



Dear Client,

As a response to Florida's wave of foreclosures, InCharge offers assistance to homeowners throughout the state who are experiencing financial hardships and are struggling to meet their mortgage payments. Our certified housing counselors can provide you with free, confidential foreclosure prevention counseling that can help you take your next steps with greater confidence.

While every situation is unique, a foreclosure prevention counseling session can help you understand the paths that may be open to you, such as loan modification programs, forbearance, repayment plans and others. You and your counselor will review your individual situation and discuss possible steps toward your goals of stopping foreclosure and saving your home.

Seeking professional assistance from a certified housing counselor can help you take an impartial look at your finances and may increase the likelihood of you coming to a realistic and achievable agreement with your lender. During your session, your counselor will assess your financial situation and finalize the session after reviewing the required supporting documentation summarized on the enclosed "Borrower's Require Documents List." Please gather and complete the required documents and email, fax or mail all documents to us as soon as possible.

Thank you for allowing us to service you.

Sincerely,

InCharge Housing Team  
877-251-1882  
[OHC@InCharge.org](mailto:OHC@InCharge.org)

## BORROWER'S REQUIRED DOCUMENTS LIST

### BORROWER'S NAME:

Please provide all current financial documentation that is **WITHIN THE LAST 30 DAYS** as soon as possible. Thank you.

- 1. Housing Counseling Agreement (InCharge Debt Solutions)
- 2. Proof of All Sources of Household Income - Ex. 60 Days worth of pay stubs and/or all income documentation not reported elsewhere (Award letters, child support, brokerage statement)
- 3. Bank Statements/Personal (most recent, 2 months minimum, include all pages)
- 4. If Self Employed: Business Bank Statements (most recent, 4 months minimum, include all pages) and Profit & Loss Quarterly Statement
- 5. HOA Statement
- 6. Budget (InCharge Debt Solutions)
- 7. Dodd-Frank Certification
- 8. Hardship Letter
- 9. IRS Form 4506-T and 4506-T EZ (Request for Tax Return Transcript)
- 10. Signed Copy of Tax Returns and W2 Forms for the most recent two years for Borrower(s)\_
- 11. Completed Uniform Borrower Assistance Form (710 and 710A)
- 12. Mortgage Statement (most recent if possible)

If you are unable to provide any of the required documents above, please provide an explanation:



### THIRD PARTY AUTHORIZATION AND AGREEMENT TO RELEASE

LOAN NUMBER:

SERVICER NAME:

PROPERTY ADDRESS:

I/we do hereby authorize (my lender / mortgage servicer) to release or otherwise provide information to: Angel Gonzalez, Iris Hernandez, Yvonne Harris, Victor Burrola, Daniel Guzman and Metron Parker with InCharge Debt Solutions in his/her capacity as the Certified Housing Counselor.

HUD Approved Counseling Agency

InCharge Debt Solutions contact number is (877) 251-1882, email: [OHC@InCharge.org](mailto:OHC@InCharge.org) 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.

I/we, the borrower(s), understand 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 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, the borrower(s) 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.

I/we the borrower(s) agree to this Authorization and the terms of the Release as stated above. All the borrower(s) have signed and dated below.

**INCHARGE DEBT SOLUTIONS**

**CONTACT PHONE:** (877) 251-1882

**EMAIL:** [OHC@INCHARGE.ORG](mailto:OHC@INCHARGE.ORG)

**MAILING ADDRESS:**

5750 MAJOR BLVD., SUITE 300

ORLANDO, FL 32819

\_\_\_\_\_  
BORROWER'S PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-BORROWER'S PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## INCHARGE DEBT SOLUTIONS AGREEMENT AND NOTICE OF PRIVACY STATEMENT

I agree to hold harmless any InCharge Debt Solutions employee, agent or volunteer from liability, claims, suits, action, or demand asserted against or incurred by InCharge Debt Solutions as a result of advice or counseling provided.

I authorize InCharge Debt Solutions and its representative to speak on my behalf with other companies, agencies, or service providers regarding my financial matters including loan applications, debt obligations, and medical bills.

I give permission for InCharge Debt Solutions to pull my credit up to 3 times within the next 24 months and follow up with me during that same time for the purpose of program evaluation.

**PRE-PURCHASE COUNSELING** - I understand that the Housing Counselor may make recommendations or referrals, but I am not obligated to pursue a loan with the lender. I am free to choose any lender, loan program, workout option, community or professional service provider with which I am interested in working with. Completion of this housing counseling program and a receipt of a letter of completion of counseling do not qualify me for an FHA loan. A lender will have to determine if I qualify for a loan. I understand that I may not be approved for a loan. I authorize the lender or servicer to speak with InCharge Debt Solutions or its representative regarding my loan.

I understand that InCharge Debt Solutions may have a fee-for-service partnership with lenders whereby there's an arrangement that involves InCharge collecting payment directly from the lender for services provided by the organization that satisfies a pre-negotiated contract or agreement.

**FORECLOSURE PREVENTION COUNSELING** - I understand that InCharge Debt Solutions may receive government and/or private funding from programs and other entities, including, but not limited to, the National Foreclosure Mitigation Counseling ("NFMC") program. I acknowledge that InCharge Debt Solutions will submit client-level information to the Data Collection System for the NFMC grant. NFMC may open files to be reviewed for program monitoring and compliance purposes. NFMC may conduct follow up with me related to program evaluation.

**NOTICE OF PRIVACY STATEMENT** - InCharge Debt Solutions is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both verbal and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information" such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, to one or more of our affiliates, service providers or other third parties who are assisting us in providing services to you and others that you may authorize. We may also provide aggregated, non-personally identifiable information to third parties for any legal purposes whatsoever.

### TYPES OF INFORMATION THAT WE GATHER ABOUT YOU INCLUDE BUT IS NOT LIMITED TO:

- Information you provide to us such as your name, address, social security number, assets and income.
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage.
- Information we receive from a credit reporting agency, such as your credit history.

### RELEASE OF YOUR INFORMATION TO THIRD PARTIES:

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, is necessary to provide our services to you or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law.
3. Within the organization, we restrict access to nonpublic personal information about you to employees who need to know that information to provide services to you.

I understand that whether to follow any or all of the counseling recommendations is completely, my choice. I am also not required to receive any other services offered by InCharge or its partners. By signing below, I acknowledge receipt of the InCharge Debt Solutions authorization, disclosure statement and privacy policy.

You may opt out of certain disclosures such as disclosure to your creditors. If you choose to opt out, we will not be able to answer questions from your creditors. To opt out, you may call us at 1-877-251-1882.

Borrower's Printed Name	Signature	Date	Last 4 Digits of SSN	
Co-Borrower's Printed Name	Signature	Date	Last 4 Digits of SSN	
Address	City	State	Zip	Housing Counselor Name



Borrower's Name: \_\_\_\_\_



# Household Monthly Budget

## Income

Borrower Gross Income		Co-Borrower Gross Income	
Borrower Net Income		Co-Borrower Net Income	
Other Income			

## Expenses

### Housing

Mortgage	
Home Maintenance	
2nd Mortgage/Line of Credit	
HOA	
Property Taxes	
Homeowner's Insurance	
Other	

### Utilities

Home Phone	
Mobile Phone	
Electric	
Water	
Natural Gas/Oil	
Cable/Satellite Television	
Internet	
Trash Services	
Other	

### Transportation

Car Payment 1	
Car Payment 2	
Auto Insurance	
Gas/Fuel	
Parking/Tolls	
Vehicle Maintenance	

### Food & Household

Groceries & Household Items	
Eating Out	
School Lunches	

### Personal Expenses

Clothing	
Laundry/Dry Cleaning	
Medications/Prescriptions	
Doctor Bills/Co-pays	
Health Insurance	
Life Insurance	
Alimony/Child Support Payments	
Education	
Childcare	
Grooming	
Gym Membership	
Professional Services	
Charitable Contributions	
Savings	
Other	

### Debt Payments

Credit Cards	
Student Loans	
Unsecured/Personal Loans	
Other	

## Budget Summary

Total Income	
Total Expenses	
Surplus/Shortage	

## Signatures

_____	_____
Borrower	Date
_____	_____
Co-Borrower	Date

# Authorization

[FOR USE WITH FOR PROFIT AND NON PROFIT LOAN ASSISTANCE CONSULTANTS]

Account No.: \_\_\_\_\_

The undersigned Borrower and, if applicable, Co-Borrower, hereby authorize(s) Bank of America, N.A., its affiliates, agents and employees (collectively, "BAC"), to discuss and negotiate the terms of a workout arrangement (which may include a loan modification, short sale, deed in lieu or other form of mortgage relief) with my (our) designated agent ("Designated Agent") as identified below. BAC is also authorized to share, release, discuss, and otherwise provide public and non-public personal information contained in or related to the mortgage loan to my (our) Designated Agent. The Designated Agent and BAC are authorized to share with each other any and all information concerning me (us) in their possession including, but not limited to, the name, address, telephone number, social security number, credit score, income, loss mitigation application status, account balances, program eligibility, and payment activity and other information to the extent required to facilitate the completion of any workout arrangement, without further authorization from me (us).

I (we) further agree and acknowledge as follows:

- The decision to select a Designated Agent to assist in negotiating my (our) workout arrangement is voluntary;
- I (we) can negotiate the terms of a workout arrangement directly with BAC without third party assistance; and, in the event our Designated Agent is a "for profit" entity which charges a fee, we further acknowledge that free help is available;
- I (we) assume sole responsibility for any fees owed to the Designated Agent in connection with its services and acknowledge further that BAC is not responsible for any amounts due to the Designated Agent; BAC is not responsible for any act or omission of the Designated Agent, including anything the Designated Agent may do with any information we provide hereunder or any failure of the Designated Agent to competently perform its services. BAC may take reasonable steps to verify the identity of the Designated Agent, but has no responsibility or liability to verify the identity of such Designated Agent.

This authorization will remain effective until I (we) notify BAC in writing that it is of no further force and effect.

The Designated Agent is: \_\_\_\_\_  
(insert individual name of Designated Agent (if any))

\_\_\_\_\_  
(insert corporate name of Designated Agent)

**EXCEPT WHERE BORROWER IS REPRESENTED BY AN ATTORNEY OR PROVIDES SPECIFIC INSTRUCTIONS TO THE CONTRARY, THE BORROWER ACKNOWLEDGES THAT BAC MAY FROM TIME TO TIME CONTACT THE BORROWER DIRECTLY TO CONFIRM OR PROVIDE NOTICE OF INFORMATION RELEVANT TO THE PROCESSING AND/OR CONSUMMATION OF THE WORKOUT ARRANGEMENT.**

**I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:**

Borrower

Co-Borrower

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Authorization

[FOR USE WITH FOR PROFIT AND NON PROFIT LOAN ASSISTANCE CONSULTANTS]

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## DESIGNATED AGENT ACKNOWLEDGEMENT

The undersigned officer, member or partner of the Designated Agent hereby acknowledges that any material misrepresentation, misstatement or omission of fact made to BAC, or any lender, investor or insurer in connection with any modification or other workout arrangement under the Treasury Department's Making Homes Affordable Program ("MHA") : (a) may violate the anti-fraud provisions of MHA, (b) may be prosecuted pursuant to Section 18 U.S.C §1001 et. Seq. of the Federal Code of Crimes and Criminal Procedures and be punishable by up to 30 years in federal prison or \$1,000,000 fine, or both, and/or (c) may be prosecuted under the Civil False Claims Act (31 U.S.C. §§ 3729-3733).

In addition, the undersigned hereby represents on behalf of the Designated Agent that: (i) it has made all disclosures to the Borrower and Co-Borrower required to be made in accordance with any applicable federal or state rule or regulation and if the Designated Agent is a for profit provider of mortgage relief services subject to the terms of FTC Rule No. [ ] (the 'FTC Rule'), it further represents that it has complied with all disclosures required to be made under the FTC Rule , (ii) it is in compliance with all applicable federal and state laws, rules, and regulations, governing the registration, licensing, certification, business practices or conduct of loan counselors or consultants providing mortgage relief services to consumers, (iii) any payment arrangement for services rendered to the Borrower or Co-Borrower is structured in a manner consistent with any applicable federal or state rule or regulation, and if the Designated Agent is a for profit provider of mortgage relief services subject to the terms of the FTC Rule, it further represents that any fee arrangement with the Borrower and Co-Borrower complies with the terms of the FTC Rule: and (iv) the contact and licensing information provided below is true and correct.

Name of Designated Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

State license/Registration No., TIN, NMLS, or EIN: \_\_\_\_\_

Name of State Licensing Entity (if applicable): \_\_\_\_\_

Type of License: \_\_\_\_\_

### Designated Agent Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**UNIFORM BORROWER ASSISTANCE FORM**

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

**NOTICE:** In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

**REMINDER:** The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number \_\_\_\_\_ (usually found on your monthly mortgage statement)

Servicer's Name \_\_\_\_\_

I want to:  Keep the Property  Vacate the Property  Sell the Property  Undecided

The property is currently:  My Primary Residence  Second Home  An Investment Property

The property is currently:  Owner Occupied  Renter Occupied  Vacant

**BORROWER****CO-BORROWER**

BORROWER'S NAME

CO-BORROWER'S NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME PHONE NUMBER WITH AREA CODE

HOME PHONE NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

MAILING ADDRESS

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

EMAIL ADDRESS

Is the property listed for sale?  Yes  No

If yes, what was the listing date? \_\_\_\_\_

If property has been listed for sale, have you received an offer on the property?  Yes  No

Date of offer: \_\_\_\_\_ Amount of Offer: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone Number \_\_\_\_\_

For Sale by Owner?  Yes  No

Have you contacted a credit counseling agency for help?

 Yes  No

If yes, complete the counselor contact information below:

Counselor's Name: \_\_\_\_\_

Agency's Name: \_\_\_\_\_

Counselor's Phone Number: \_\_\_\_\_

Counselor's Email Address: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees?  Yes  No

Total Monthly payment amount: \_\_\_\_\_ Name and Address fees are paid to? \_\_\_\_\_

Have you filed for bankruptcy?  Yes  No If yes?  Chapter 7  Chapter 11  Chapter 12  Chapter 13If yes, what is the filing date? \_\_\_\_\_ Has your bankruptcy been discharged?  Yes  No Bankruptcy case Number: \_\_\_\_\_Is any borrower an active duty service member?  Yes  NoHas any borrower been deployed away from his/her primary residence or received a Permanent Change of Station order?  Yes  NoIs any borrower the surviving spouse of a deceased service member who was on active duty at the time of death?  Yes  No



# UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wages		First Mortgage Payment		Checking Account(s)	
Overtime		Second Mortgage Payment		Checking Account(s)	
Child Support / Alimony*		Homeowner's Insurance		Savings / Money Market	
Non-taxable social security/SSDI		Property Taxes		CDs	
Taxable SS benefits or other monthly income from annuities or retirement plans		Credit Cards/ Installment Loan(s) (total minimum payment per month)		Stock / Bonds	
Tips, commission, bonus and self-employed income		Alimony, child support payments*		Other Cash on Hand	
Rents Received		Car Lease Payments		Other Real Estate (estimated value)	
Unemployment Income		HOA/Condo Fees/Property Maintenance		Other _____	
Food Stamps/ Welfare		Mortgage Payments on other properties			
Other _____		Other _____			
Total (Gross Income)		Total Household Expenses and Debt Payments		Total Assets	

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

LienHolder's Name	Balance and Interest Rate	Loan Number	LienHolder's Phone Number

## Required Income Documentation

<input type="checkbox"/> <b>Do you earn a salary or hourly wage?</b> For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).	<input type="checkbox"/> <b>Are you self-employed?</b> For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.
<input type="checkbox"/> <b>Do you have any additional sources of income?</b> Provide for each borrower; as applicable:	
<b>"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:</b> <input type="checkbox"/> Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).	
<b>Social Security, disability or death benefits, pension, public assistance, or adoption assistance:</b> <input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and <input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.	
<b>Rental income:</b> <input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E --Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported, reduced by the monthly debt service on the property, if applicable; or <input type="checkbox"/> If rental income is not reported on Schedule E - Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.	
<b>Investment income:</b> <input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income.	
<b>Alimony, child support, or separation maintenance payments as qualifying income:*</b> <input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and <input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment.	

\*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

# UNIFORM BORROWER ASSISTANCE FORM

## HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe my situation is:  Short-term (under 6 months)  Medium-term ( 6 - 12 months)  Long- term or Permanent Hardship ( greater than 12 months)

**I am having difficulty making my monthly payment because of the reason set forth below:**

*(Please check the primary reason and submit required documentation demonstrating your primary hardship)*

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical Bills None of the above shall require providing detailed medical information
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer/ Relocation	<b>For active-duty servicemembers:</b> Notice of Permanent Change of Station (PCS) or actual PCS orders. <b>For employment transfers/new employment:</b> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Paystub from new employer; OR <input type="checkbox"/> If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation

**Borrower/Co-Borrower Acknowledgement and Agreement**

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party\*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer, or authorized third party\*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. 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.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
  - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
  - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the servicer.
  - c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
  - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The servicer or authorized third party\* will obtain a current credit report on all borrowers obligated on the Note.
9. The servicer or authorized third party\* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the servicer or authorized third party\*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
  - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
  - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender/servicer/ or authorized third party\*. By checking this box, I also consent to being contacted by  text messaging.

Borrower Signature	Date	Co-Borrower Signature	Date
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\*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.



**To Be Completed if a Borrower/Co-Borrower Discloses Income From a Household Member Who is Not on the Promissory Note**

LOAN #: \_\_\_\_\_

Your Hardship Affidavit /Request for Modification (RMA) or Uniform Borrower Assistance Form (Form 710) indicates that a non-borrower contributes to your total household income. For our purposes, a non-borrower is an individual who resides in your home and contributes to the household income but is not personally obligated on your mortgage loan. As part of the evaluation process, a Credit Authorization Form must be completed and signed by each non-borrower.

Note: Updated or additional documents may be required. Copies of this form may be used if you have more than one non-borrower contributing to your total household income.

Please have the non-borrower fully execute the below **NON-BORROWER CREDIT AUTHORIZATION FORM**.

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**NON-BORROWER CREDIT AUTHORIZATION FORM TO OBTAIN CONSUMER CREDIT REPORT**

The undersigned non-borrower certifies the following:

1. I am an occupant of Property: \_\_\_\_\_
2. I contribute to the total household income of the Property;
3. I understand and acknowledge that Bank of America is evaluating the mortgage loan that is secured by the Property for a loan modification.
4. I hereby authorize Bank of America, N.A., or its designated agent, to obtain and review a consumer credit report containing my credit history and other non-public information as part of its evaluation process.

This Authorization shall constitute the undersigned's agreement to allow Bank of America, N.A. to obtain a copy of a consumer credit report in the manner permitted by the Fair Credit Reporting Act.

\_\_\_\_\_  
NAME (Non-Borrower)

\_\_\_\_\_  
SIGNATURE (Non-Borrower)

\_\_\_\_\_  
RELATIONSHIP TO BORROWER

\_\_\_\_\_  
DATE

NON-BORROWER SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_



# Making Home Affordable Program Request for Mortgage Assistance (RMA)

Request For Mortgage Assistance (RMA) page 1

**Requesting mortgage assistance for mortgage loan number:**

- I/We want to:**                     Keep the property                     Sell the property
- The property is my/our:**        Primary residence                     Second home                     Investment property
- The property is:**                     Owner occupied                     Renter occupied                     Vacant

## Borrower information

Borrower		Co-borrower	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number (    )		Home phone number (    )	
Cell phone number (    )		Cell phone number (    )	
Work phone number (    )		Work phone number (    )	
Email address		Email address	
Mailing address		Mailing address <i>(if different than borrower's)</i>	

**Have you contacted a credit-counseling agency for help?**    Yes    No

If yes, complete counselor contact information below.

Counselor's name: \_\_\_\_\_ Counselor's phone number: (    ) \_\_\_\_\_

Counselor's email: \_\_\_\_\_

**Is any borrower a servicemember?**    Yes    No

If yes, have you recently been deployed away from your principal residence or recently received a permanent change of station order?

Yes    No

**Have you filed for bankruptcy?**    Yes    No

If yes:    Chapter 7    Chapter 11    Chapter 12    Chapter 13

Filing date: \_\_\_\_\_ Has your bankruptcy been discharged?    Yes    No

Bankruptcy case number: \_\_\_\_\_

Please note that if you have or will receive a discharge from a 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.

**How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others?**

\_\_\_\_\_

**Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?**

Yes  No

**Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification?**

Yes  No

If yes, how many? \_\_\_\_\_

**Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence?**

Yes  No

### **Principal residence information**

**Note: If you are requesting mortgage assistance, you must complete this section even if you are not seeking mortgage assistance on your principal residence.**

Principal residence loan number

Principal residence servicer name

Property address (if same as mailing address, write "same")

Number of people who live in the home

**Is this property listed for sale?**  Yes  No

If yes, what was property listing date? \_\_\_\_\_

Have you received an offer on the property?  Yes  No

Date of offer: \_\_\_\_\_ Amount of offer: \$ \_\_\_\_\_ Closing date: \_\_\_\_\_

Agent/Agency name: \_\_\_\_\_ Agent/Agency phone number ( ) \_\_\_\_\_

For sale by owner?  Yes  No

**Who pays the real estate tax bill on your property?**  I do  Servicer does

Are the taxes current?  Yes  No

Monthly condominium or homeowners association fee?  Yes \$ \_\_\_\_\_

Are fees paid current?  Yes  No

Paid to (Name and Address) \_\_\_\_\_

**Who pays the homeowners insurance policy for your property?**

I do  Servicer does  Paid by condominium or homeowners association (HOA)

Is the policy current?  Yes  No

If paid by you or your condominium or HOA, name of insurance company: \_\_\_\_\_

Insurance company phone number: ( ) \_\_\_\_\_

Annual homeowners insurance: \$ \_\_\_\_\_

**If there are additional liens/mortgages or judgments on this property, name the person(s), company or firm and phone number(s).**

Lien holder's name/Servicer: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

Loan number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Lien holder's name/Servicer: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

Loan number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**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 phone number: ( ) \_\_\_\_\_

Is the mortgage on your principal residence paid?  Yes  No

If no, number of months your payment is past due (if known): \_\_\_\_\_

**Hardship Affidavit**

I am requesting review under the Making Home Affordable Program. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

My household income has been reduced. For example: reduced pay or hours, decline in business 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.

I 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 back of page 3 if necessary):

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## Income/expenses for household

Important note: All income must be documented.

### Combined income and expense of borrower and co-borrower

You are not required to disclose child support, alimony or separation maintenance income unless you choose to have it considered by your servicer.

1 Monthly household income		2 Monthly household expenses/debt		3 Household assets	
Monthly gross wages	\$	First mortgage payment	\$	Checking account(s)	\$
Overtime	\$	Second mortgage payment/ other liens	\$		\$
Borrower start date of employment (MMDDYYYY)		Homeowners insurance <sup>1</sup>	\$	Savings/money market account(s)	\$
Co-borrower start date of employment (MMDDYYYY)		Property taxes <sup>2</sup>	\$		\$
Borrower other employment start date (MMDDYYYY) (If borrower has a second job)		Credit cards/installment loan(s) ( <i>total minimum payment per month</i> )	\$	Certificate(s) of deposit (CDs)	\$
Co-borrower other employment start date (MMDDYYYY)		Alimony/separation maintenance/child support payments	\$		\$
Child support/alimony/separation maintenance	\$	Net rental expenses/ property maintenance expenses	\$		\$
Non-taxable Social Security/Social Security Disability Insurance	\$	Homeowners association/ condominium fees	\$	Stocks/bond(s)	\$
Taxable Social Security benefits	\$	Child care expenses	\$		\$
Other monthly income from pensions, annuities or retirement plans	\$	Car payments, including car lease payments	\$	Other cash on hand	\$
Tips, commissions and bonus income	\$	Car insurance/gas/ maintenance	\$	Other real estate ( <i>estimated value</i> )	\$
Self-employment income	\$	Health insurance/medical expenses	\$	Other	\$
Unemployment income	\$	Life insurance premiums (not withheld from pay)	\$		\$
Start date of unemployment (MMDDYYYY)		Groceries	\$		\$
Gross rent received <sup>3</sup>	\$	Water/sewer/utilities	\$		\$
Boarder income	\$	Internet/cable/satellite/cell phone/home phone	\$	Do not include retirement plans when calculating assets ( <i>401(k), pension funds, annuities, IRAs, Keogh plans, etc.</i> )	
Food stamps/Welfare	\$	Personal loans/tuition	\$		
Other ( <i>investment income, royalties, interest, dividends, etc.</i> )	\$	Charitable contributions	\$		
		Mortgage payments for other properties <sup>4</sup>			
		Other	\$		
<b>Total (gross income)</b>	<b>\$</b>	<b>Total debts/expenses</b>	<b>\$</b>	<b>Total assets</b>	<b>\$</b>

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.

3. Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in the following section.

4. Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in the following section.

## Information about your other properties

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### Other properties owned

You must provide information about all properties that you or the co-borrower own, other than your principal residence and the property that you are requesting assistance for. (See below.) Use additional sheets if necessary.

#### Other Property #1

Property address: \_\_\_\_\_

Loan number: \_\_\_\_\_ Servicer name: \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_ Current value: \$ \_\_\_\_\_

Property is:  Vacant  Second or seasonal home  Rented

Gross monthly rent: \$ \_\_\_\_\_ Monthly mortgage payment\*: \$ \_\_\_\_\_

#### Other Property #2

Property address: \_\_\_\_\_

Loan 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 number: \_\_\_\_\_ Servicer name: \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_ Current value: \$ \_\_\_\_\_

Property is:  Vacant  Second or seasonal home  Rented

Gross monthly rent: \$ \_\_\_\_\_ Monthly mortgage payment\*: \$ \_\_\_\_\_

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

### 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 number: \_\_\_\_\_

Do you have a second mortgage on the property?  Yes  No

If yes, Servicer name: \_\_\_\_\_ Loan number: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees?  Yes  No

If yes, monthly fee: \$ \_\_\_\_\_

Are HOA fees paid current?  Yes  No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance?  Yes  No

If no, are the taxes and insurance paid current?  Yes  No

If insurance is paid by you or HOA, name of insurance company: \_\_\_\_\_

Insurance company phone number: ( ) \_\_\_\_\_

Annual homeowners insurance: \$ \_\_\_\_\_ Annual property taxes: \$ \_\_\_\_\_

If requesting assistance with a rental property, property is currently:

Vacant and available for rent  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:  $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$  -  $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

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 as previously described 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 date I signed this form or the date the RMA is received by your Servicer.

**Initials:** Borrower: \_\_\_\_\_ Co-borrower: \_\_\_\_\_

### **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 certify under penalty of perjury that I 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 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 have not been convicted of such crimes. I also understand that knowingly submitting false information may violate Federal law. This certification is effective on the date I signed this form or the date this RMA is received by your servicer.

### **Borrower and Co-Borrower Acknowledgment 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 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 references as if set forth therein 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 the 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 or its agents, (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 and or individuals that perform support services in conjunction with home preservation mortgage assistance efforts; (e) auditors, including but not limited to independent auditors, regulators and agencies and (f) any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any email 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.

**Borrower signature(s):**

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

\_\_\_\_\_  
Borrower signature

\_\_\_\_\_  
Co-borrower signature

\_\_\_\_\_  
Borrower Social Security number

\_\_\_\_\_  
Co-borrower Social Security number

\_\_\_\_\_  
Borrower date of birth

\_\_\_\_\_  
Co-borrower date of birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.

## Information for government monitoring purposes

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

<b>Borrower</b>	<input type="checkbox"/> I do not wish to furnish this information.	<b>Co-borrower</b>	<input type="checkbox"/> I do not wish to furnish this information.
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

### To be completed by interviewer

This application was taken by:

- Face-to-face interview
- Mail
- Telephone
- Internet

Interviewer's name (print or type)

Interviewer's ID number

Interviewer's signature

Date

Interviewer's phone number (include area code)

Name /Address of interviewer's employer

### Notice to Borrower

Be advised that you are signing this document 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.

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.



**Making Home Affordable Program  
Non-Owner Occupant Certification**



You are the occupant of a property that is being sold or transferred in conjunction with the U.S. Department of the Treasury's Home Affordable Foreclosure Alternative (HAFA) Program. Because you will be required to vacate the property as a condition of the sale or transfer, you may be eligible to receive \$3,000 in relocation assistance. If you wish to be considered for this assistance, you must complete and sign this form and return it to the owner of the property (Owner).

**OCCUPANT INFORMATION**

OCCUPANT'S NAME	CO-OCCUPANT'S NAME
PROPERTY ADDRESS (include city, state and zip)	

I certify that I currently occupy the property described above (the Property) as a principal residence and, to the best of my knowledge, I am required to vacate the Property as a condition of the pending sale or transfer.

**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 (MHA), 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 certify that I 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 understand that the servicer of the mortgage loan secured by the Property (the Servicer), the U.S. Department of the Treasury (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 have not been convicted of such crimes. I 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 form is received by the Servicer.

**ACKNOWLEDGEMENT AND AGREEMENT**

- I authorize and give permission to the Servicer, Treasury, and their respective agents, to assemble and use a current consumer report to investigate my eligibility for HAFA relocation assistance, the accuracy of my statements and any documentation that I may provide in connection with requesting HAFA relocation assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point to assess my eligibility.
- I understand that if I have 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 relocation assistance under HAFA, the Servicer, Treasury, or their respective agents may seek remedies available at law and in equity, such as recouping any assistance I previously received.
- I understand that the Servicer will collect and record personal information that I submit, including, but not limited to, my name, address, social security number and date of birth. I understand and consent to the Servicer's disclosure of my personal information and the terms of any assistance I may receive under MHA to 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 the mortgage loan(s) secured by the Property, and to any HUD-certified housing counselor assisting Owner.
- I understand that the Owner may, but is not required to, request relocation assistance on my behalf, and I authorize the Owner to submit this Certification to the Servicer in connection with any such request, along with any other documentation that the Servicer may require.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

▶ _____ Occupant Signature	_____	_____	_____
	Social Security Number	Date of Birth	Date
▶ _____ Co-Occupant Signature	_____	_____	_____
	Social Security Number	Date of Birth	Date



## NOTICE TO OCCUPANTS

Be advised that by signing this document you understand that any documents and information you submit 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 in the Property, 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 in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for relocation assistance under HAFA, 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.sigtar.gov](http://www.sigtar.gov) and provide them with your name, the Owner's name, the property address and 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.





## Request for Transcript of Tax Return

OMB No. 1545-1872

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

**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](http://IRS.gov) and click on "Order a Return or Account 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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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.	

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**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. A tax return transcript does not reflect changes made to the account after the return is processed. 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 10 business days

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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. \_\_\_\_\_

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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

**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, at least one spouse 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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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

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

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). 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.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Return or Account Transcript" or call 1-800-908-9916.

**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 recent return.

### 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:

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	Internal Revenue Service 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, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37108 Fresno, CA 93888	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	Internal Revenue Service 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:

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	Internal Revenue Service RAIVS Team P.O. Box 9911 Mail Stop 6734 Ogden, UT 84109	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	Internal Revenue Service RAIVS Team P.O. Box 115500 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 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. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

**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 120 days of the date signed by the taxpayer 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 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 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.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

### 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, 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:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20221

Do not send the form to this address. Instead, see *Where to file* on this page.

(Rev. January 2012)

Department of the Treasury  
Internal Revenue Service

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

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9916.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number or individual taxpayer identification number on tax return				
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return				
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)					
<b>5</b> If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. <table border="1" style="width: 100%;"> <tr> <td data-bbox="89 758 971 852">Third party name</td> <td data-bbox="971 758 1521 852">Telephone number</td> </tr> <tr> <td colspan="2" data-bbox="89 852 1521 882">Address (including apt., room, or suite no.), city, state, and ZIP code</td> </tr> </table>		Third party name	Telephone number	Address (including apt., room, or suite no.), city, state, and ZIP code	
Third party name	Telephone number				
Address (including apt., room, or suite no.), city, state, and ZIP code					

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.**6** **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days. Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return.**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.**Caution.** Do not sign this form unless all applicable lines have been completed.**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.Phone number of taxpayer  
on line 1a or 2a

<b>Sign Here</b>	▶ _____	_____
	Signature (see instructions)	Date
	▶ _____	_____
	Spouse's signature	Date

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 4506T-EZ at <http://www.irs.gov/form4506>. Information about any recent developments affecting Form 4506T-EZ (such as legislation enacted after we released it) will be posted on that page.

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

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years 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 (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax 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 tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**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.

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

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 recent return.

**If you filed an individual return and lived in:**

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

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

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

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

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
512-460-2272

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

RAIVS Team  
Stop 6705 P-6  
Kansas City, MO 64999  
816-292-6102

**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 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. Ensure that all applicable lines are completed before signing.

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

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, 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, 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 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:

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.

Borrower Name: \_\_\_\_\_  
 Loan Number: \_\_\_\_\_

**FINANCIAL WORKSHEET**

**BORROWER INFORMATION**

Property Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home # \_\_\_\_\_ Work# \_\_\_\_\_  
 Cell # \_\_\_\_\_  
 Best time to call: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check all that apply:  
 I live in this house,  
 Occupants in home: \_\_\_\_\_  
 This is a second house,  
 This house is vacant,  
 This is a rental property  
 Active Bankruptcy

Borrower Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Co-Borrower Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**BORROWER**

**CO-BORROWER**

Employer Position \_\_\_\_\_ Employer Position \_\_\_\_\_

**INCOME DATA**

HOUSEHOLD INCOME	Primary Homeowner		Additional Occupants	
	Current		Current	
	Gross	Net	Gross	Net
Employment Income				
Disability				
Rental Income				
Unemployment				
Child Support/Alimony				
Other ( MOM )				
<b>Total Monthly Income</b>				

**Income Frequency: (please check one)**

Primary Homeowner:  
 Weekly  Bi-weekly  Monthly  Quarterly  Yearly

Additional Occupant(s):  
 Weekly  Bi-weekly  Semi Monthly  Quarterly  Yearly

— — — — —

Employed Full-Time  Employed Full-Time

**Current Employment Status Primary Homeowner: (please check one)**  
 Part-Time  Unemployed/Not Working  Self-Employed  Retired

**Current Employment Status Additional Occupant(s): (please check one)**  
 Part-Time  Unemployed/Not Working  Self-Employed  Retired

**ASSETS/LIABILITIES**

DESCRIPTION	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Auto - Make/Model			
Deposit Accts. - CKG/Savings			
IRA/KEOUGH Accounts			
401K Savings Plan			
Stocks/Bonds/CDs			

**HOUSEHOLD LIABILITIES AND EXPENSES**

EXPENSES	MONTHLY PAYMENT	BALANCE DUE



Borrower Name: \_\_\_\_\_

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

ALIMONY/ CHILD SUPPORT		
AUTOMOBILE EXPENSES (Gas, Maintenance)		
CHILD CARE/ELDER CARE		
CHURCH/CLUB DONATIONS		
EDUCATION		
FOOD - FAMILY		
SCHOOL OR WORK LUNCHES PURCHASED		
MEDICAL/DENTAL		
PRESCRIPTIONS/HOSPITAL/CO-PAYS		
PETS		
SPENDING MONEY		
OTHER EXPENSE		
HOME OWNERS ASSOCIATION - HOA - DUES		
PROPERTY TAXES AND INSURANCE (if not included in mortgage payment)		
AUTO INSURANCE		
HEALTH INSURANCE		
LIFE INSURANCE		
CABLE		
ELECTRICITY		
GAS		
TELEPHONE/CELL PHONE/INTERNET		
WATER/SEWAGE		
CLOTHING		
DRY CLEANING		
MONTHLY PARKING		
UNION DUES		
OTHER		
<b>DEBTS</b>		
AUTOMOBILE LOANS		
AUTOMOBILE LOANS		
CREDIT CARDS		
INSTALLMENT LOANS		
MORTGAGE PAYMENT		
2ND LIEN MORTGAGE PAYMENT		
OTHER MORTGAGE(S)		
OTHER SECURED DEBT		
OTHER UNSECURED DEBT		
PERSONAL LOANS		
OTHER		

<b>TOTAL EXPENSES/DEBT</b>		
----------------------------	--	--

Net Income \_\_\_\_\_ Expenses \_\_\_\_\_ =Surplus \_\_\_\_\_

<b>UPFRONT FUNDS AVAILABLE</b>	<b>Amount:</b>
--------------------------------	----------------

BORROWER:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

CO-BORROWER:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

## Home Affordable Modification Program Government Monitoring Data Form

**Information for Government Monitoring Purposes**

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

BORROWER		CO-BORROWER	
<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be completed by Servicers			<i>Name/Address of Interviewer's Employer</i>
<i>This request was taken by:</i> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		<i>Servicer/Interviewer's Name (print or type) &amp; ID Number</i>  <i>Servicer/Interviewer's Signature</i>  <i>Servicer/Interviewer's Phone Number(include area code)</i>	
<i>Loan Number:</i> _____		<i>Servicer/Interviewer's Fax Number(include area code)</i>  <i>Servicer/Interviewer's email address</i>	

***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 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 Certificate is effective on the earlier of the date listed below or the date received by your servicer.

▶ _____ Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date
▶ _____ Co-Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date



# PROFIT AND LOSS STATEMENT

Please complete a separate Profit and Loss Statement for each business owned by the borrower(s). This document must be completed by a Certified Public Accountant (CPA) either on this form or on a CPA - provided form.

Name(s) of Borrower(s):

Company Name:

Type of Business:

For the Period:  through   
DD/MM/YYYY DD/MM/YYYY

**Income:** Gross Sales and Receipts.....

**Other Income:** Other Income (e.g. interest, fees earned, etc.).....

Total Income (Gross Sales plus Other Income).....

**Business Only Expenses:**

- Salaries Paid to Owners (other than to me/us).....
- Benefits to Owners/Employees (other than to me/us).....
- Payroll Taxes.....
- Business Utilities.....
- Insurance.....
- Advertising.....
- Telephone.....
- Office Expenses.....
- Repairs and Maintenance.....
- Business Travel, Meals, and Entertainment.....
- Other Business Expenses.....

**Total Business Expenses**.....

**Net Income/Loss: (Total Income minus Total Expenses)**.....

**Amount of Net Income that Borrower(s) Received**.....

**This form accurately states my/our business expenses and self-employed income for the stated period.**

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

\_\_\_\_\_  
Date





## Foreclosure Prevention Sample Hardship Letter

*For illustration only; you must compose your own letter*

**One of the first steps is to send the investor a “hardship” letter. We have attached a sample hardship letter and some pointers about what information to include in your letter.**

June 25, 2011

Anyone Smith  
12345 Peter Rabbit Circle  
Winter Garden, FL 32888

Brickstone Mortgage Company  
Loan # 1010101010

Dear Sir,

**[Explain any special hardship circumstances. Tell your story briefly but including important points about the hardships you face. ] [Explain what caused you to fall behind.]**

I'm writing you to explain why I have unfortunately fallen behind on my monthly payments. I lost my job on December 24, 2009 due to my employer going out of business. I have been aggressively looking for another job, but have been unable to find work. My parents have agreed to move in with me to help out until I can get back on track. I am currently collecting unemployment and my teenage son and daughter have been contributing to the household.

**[Explain your plan for getting payments back on track. Convince the lender that you have a plan that will work.]**

I have sat down with my family and taken a very hard look at our financial situation and we all have agreed to make some sacrifices in order to make certain that this situation never happens again. We have reduced our expenses to a bare minimum. We no longer have cable, internet or cell phones. We are currently using Angel Food Ministries to help with the food cost. I have enlisted the help of InCharge Debt Solutions, a HUD approved counseling agency. My counselor has advised me to save as much as possible pending a decision from you. I am requesting that I be granted a modification to a more favorable term as the payment is too much for me to handle. I have enclosed my budget for your review along with other documentation that you requested. My family and I are truly grateful for the opportunity that you've given us to own our home and be a part of the American dream. Rest assured that we have every intention of keeping it for a long time as well as making timely mortgage payments.

**[If you expect to be working with an advocate, include his/her name and contact information; otherwise, include your contact information.]**

Please contact our foreclosure prevention counselor, Jane Dean, at (phone number) to discuss this further. We appreciate your assistance in this matter.

Sincerely,

John Borrower  
Jane Borrower

Your hardship letter should be precise and to the point. Explain the cause of the hardship. Tell the lender what you are willing to give up in order to find a workable solution. Be specific in letting the lender know what option you are seeking. Be truthful and do not make promises you cannot keep.

# FTC Facts

## For Consumers

February 2011



FEDERAL TRADE COMMISSION  
FOR THE CONSUMER

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### Mortgage Assistance Relief Scams: *Another Potential Stress for Homeowners in Distress*

The possibility of losing your home to foreclosure can be terrifying. The reality that scam artists are preying on desperate homeowners is equally frightening. Many companies say they can get a change to your loan that will reduce your monthly mortgage payment or take other steps to save your home. Some claim that nearly all their customers get successful results and even offer a money-back guarantee. Others say they're affiliated with the government or your lender and still others promise the help of attorneys or real estate experts.

Unfortunately, many companies use half-truths and even outright lies to sell their services. They promise relief, but don't deliver. In fact, many of these companies leave their homeowner customers in worse financial shape.

The Federal Trade Commission (FTC), the nation's consumer protection agency, has a Rule in place to protect homeowners. The Mortgage Assistance Relief Services (MARS) Rule makes it illegal for companies

to collect any fees until a homeowner has actually received an offer of relief from his or her lender and accepted it. That means even if you agree to have a company help you, you don't have to pay until it gets you the result you want.



If you're struggling to make mortgage payments or facing foreclosure, the FTC wants you to know how to recognize a mortgage assistance relief scam and exercise your rights under the new Rule. And even if the foreclosure process has already begun, the FTC and its law enforcement partners want you to know that legitimate options are available to help save your home.

#### HOW THE SCAMS WORK

Fraudsters use a variety of tactics to find homeowners in distress. Some sift through public foreclosure notices in newspapers and on the internet or through public files at local government offices, and then send personalized letters to homeowners. Others take a broader approach through ads on the internet, on television or radio, or in newspapers; posters on telephone poles, median strips, and at bus stops; or



flyers, business cards, or people at your front door. The scam artists use simple – but potentially deceptive – messages, like:

*“Stop foreclosure now!”*

*“Get a loan modification!”*

*“Over 90% of our customers get results.”*

*“We have special relationships with banks that can speed up the approval process.”*

*“100% Money Back Guarantee.”*

*“Keep Your Home. We know your home is scheduled to be sold. No Problem!”*

Once they have your attention, they use a variety of tactics to get your money. By knowing how their scams work, the FTC says you'll be better able to defend against fraud.

### ***Phony Counseling or Phantom Help***

The scam artists tell you that if you pay them a fee, they'll negotiate a deal with your lender to reduce your mortgage payments or to save your home. They may claim to be attorneys or represent a law firm. They may tell you not to contact your lender, lawyer, or credit counselor. They promise to handle all the details once you pay them a fee. Then they stop returning your calls and take off with your money.

Sometimes, phony counselors insist you make your mortgage payments directly to them while they negotiate with the lender. They may collect a few months of payments – and then disappear.

### ***The “Forensic Audit”***

In exchange for an upfront fee, so-called forensic loan “auditors,” mortgage loan “auditors,” or foreclosure prevention “auditors” offer to have an attorney or other expert review your mortgage documents to determine if your lender complied with the law.

The “auditors” say you can use their report to avoid foreclosure, speed the loan modification process, reduce what you owe, or even cancel your loan. In fact, there's no evidence that forensic loan audits will help you get a loan modification or any other mortgage relief.

### ***Rent-to-Buy Schemes***

Con artists who use the rent-to-buy scheme tell you to surrender the title to your house as part of a deal that allows you to stay there as a renter and buy it back later. They say that surrendering the title will let a borrower with a better credit rating get new financing and prevent the loss of the home. But the terms of these deals usually are so expensive that buying back your home becomes impossible. You lose the house and the scam artist walks off with the money you put into it. Worse, when the new borrower defaults on the loan, you're the one who's evicted.

In a variation, the scam artist raises the rent over time so you can't afford it. After missing several rent payments, you're evicted, leaving the “rescuer” free to sell the house.

In a similar equity-skimming scam, fraudsters offer to find a buyer for your home, but only if you sign over the deed and move out. They promise to pay you a portion of the profit when the home sells. Once you transfer the deed, they simply rent out the home and pocket the proceeds while your lender goes ahead with the foreclosure. The result: You lose your home – and you're still responsible for the unpaid mortgage because transferring the deed does nothing to transfer what you owe on the mortgage.

### ***Bait-and-Switch***

In a bait-and-switch scam, con artists give you papers they claim you need to sign to get another loan to make your mortgage current. But buried in the stack is a document that surrenders the title to your house to the scammers in exchange for a “rescue” loan.



## KNOW YOUR RIGHTS

The FTC's MARS Rule gives you rights – and sets out requirements for people who sell mortgage assistance relief services:

**You don't have to pay any money until the company delivers the results you want.** It's illegal for a company to charge you a penny until:

- 1 it's given you a written offer for a loan modification or other relief from your lender; and
- 2 you accept the offer. The company also must give you a document from your lender showing the changes to your loan if you decide to accept your lender's offer. And the company must clearly tell you the total fee it will charge you for its services.

### Companies must disclose key information.

The Rule requires companies to spell out important information in their advertisements and telemarketing calls, including that:

- They're not associated with the government, and their services have not been approved by the government or your lender;
- Your lender may not agree to change your loan;
- If a company tells you to stop paying your mortgage, it also has to warn you that doing so could result in your losing your home and damaging your credit.
- Companies can't tell you to stop talking to your lender. You should always feel free to contact your lender directly to see whether they can offer you additional options. Companies that tell you otherwise are breaking the law.

If a company doesn't follow these rules, it could be trying to scam you.

## GETTING HELP FROM A LAWYER

Some lawyers may offer to help you get a loan modification or other mortgage relief. Under the

MARS Rule, lawyers can require you to pay an upfront fee, but only if:

- They're licensed to practice law in the state where you live or your house is located;
- They're providing you with real legal services;
- They're complying with state ethics requirements for attorneys; and
- They place the money in a client trust account, withdraw fees only as they complete actual legal services, and notify you of each withdrawal.

Unfortunately, some people advertising mortgage assistance relief services falsely claim to be getting you help from lawyers. So before you hire someone who claims to be an attorney or claims to work with attorneys, do your homework:

- Get the name of each attorney who'll be helping you, the state or states where the attorney is licensed, and the attorney's license number in each state. Your state has a licensing organization – or "bar" – that monitors attorney conduct. Call your state bar or check its website to see if an attorney you're thinking of hiring has gotten into trouble. The National Organization of Bar Counsel has links to your state bar: [www.nobc.org/Bar\\_Associations\\_and\\_Disciplinary\\_Authorities.aspx](http://www.nobc.org/Bar_Associations_and_Disciplinary_Authorities.aspx)
- Ask relatives, friends, and others you trust for the name of an attorney with a proven record of getting help for homeowners facing foreclosure.
- Beware of attorneys who make bold promises or try to pressure you into hiring them.

## WARNING SIGNS

If you're looking for a loan modification or other help to save your home, avoid any business that:

- guarantees to get you a loan modification or stop the foreclosure process – no matter what your circumstances;
- tells you not to contact your lender, lawyer, or housing counselor;



- claims that all or most of its customers get loan modifications or mortgage relief;
- asks for an upfront fee before providing you with any services (unless it's a lawyer you've checked out thoroughly);
- accepts payment only by cashier's check or wire transfer;
- encourages you to lease your home so you can buy it back over time;
- tells you to make your mortgage payments directly to it, rather than your lender;
- tells you to transfer your property deed or title to it;
- offers to buy your house for cash for much lower than the selling price of similar houses in your neighborhood; or
- pressures you to sign papers you haven't had a chance to read thoroughly or that you don't understand.

### WHERE TO FIND LEGITIMATE HELP

If you're having trouble paying your mortgage or have gotten a foreclosure notice, contact your lender immediately. You may be able to negotiate a new repayment schedule.

Other foreclosure prevention options, including reinstatement and forbearance, are explained in *Mortgage Payments Sending You Reeling? Here's What to Do*, a publication from the FTC. Find it at [ftc.gov/yourhome](http://ftc.gov/yourhome).

You also may contact a credit counselor through the Homeownership Preservation Foundation (HPF),

a nonprofit organization that operates the national 24/7 toll-free hotline (1.888.995.HOPE) with free, bilingual, personalized assistance to help at-risk homeowners avoid foreclosure. HPF is a member of the HOPE NOW Alliance of mortgage servicers, mortgage market participants and counselors. More information about HOPE NOW is at [hopenow.com](http://hopenow.com).

### Report Fraud

If you think you've been the victim of foreclosure fraud, contact the Federal Trade Commission, [ftc.gov](http://ftc.gov), or your state Attorney General's office, [naag.org](http://naag.org) or the Better Business Bureau, [bbb.org](http://bbb.org).

### For More Information

To learn more about mortgages and other credit-related issues, visit [ftc.gov/credit](http://ftc.gov/credit) and [MyMoney.gov](http://MyMoney.gov), the U.S. government's portal to financial education.

The FTC works to prevent fraudulent, deceptive and unfair business practices in the marketplace and to provide information to help consumers spot, stop and avoid them. To file a complaint or get free information on consumer issues, visit [ftc.gov](http://ftc.gov) or call toll-free, 1-877-FTC-HELP (1-877-382-4357); TTY: 1-866-653-4261. Watch a new video, *How to File a Complaint*, at [ftc.gov/video](http://ftc.gov/video) to learn more. The FTC enters consumer complaints into the Consumer Sentinel Network, a secure online database and investigative tool used by hundreds of civil and criminal law enforcement agencies in the U.S. and abroad.

*Federal Trade Commission  
Bureau of Consumer Protection  
Division of Consumer and Business Education*

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