Wachovia/ Wells Fargo/ASC

(This package is not for FHA, VA Heloc or HUD Loans, please request)

Requirements from Borrower:

Mortgage Statement for all loans

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)

Financial Statement (attached-completed to its entirety)

RMA-Request for Modification and Affidavit (attached)

4506T (attached)

Dodd Frank (attached)

(HOA info on Short Sale Information Summary attached)

Most current Utility Bill w/ a mailing address on it

Requirements from Agent:

Listing Agreement

Fully Executed Purchase Agreement

Buyers PreQual or Proof of Funds

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

Gabriela Hanson Short Sale Processor

951-848-4833 office



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	· .

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

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.

Short Sale Affidavit



Loan number:	
As relates to a certain real estate purchas Premises;	e contract dated / concerning the following Mortgage
Property address:	
	gree to accept less than full payoff of the debt owed in exchange for tale), each of the signatories hereto hereby certify and affirm undernowledge and belief;

- (a) The sale of the Mortgaged Premises is an "arm's length" transaction, between the parties who are unrelated and unaffiliated by family, marriage, or commercial enterprise;
- (b) There are no agreements, understandings or contracts between the parties that the Seller will remain in the Mortgaged Premises as a tenant or later obtain title or ownership of the Mortgaged Premises;
- (c) Neither the Borrower(s) nor the purchaser(s) will receive any funds or commissions from the sale of the Mortgaged Premises, except as allowed by the short sale approval letter (if applicable);
- (d) There are no agreements, understandings or contracts relating to the current sale or subsequent sale of the Mortgaged Premises that have not been disclosed to the Lender;
- (e) None of the signatories will receive any proceeds or other remuneration from this transaction except as set forth on the Settlement Statement; and
- (f) None of the signatories have knowledge of any offer to purchase the Mortgaged Premises for a higher purchase price than the purchase price contained in the certain real estate purchase contract referenced above that has not been presented to the Lender(s).

Buyer(s) further certify and affirm under penalty of perjury, that;

- (g) The property will not be sold within 90 days of the closing date of the subject real estate purchase contract;
- (h) The property will not be sold within 120 days of the closing date without having substantially refurbished or added value to the Mortgaged Premises; and
- (i) The property will not be rented to the Seller after the closing of the subject real estate purchase contract.

The signatories also agree to add the following cancellation clauses in the listing agreement and purchase contract (if not already included):

- (a) Listing Agreement: "The acceptance of the short sale offer is contingent upon the approval of Wells Fargo Bank, N. A., Fannie Mae, and/or any mortgage insurer."
- (b) Listing Agreement: "Seller may cancel this agreement prior to the ending date of the listing period without advance notice to the broker, and without payment of a commission or any other consideration, if the property is conveyed to the mortgage insurer or the mortgage holder."
- (c) Purchase Contract: "The seller's obligation to perform on this contact is subject to the rights of the mortgage insurer (if any) and the mortgage holder relating to the conveyance of the property."

Each signatory also understands, agrees and intends that the Lender, any Investor, Insurer or Guarantor, of the subject Mortgage are relying upon the statements made in the affidavit as consideration for the reduction of the payoff amount of the Mortgage and agreement to the sale of the Mortgaged Premises.

Seller	Date	Seller	Date
Print Name		Print Name	
Print Name		Print Name	



Seller's Broker	Date	Buyer's Broker	Date
Print Name and Company Name		Print Name and Company Name	
Buyer	Date	Buyer	Date
Print Name		Print Name	
Settlement Agent	Date	Transaction Facilitator (if any)	Date
Print Name and Company Name		Print Name and Company Name	
Print Company Address		Print Company Address	

Homeowner Assistance Form

Before you complete this form, contact us for assistance.

Mortgage Loan Number:								
I/we want to:	☐ Keep t	he Property		Sell the Prope	erty			
The property is my/our:	☐ Primar	y Residence		Second Home	•		Investment Propert	у
The property is:	Owner	Occupied		Renter Occup	ied		Vacant	
Borrower			Co-b	orrower				
Borrower's name			Co-b	orrower's name	:			
Social Security number	Date of birth		Socia	Security numb	er	Date c	of birth	
Home phone number			Home	phone number	:			
Cell phone number			Cell p	hone number				
Work phone number			Work	phone number				
Email address			Email	address				
Mailing address			Maili	ng address (<i>if di</i>	ifferent than bori	rower'.	s)	
Property information								
Property address (if same as mailing	g address, write "s	ame")						
Number of people who live in the ho	ome							
Is the property listed for sale? Have you received an offer on the p Agent's Name: For Sale by owner?	roperty?	☐ Yes☐ Yes☐ Yes	Date	of offer nt's Phone Num		of offe	er \$	□ No □ No
Who pays the real estate tax bill of Are the taxes current? Condominium or HOA monthly fee?		☐ I/we do☐ Yes☐ Yes			Name & Addres	ss)		☐ No
Who pays the homeowners insura your property? Is the policy current?	nce policy for	☐ I/we do☐ Yes		Servicer does No	Paid by con associatio		nium or homeowner	
Name of insurance company		-	Insu	rance company	phone number			
If there are additional liens/mort	gages or judgmen	ts on this prope	rty, na	me the person	(s), company o	r firm	and phone number	(s).
Lien holder's name/servicer		Phone numb	er		Loan number _		Balance \$	
Lien holder's name/servicer		Phone numb	er		Loan number _		Balance \$	
Borrower/co-borrower situation								
Have you contacted a credit-countelp?	seling agency for	☐ Yes		No				
If yes, complete counselor contact in	nformation below.							
Counselor's name		Counselor's	phone	number				
Counselor's email								
Have you filed for bankruptcy?		☐ Yes	[☐ No				
If yes:	☐ Chapter 11	☐ Chapter	12 [Chapter 13	Filing date			
Has your bankruptcy been discharg	red?	Yes	[☐ No	Bankruptcy ca	ase nu	mber	

Please note that if you have or will receive a discharge from a chapter 7 bankruptcy case, and the mortgage was not reaffirmed in the bankruptcy case, we will only exercise our rights against the property and are not attempting any act to collect the discharged debt from you personally. Additionally, your decision to discuss workout options with us is strictly voluntary. You are not obligated to pursue any workout options discussed with us. At your request, we will immediately terminate any such discussions should you no longer wish to pursue these options.

$\textbf{Hardship Affidavit} \ (\textbf{Provide a written explanation with this request describing the specific nature of your hardship.})$

I/We am/are requesting review of my/our financial situations to determine whether I/we qualify for temporary or permanent mortgage relief options.
Date hardship began is:
I believe that my/our situation is: ☐ Short-term (under 6 months) ☐ Medium-term (6 – 12 months) ☐ Long-term or Permanent Hardship (greater than 12 months)

I/we am/are having difficulty making my/our 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:
☐ Unemployment	☐ No hardship documentation required
☐ Underemployment	No hardship documentation required, as long as you have submitted income documentation that supports the income described in the required income documentation section.
Income reductions (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	☐ No hardship document required, as long as you have submitted income documentation that supports the income described in the required income documentation section.
Divorce or legal separation;	Divorce decree signed by the court; OR
Separation of Borrowers unrelated	Separation agreement signed by the court; OR
by marriage, civil union or similar domestic partnership under applicable law	Current credit report evidencing divorce, separation, or non-occupancy borrower has a different address; OR
applicable law	Recorded quitclaim deed evidencing that the non-occupying Borrower or C-borrower has relinquished all rights to the property
Death of borrower or death of either	Death Certificate; OR
the primary or secondary wage earner in the household	Obituary or newspaper article reporting the death
Long-term or permanent disability;	Doctor's certificate of illness or disability; OR
Serious illness of a borrower/co-	Medical bills; OR
borrower or depend family member	Proof of monthly insurance benefits or government assistance (if applicable)
Disaster (natural or man-made)	☐ Insurance Claim; OR
adversely impacting the property	Federal Emergency management Agency grant or Small Business Administration loan; OR
or Borrower's place of employment	Borrower or Employer property located in a federally declared disaster area
☐ Distant employment transfer	☐ No hardship documentation required
Business failure	Tax return from the previous year (including all schedules AND
	Proof of business failure supported by one of the following:
	Bankruptcy filing for the business; or
	Two months recent bank statements for the business account evidencing cessation of
	business activity; or o Most recent signed and dated quarterly or year-to-date profit and loss statement
	1 1000 1000 higher and dated quarterly of year-to-date profit and 1055 statement

Income/expense for household

Important note: All income must be documented.

Include combined income and expenses from the borrower and co-borrower (if any). If you will be including income and expenses from a household member who is not a borrower, please specify this information on the back of this form. Also, include the non-borrower(s) start date(s) for employment information. You are not required to disclosure child support, alimony or separation maintenance income unless you choose to have it considered by your servicer.

1 2 3
Monthly Household Income Monthly Household Expenses/Debt Household Asset

Monthly Household Income		Monthly Household	Expenses/Debt	Household Assets		
Borrower monthly gross wages	\$	First mortgage payment	\$	Checking account(s)	\$	
Borrower overtime	\$	Second mortgage payment	\$	Savings/money marke account(s)	t \$	
Borrower start date of employment (MMDDYYYY)	\$	Homeowners insurance ¹	\$		\$	
Borrower other employment start date (MMDDYYYY)	\$	Property Taxes ²	\$	Certificate(s) of depos (CDs)	it \$	
Co-borrower monthly gross wages		Credit cards / installment loan(s) (total minimum payment per month)	\$		\$	
Co-borrower overtime		Alimony/separation maintenance/child support payments	\$		\$	
Co-borrower start date of employment (MMDDYYYY)		Net rental expenses/ property maintenance expenses	\$	Stocks/bond(s)	\$	
Co-borrower other employment start date (MMDDYYYY)		Homeowners association/ condominium fees	\$		\$	
Child support/ alimony/separation maintenance	\$	Child care expenses	\$	Other cash on hand	\$	
Non-taxable Social Security/Social Security Disability Insurance	\$	Car payments, including car lease payments	\$	Other real estate (estimated value)	\$	
Taxable Social Security benefits	\$	Car insurance/gas/ maintenance	\$	Other	\$	
Other monthly income from pensions, annuities or retirement plans	\$	Health insurance/ medical expenses	\$			
Tips, commissions and bonus income	\$	Life insurance premiums (not withheld from pay)	\$			
Self-employment income	\$	Groceries	\$			
Unemployment Income	\$	Water/sewer/utilities	\$			
Start date of unemployment (MMDDYYYY)		Internet/cable/satellite/ cell phone/home phone	\$			
Rents received	\$	Personal loans/tuition	\$			
Boarder income	\$	Tithes/religious contributions	\$		•	
Food stamps/Welfare	\$	Other	\$	Do not include retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keough plans, etc.)		
Other (investment income, royalties, interest, dividends, etc.)	\$					
Total (gross income)	\$	Total assets	\$	Total assets	\$	

Total (gross income) \$ Total assets

1. Only include your homeowners insurance payment if you pay this amount yourself.

^{2.} Only include your property tax payments if you pay them yourself.

Acknowledgment and Agreement

I/We understand that I/we will be considered for all mortgage assistance options available to us, including federal government programs as appropriate. I/We certify as follows:

- 1. That all of the information in this affidavit is true and accurate and the event(s) identified on page two is/are the reason that I/we need to request a modification of the terms of my/our mortgage, 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, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate federal law and may result in foreclosure.
- 3. I/We understand the servicer may 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 and may pursue foreclosure on my/our home and/or pursue any available legal remedies.
- 5. I/We understand, to be considered for certain federal government programs my/our property must be owner-occupied. If I/we have not indicated otherwise on this form, I/we certify that: my/our property is owner-occupied and I/we intend to reside in this property for the next twelve months and 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.
- 6. I/We am/are willing to provide all requested documents and to respond to all servicer questions in a timely manner.
- 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.
- 8. I/We am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
- 9. If I/we am/are eligible for a trial period plan, repayment plan, or forbearance plan, and I/we accept and agree to all terms of such plan, I/we 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/Our first timely payment following my/our Servicer's determination and notification of my/our 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.
- 10. I/We agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my/our loan or foreclosure action and related activities and shall not constitute a cure of my/our default under my/our loan unless such payments are sufficient to completely cure my/our entire default under my/our loan.
- 11. I/We agree that any prior waiver as to my/our payment of escrow items to the Servicer in connection with my/our loan has been revoked.
- 12. If I/we qualify for and enter into a repayment plan, forbearance plan, and trial period plan, I/we agree to the establishment of an escrow account if an escrow account never existed on my/our loan as required.
- 13. I/We understand that the servicer will collect and record personal information, including, but not limited to, my/our name(s), address, telephone number, Social Security number(s), 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 to (a) the U.S. Department of the Treasury or its agents; (b) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (c) companies and/or individuals that perform support services in conjunction with home preservation mortgage assistance efforts; (d) auditors, including but not limited to independent auditors, regulators and agencies; and (e) any HUD-certified housing counselor.

14.	4. I/We consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I/we have provided to the Servicer. This includes text messages and telephone calls to my/our cellular or mobile telephone.						
Воз	rrower Signature	Date	Co-borrower Signature	Date			

Contacts - if you have questions

- If you have questions about this document or your available options, please contact your home preservation specialist.
- If you have questions about your options that your servicer cannot answer or if you need further counseling, call the Homeowner's HOPE™
 Hotline at 1-888-995-HOPE (4673). A Hotline counselor will help you by answering questions about your available options and providing you with free HUD-certified counseling services in English and Spanish.

Form **4506T-EZ**

Short Form Request for Individual of Tax Return Transcript

(Rev January 2011)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-2154

Form **4506T-EZ** (Rev. 01-2011)

	TIP: Use Form 4506T-EZ to order a 1040 series tax return transcript free self-help service tools. Please visit us at IRS.gov and click on "Order a Tra				
1a	Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return			
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	d ZIP code (See instructions)			
4	Previous address shown on the last return filed if different from line 3(Se	e instructions)			
5	If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.				
	Third party name	Telephone number			
6	business days.	juesting (for example, "2008"). Most requests will be processed within 10			
fille No	ution. If the transcript is being mailed to a third party, ensure that you had in line 6. Completing these steps helps to protect your privacy. te. If the IRS is unable to locate a return that matches the taxpayer iden is not been filed, the IRS may notify you or the third party that it was unable	tity information provided above, or if IRS records indicate that the return			
Si	gnature of taxpayer(s). I declare that I am the taxpayer whose rurn, either husband or wife must sign. Note. For transcripts being sent	name is shown on either line 1a or 2a. If the request applies to a joint			
	Signature (see instructions)	()			
	ere	Date			
	Spouse's signature	Date			

Cat No. 54185S

Form 4506T-EZ (Rev. 01-2011) Page 2

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 sued for requesting tax return transcripts.

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

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

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

If you filed an individual return and lived in:

Florida, Georgia (After June 30, 2011, send your transcript requests Doraville, GA 30362 to Kansas City, MO

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

RAIVS Team P.O. Box 47-421 770-455-2335

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, lowa. Kansas. Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota. Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

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

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New **RAIVS Team** Hampshire, New Stop 6705-B41 Jersey, New York, NorthKansas City, MO Carolina, Ohio, 64999 Pennsylvania, Rhode 816-292-6102 Island, South Carolina, Vermont, Virginia, West Virginia

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 you individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

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

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

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 120 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

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

ADDENDUM TO PURCHASE AGREEMENT

In reference to	Purchase Agreement bety	ween	the			
Buyer, and		, the Seller, and dated				
, covering the real estate property commonly known as:						
Subject property	addraga					
Subject property	address					
		ELLER HEREBY AGREE TO THE FOLLOW before 60 days from lender				
-						
•						
-			 			
		archase Agreement shall remain the same. The he with made an integral part of the aforementione				
Date:		Date:				
		Seller:				
Witness:		Witness:				

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.