)			
All Borrowers	☐ Include a signed IRS Form 4506-T or 4506T-EZ			
Do you earn a wage? Borrower Hire Date (MM/DD/YY) Co-borrower Hire Date (MM/DD/YY)	For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.			
☐ Are you self-employed?	Provide your most recent signed and dated quarterly or year-to date profit and loss statement.			
Do you receive tips, commissions, bonuses, housing allowance or overtime?	Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).			
Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).			
	Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND			
Do you receive alimony, child support, or separation maintenance payments?	Copies of your two most recent bank statements or deposit advices showing you have received payment.			
	Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.			
Do you have income from rental properties that are	Provide your most recent Federal Tax return with all schedules, including Schedule E.			
not your principal residence?	If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.			
(You must provide information about all propo	SECTION 5: OTHER PROPERTIES OWNED erties that you or the co-borrower own, other than your principal residence and any property described in Section 6 below. Use additional sheets if necessary)			
	Other Property #1			
Property Address:	Loan I.D. Number:			
Servicer Name:	Mortgage Balance \$ Current Value \$			
Property is:	ome Rented Gross Monthly Rent \$ Monthly mortgage payment* \$			
	Other Property #2			
Property Address:	Loan I.D. Number:			
Servicer Name: Mortgage Balance \$ Current Value \$				
Property is: Vacant Second or seasonal home Rented Gross Monthly Rent \$ Monthly mortgage payment* \$				
	Other Property #3			
Property Address:	Loan I.D. Number:			
Servicer Name:	Mortgage Balance \$ Current Value \$			
Property is:	ome Rented Gross Monthly Rent \$ Monthly mortgage payment* \$			

^{*} The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums...

SECTION 6: OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED (Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.)

I am requesting mortgage assistance with a rental property. Yes No
I am requesting mortgage assistance with a second or seasonal home. Yes No
If "Yes" to either, I want to: Keep the property Sell the property
Property Address: Loan I.D. Number:
Do you have a second mortgage on the property
Do you have condominium or homeowner association (HOA) fees?
Name and address that fees are paid to:
Does your mortgage payment include taxes and insurance?
Annual Homeowner's Insurance \$ Annual Property Taxes \$
If requesting assistance with a rental property, property is currently:
Occupied without rent by your legal dependent, parent or grandparent as their principal residence.
Occupied by a tenant as their principal residence.
Other
If rental property is occupied by a tenant: Term of lease / occupancy//// Gross Monthly Rent \$
If rental property is vacant, describe efforts to rent property:
If applicable, describe relationship of and duration of non-rent paying occupant of rental property:
Is the property for sale? Yes No If "Yes", Listing Agent's Name: Phone Number:
List date? Have you received a purchase offer? Yes No Amount of Offer \$ Closing Date:
RENTAL PROPERTY CERTIFICATION (You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)
By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:
1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.
Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.
2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.
Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.
3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).
Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.
This certification is effective on the earlier of the date listed below or the date the RMA is received by your servicer.
Initials: Borrower Co-borrower

SECTION 7: 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 respective 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 certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

SECTION 8: 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

whether yo ethnicity, rac	u ch ce, or	oose to furnish it. If you furners sex, the lender or servicer is	nish the information, please provide both et	hnicity and rad	e. Fo	r race, you may	check more than one designation. If you do not furnish if you have made this request for a loan modification in	
BORROWER		I do not wish to furnish this	information	CO-BORROV	/ER	☐ I do not w	ish to furnish this information	
Ethnicity:		Hispanic or Latino		Ethnicity:		Hispanic or Latino		
		Not Hispanic or Latino				Not Hispanic o	or Latino	
Race:		American Indian or Alaska N	lative	Race:		American India	an or Alaska Native	
		Asian				Asian		
		Black or African American				Black or Africa	n American	
	☐ Native Hawaiian or Other Pacific Islander					Native Hawaiian or Other Pacific Islander		
		White				White		
Sex:		Female		Sex:		Female		
		Male				Male		
		To	be completed by interviewer		1 3		Name/Address of Interviewer's Employer	
This request v	was 1	aken by:	Interviewer's Name (print or type) & ID Numbe	er				
☐ Face-to-	face	Interview						
☐ Mail Interviewer's Signature		Interviewer's Signature	Date					
☐ Telepho	ne							
□ Internet			Interviewer's Phone Number (include area coc	te)				

SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1.	I certify that all of the information in this RMA 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, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents 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 authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4.	I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5.	I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to 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 the information I provide 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.	I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9.	If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10.	I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, 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 MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11.	I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.
The undersigned certifies under penalty of perjury that all statements in this document are true and correct.	
Borr	ower Signature Social Security Number Date of Birth Date
 Co-l	porrower Signature Social Security Number Date of Birth Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673).





NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to my Servicer in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtarp.gov and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Beware of Foreclosure Rescue Scams. Help is FREE!

- •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.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.



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UTILITY Bill Required:

Seller must provide an essential utility bill (Gas, Water or Electric) for the subject property. The bill must be in their name showing the subject property address and be dated within the last 12 months. Phone, Cable or other are not acceptable. If the bill shows a mailing address other than the property address a letter of explanation about that must be included.