



Dear Borrower:

We are requesting a financial package so RCS may further consider your circumstances and review your loan for Work Out assistance. Please complete the enclosed worksheet and return it to us along with the required documentation specified below within 14 business day of the post mark.

- Completed Financial Worksheet (enclosed)
- A letter explaining your hardship in detail
- Copies of your 2 most recent pay stubs
- Copies of your last month's bank statements (If you are self-employed, please include both business and personal statements for the last 6 months).
- Most recent **signed** Tax Return with all schedules
- Complete the 4506-T form (enclosed)
- Complete the Authorization to Obtain and Recertify Credit Information
- Lease agreement (if you are including rental income in your monthly budget)
- Listing agreement (if you have listed the property for sale)

We must receive this information back within the 14 business day timeframe in order to expedite action in your case and make a timely decision. Please follow up with RCS within 48 hours of sending your information. If your loan is in active foreclosure, that action will remain active until a Work Out agreement is completed. Please contact RCS at 800-737-1192 to discuss this further. You can fax your financial package to 888-775-7250.



## Borrower's Financial Statement

Loan Number \_\_\_\_\_

### PROPERTY INFORMATION AND PURPOSE OF LOAN

Subject Property Address (street, city, state & ZIP) \_\_\_\_\_

No. of Units \_\_\_\_\_

Property is :

Primary Residence    Secondary Residence    Investment

Borrower	BORROWER INFORMATION	Co-Borrower
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Borrower's Name (include Jr. or Sr. if applicable)

Co-Borrower's Name (include Jr. or Sr. if applicable)

Social Security Number

Home Phone

Social Security Number

Home Phone

Married    Unmarried

Dependents

Married    Unmarried

Separated

NO.            ages

Separated

Present Address (street, city, state, ZIP)  Own  Rent \_\_\_\_ No. Yrs

Present Address (street, city, state, ZIP)  Own  Rent \_\_\_\_ No. Yrs

Mailing Address, if different from Present Address

Mailing Address, if different from Present Address

Borrower	EMPLOYMENT INFORMATION	Co-Borrower
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Name & Address of Employer

Yrs. on this job

Name & Address of Employer

Yrs. on this job

Self Employed

Self Employed

Position/Title/Type of Business

Business Phone

Position/Title/Type of Business

Business Phone

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name & Address of Employer

Yrs. on this job

Name & Address of Employer

Yrs. on this job

Self Employed

Self Employed

Position/Title/Type of Business

Business Phone

Position/Title/Type of Business

Business Phone

**MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION**

MONTHLY INCOME				COMBINED HOUSING EXPENSE INFORMATION			
Gross							
Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense		Present	Other
Base Empl. Income*	\$	\$	\$	Rent		\$	\$
Overtime				1st Mortgage (P&I)			
Bonuses				Other Financing			
Commissions				Hazard Insurance			
Dividends/Interest				Real Estate Taxes			
Net Rental Income				Mortgage Ins			
Other				HOA Dues			
<b>Total:</b>				<b>Total:</b>			

**Other Income:**

B/C	Description	Monthly Amount

**ASSETS AND LIABILITIES**

List checking and savings accounts below Name and address of Bank, S&L, or Credit Union	LIABILITIES		Monthly Payments	Unpaid Balance
	Name of Company	Month Left to Pay	Month Left to Pay	Month Left to Pay
Acct. no. \$	Acct. No.	Payment and Mos	\$	
Name and address of Bank, S&L, or Credit Union	Name of Company	Payment and Mos	\$	
Acct. no. \$	Acct. No.	Payment and Mos	\$	
Name and address of Bank, S&L, or Credit Union	Name of Company	Payment and Mos	\$	
Acct. no. \$	Acct. No.	Payment and Mos	\$	
Acct. no. \$	Acct. No.	Payment and Mos	\$	

**Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)**

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	↓	Type of Property	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Taxes, & Dues	Net Rental Income

**Monthly Housing Expense**

	Payment Amount	Frequency	Monthly Past Due Amount	Misc
Electricity				
Heating /Gas				
Telephone				
Water/Sewer				
Cable/Internet				
Food/Clothing				
Transportation (Gas, Insurance)				
Health Insurance				

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (Our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report, and to contact my real estate agent and/or credit counseling service representative (if applicable).

Submitted this \_\_\_\_\_ day of \_\_\_\_\_.

By: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_



**ACKNOWLEDGEMENT AND AGREEMENT**

**In making this request for consideration under the Making Home Affordable Program I certify under penalty of perjury:**

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my statements, may require me to provide supporting documentation, and that knowingly submitting false information may violate Federal law and may result in foreclosure.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under the Home Affordable Modification Program and may pursue foreclosure on my home.
5. I certify that: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I understand that Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**If you have questions about this document or the modification process, please call your servicer at \_\_\_\_\_ . 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). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.**



**NOTICE TO BORROWERS**

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling **1-877-SIG-2009** (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





## 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  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
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       559-456-5876
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       801-620-8922
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, 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) 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.



**AUTHORIZATION TO OBTAIN AND REVERIFY CREDIT INFORMATION**

Applicant: \_\_\_\_\_  
Loan Number: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Lender: \_\_\_\_\_

The lender may obtain or reverify information or documents used in processing this loan. I hereby authorize release of information to the lender or its designee by my employer, bank or other depository institution, accountant, stock broker, mortgage lender, creditor or other source to verify the accuracy of information on my credit and assets or documents the lender uses in deciding whether to approve the loan. A photocopy of this form with my signature is sufficient authorization.

I further authorize the lender to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. A photocopy of this form with my signature is sufficient authorization.

The information the lender obtains is only to be used in the processing of my mortgage loan application or in the later reverification of any of the credit information in the course of an audit or review by the lender, its agents or later purchasers of the mortgage loan.

Date: \_\_\_\_\_ Signature of Applicant

Date: \_\_\_\_\_ Signature of Applicant

*NOTICE TO BORROWERS: This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not disclosed or released by this institution to another government agency or department without your consent except as required or permitted by law.*