

FAX COVER SHEET

Account Number _____

(This page should be returned to us with your completed financial analysis form)

To: Loss Mitigation

From: _____ Account Number _____

Fax to: **1-866-709-4744** or mail to: Loss Mitigation
2711 North Haskell Avenue, Suite 900
Dallas TX 75204

The following documentation must be included to determine eligibility:

- **Financial Analysis Form**
- **Signed letter explaining the cause of default or imminent (future) default; sometimes known as a hardship letter accompanied with a signed Hardship Affidavit (see form below)**
- **Copies of your two most recent pay stubs (for each borrower on the loan), or, if self-employed, a current income statement, balance sheet, statement of owner’s equity, and a 6-month profit and loss statement.**
- **Copy of your most recent Federal Tax return on file for each borrower along with a signed form 4506-T (see form below)**

Additional items required if you are requesting a sale of your property:

- Copy of listing agreement**
- Copy of the sales contract**
- Copy of the estimated Settlement Statement (HUD 1) if available**
- Signed “third party authorization” form**

I/we understand and realize that the financial information being provided will be used by the lender and/or insurer of the Mortgage to analyze my options with respect to the Mortgage. I/we further understand and acknowledge that any action taken by the lender and/or the insurer of my Mortgage on my behalf will be made in strict reliance on the financial information I provided herein. I/we understand signing this analysis form authorizes the lender to obtain a credit report.

I/we further understand that if my total debt ratio (gross income dived by total debt) equals 55% or greater, I/we will be required to provide a signed statement indicating that I/we will obtain counseling from a HUD approved counselor prior to the modification becoming effective. A list of HUD approved Counselors can be found at www.hopenow.com or you can call 1-888-995-HOPE, 24-hours a day, 7-days a week.

By signing below, we certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization for the designee to assist on my/our behalf.

_____ Borrower _____ Date

_____ Co-Borrower _____ Date

FINANCIAL ANALYSIS FORM

Name (Borrower):	Daytime Phone:	Alternate Phone:
Name (Co-borrower):	Daytime Phone:	Alternate Phone:
Mortgage Account Number:		Best time to reach you:

May we contact you via email?

- Yes
 No

If yes, please provide your email address.

Email Address

Total number of individuals in your household:

How much money is currently available towards a workout?

Do you want to keep the property?

Have you filed bankruptcy?

Is your home listed for sale? If yes, what is the list price?

What is your agent's name and telephone number?

Is the property occupied? If yes, is it owner occupied or tenant occupied?

Do you have a second mortgage? If yes, please provide contact information for your second mortgage company:

EMPLOYMENT HISTORY

	Borrower	Co-Borrower	
Currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How long?			
Present employer:			
If self-employed, name of company:			
Description	Borrower	Co-Borrower	Total
Gross Salary / Wages	\$	\$	\$
Unemployment Income	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Disability Income	\$	\$	\$
Rental Income	\$	\$	\$

ASSETS/LIABILITIES

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Description	Estimated Value	Amount Owed	Net Value
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$

EXPENSES

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mortgages / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners Assoc. Dues	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card / Installment Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food / Household Supplies	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

HARDSHIP AFFIDAVIT (please include a letter to explain your situation)

Account Number: _____

Borrower Name _____ Co Borrower Name _____

Property Address _____

In order to qualify for our offer to enter into a conditional Loan Workout and Modification Agreement (the "Agreement"), I am submitting this letter to the Lender indicating by a checkmark one or more events ("Event(s)") that has contributed to my inability to remain current on my mortgage loan.

✓ My checkmark below indicates the Event(s) that have contributed to my inability to pay.

Borrower Co-Borrower

		1. I lost my job and now am unemployed.
		2. My employer reduced my pay. Overtime eliminated, regular hours or base pay reduced.
		3. I am underemployed. I lost my job, but my new job pays less than my old job.
		4. A Borrower or primary wage earner in the household has died.
		5. I am self-employed and have endured a decline in business earnings.
		6. My spouse, domestic partner, or co-Borrower has been incarcerated in jail.
		7. I have suffered a permanent or short-term disability.
		8. A serious illness has impacted a household member.
		9. I am now divorced.
		10. I am now separated.
		11. My employer has suffered a natural or man-made disaster impacting my income (such as, wildfires, floods, hurricanes, etc.)
		12. I or a family member has suffered a disability or illness that results in an increase in uninsured major medical expenses.
		13. My house has been damaged by a natural or man-made disaster.
		14. I had to incur a significant expense to maintain the habitability or safety of my house or otherwise prevent a significant deterioration in its value if the house was not repaired.
		15. I am overextended on all of my credit because I have been using credit cards, home equity loans, or other credit to pay my monthly Mortgage payments, medical obligations, food expenses or utility bills.
		16. I am not working or receiving any income.
		17. Other (please explain)

I hereby represent to the Lender that the identified Event has occurred and is the cause of my inability to pay my mortgage. Further, I understand and acknowledge that the Lender may investigate the accuracy of the identified Event(s), such as by requiring me to provide supporting documentation. I understand that if I misstate or misrepresent the nature or occurrence of the Event(s) or fail to provide any required documentation, that the Lender may, in its sole discretion, declare me in default under the Agreement, declare the Agreement null and void, and recommence any foreclosure activities that the Lender intends on temporarily suspending pending completion of the Agreement's three-month probationary period.

Borrower signature

Date

Co-Borrower signature

Date

Third Party Authorization and Agreement to Release

(Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.)

Account Number: _____

Name: _____

Property Address: _____

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to

_____ of _____ in his/her capacity as
Name Company (if applicable)

_____ Phone Number
Relationship (if applicable)

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 names 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.

Printed Borrower Name

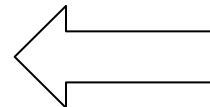
Printed Borrower Name

Date

Borrower Signature

Borrower Signature

Date



Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
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 or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

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

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

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

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

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

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

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 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, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, 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
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	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) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 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, 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 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.