



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.

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

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

**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

\*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.

## 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>	

Download the **Mortgage Modification Checklist** or use the summary below to gather the forms and documents we need so we can determine if you are eligible for a mortgage modification. It's best to send us all of your forms and documents at the same time. Chase and FedEx Office offer a free, easy way to return your application. To find the nearest FedEx Office location offering this service, visit [fedex.com/us/office](http://fedex.com/us/office), enter your ZIP code in the Find a FedEx Location box and select "FedEx Kinko's is now FedEx Office." Bring your application to one of these select FedEx Office locations and say "**I am returning documents to Chase Mortgage.**" Provide your name, ZIP code, and phone number to the counter agent, and they will ship your documents to us. There is no charge to you and the FedEx Tracking Number can confirm delivery of your forms and documents to Chase. Make sure to write your complete loan number at the top of each page.

**1. The Request for Mortgage Assistance Form (RMA)** – All borrowers must complete, sign and date this form.

**2. IRS Form 4506T-EZ (Request for Transcript of Tax Return)** – Each borrower must complete, sign and date this form. Borrowers who filed their tax returns jointly can send 1 form signed and dated by both filers.

**3. Copies of documents verifying the income of each borrower**, including any Social Security or disability payments, if applicable. The documents should include:

**For all borrowers**

- Your 2 most recent personal checking, savings, money market, mutual fund, stock and bond statements; send **all** statement pages, even if they're blank

**For borrowers who pay property taxes and/or insurance directly and not as part of a monthly mortgage payment**

- Your current property tax statement; send **all** statement pages, even if they're blank
- Your Homeowner's Insurance Policy Declaration page

**For each borrower who is a salaried employee**

- Your 2 most recent pay stubs with year-to-date earnings

**For each borrower who is self-employed or an independent contractor**

- Your most recent quarterly or year-to-date Profit & Loss Statement with company name and date; send **all** statement pages, even if they're blank. If you do not already have a P&L Statement, you can use the sample form.

**For each borrower who has income such as Social Security, disability or death benefits, pension, public assistance or unemployment**

- Your benefits statement or letter from the provider with the amount, frequency and duration of the benefit; send **all** pages, even if they're blank
- Your 2 most recent bank statements showing receipt of payment; send **all** statement pages, even if they're blank

**For each borrower who is relying on alimony, child support or separation maintenance as qualifying income**

- Legal documents showing the amount, frequency and duration of child support, alimony or separation maintenance income if you would like us to consider it as qualifying income.
- Your 2 most recent bank statements showing receipt of the payment; send **all** statement pages, even if they're blank
- **Please note: You are not required to disclose child support, alimony or separation maintenance income, unless you want us to consider it as qualifying income.**

**For income from rental properties**

- A current rental agreement(s) or handwritten lease agreement(s)/contract(s)
- Two canceled checks or your 2 most recent bank statements showing rental and/or boarder income (we will not accept handwritten receipts); send **all** statement pages, even if they're blank

**Important:**

- Please don't send us the originals of your financial documents (e.g., statements and pay stubs). Keep them for your records. We just need copies of these documents.
- We must receive the originals of the Request for Mortgage Assistance Form (RMA), and the IRS Form 4506T-EZ (Request for Transcript of Tax Return).

**Don't delay! Send us your forms and documents right away to Chase, PO Box 469030, Glendale, CO 80246**

**Questions? Call your Customer Assistance Specialist or 1-866-550-5705.**



### Customer Assistance Specialist

- If you are not already working with a Customer Assistance Specialist, one will be dedicated to helping you with whatever you need as we work on finding the best option for your mortgage. Your Customer Assistance Specialist will contact you and will remain in touch with you from time to time to provide updates and remind you about important deadlines. You can call your Customer Assistance Specialist whenever you have questions or concerns.

### Trial Period Plan

- After we receive all of your forms and documents and verify your information, we'll determine whether you are eligible for a mortgage modification. If you are eligible, we'll send you a Trial Period Plan Notice that explains the plan and next steps.
- Under the Trial Period Plan, you'll be required to make trial period payments instead of your regular mortgage payments. The amount of the trial period payments should be close to the amount you would pay under a permanent modification. Near the end of the trial period, we will be able to calculate the final amount and the final terms of your modified mortgage. Then, we'll send you 2 copies of the Modification Agreement for your signature.

### Additional Trial Payment

- Depending on when you make your final trial period payment, there could be a one-month delay between the last trial payment due date and the first payment due date under the permanent Modification Agreement. In the event there is a one-month delay in your modification effective date, you are not required to make an additional trial payment in that extra month.

However, please note the following with respect to the delay of the modification effective date by one month:

- If you are eligible for a government incentive and you do not make a payment, you will not earn that month's incentive accrual;
- You will be liable for an additional month's interest at the pre-modification interest rate; and
- Your unpaid principal balance will increase by the difference between your pre-modification loan payment and any payment that you make during the one-month delay.

We strongly encourage you to make the payment due during the interim month to reduce your unpaid principal balance. We will apply the payment to the principal balance of your modified mortgage as a partial prepayment, which will reduce the total amount of interest you will pay over the life of your mortgage. Please call your Customer Assistance Specialist or 1-866-550-5705 if you have any questions about the extra payment or government incentive.

### Modification Agreement

- In addition to successfully completing the Trial Period Plan, you'll need to promptly sign and return both copies of the Modification Agreement to us. We will then sign the agreements and return one copy to you with all signatures. After the agreement becomes effective, we will permanently modify your mortgage.
- **Please note:** Once we have all the necessary forms and documents to evaluate your application, we will contact you within 30 days with a decision regarding your eligibility. We will review your application as quickly as possible. If you qualify for a modification, no foreclosure sale will take place pending your timely first trial period payment. However, if you don't meet the terms of the Trial Period Plan and do not make other arrangements with us, we'll enforce the original terms and conditions of your mortgage, which could include foreclosure.

### Other Options

We will contact you if you do not qualify for this program. We would still like to discuss other options with you that may help you keep your property, or make a fresh start and avoid foreclosure.

**Questions about filling out the forms or what documents to provide?  
Call your Customer Assistance Specialist or 1-866-550-5705.**

**If we determine you are eligible for a mortgage modification**

- If you are eligible, we will send you a packet offering you a Trial Period Plan. The monthly payments during the trial period will be based on the income documents you provide.
- If you successfully complete the Trial Period Plan, we'll offer you a permanent mortgage modification.
- We will send you 2 copies of a mortgage modification agreement, which will reflect the terms of your modified mortgage. In addition to successfully completing the trial period, you must sign and promptly send us both copies of the agreement, or we will not be able to permanently modify your mortgage.

**If we determine you are not eligible for a mortgage modification**

If you are not eligible for a mortgage modification, we'll let you know. Even if you don't qualify, you may have other options. We'll continue to work with you to find the best solution for you.

**No fees**

There are no fees under this program.

**New principal balance**

Any past due amounts as of the end of the trial period, including unpaid interest, real estate taxes, insurance premiums, and certain assessments paid on your behalf to a third party will be added to your mortgage balance. If you fulfill the terms of the trial period including, but not limited to, making all trial period payments on time, we will waive all unpaid late charges at the end of the trial period.

**Permanent monthly payment**

At the end of your trial payment period, we will calculate your new, permanent monthly mortgage payment. Your new payment may be higher than your trial period payment and will include an escrow account that may not have been part of your original mortgage payment. With an escrow account, you pay a portion of your taxes and/or insurance every month as part of your monthly mortgage payment instead of paying a larger amount once or twice a year. Chase then uses that account to pay the tax and/or insurance bills for you.

**Credit counseling**

If you have a lot of debt, you may be required to obtain credit counseling.

**Credit reporting**

During a trial period, we will continue to report your loan payment status to the credit reporting agencies. If your loan is delinquent when you enter the Plan, we will continue to report your loan as delinquent even if you are making your trial payments on time. If your loan is current when you enter the Plan, and you make each trial period payment on time, we will report your loan as current, paying under a partial payment agreement. Once the modification is complete we will report the modification to the credit bureaus as modified under a federal government plan or loan modified based on the modification type and will report your loan as current if payments are received within 0–29 days of due date. Completing a modification will NOT change previous adverse reporting. The impact of a permanent modification on a credit score depends on the homeowner's entire credit profile. For more information about your credit score, go to <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre24.shtm>.



**Important!** To avoid delays, please make sure all pages are complete and accurate.

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

Section A		BORROWER	
Borrower's Name			
Social Security Number	Date of Birth		
Home Phone Number With Area Code			
Cell or Work Number With Area Code			
Email Address			

CO-BORROWER	
Co-Borrower's Name	
Social Security Number	Date of Birth
Home Phone Number With Area Code	
Cell or Work Number With Area Code	
Email Address	

**When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.**

Is any borrower a Servicemember?  Yes  No  
 If yes, since 9/11/01 has the Servicemember been or is the Servicemember currently serving on active duty with the Military?  Yes  No  
 Have you recently been deployed away from your principal residence or recently received a Permanent Change of Station (PCS) order?  Yes  No  
 If yes, I intend to occupy this property as my primary residence some time in the future.  Yes  No  
 Is any borrower the surviving spouse of a deceased Servicemember who was on active duty at the time of death?  Yes  No

The property is my:  Primary Residence  Second Home  Investment  
 The property is:  Owner Occupied  Renter Occupied  Vacant

Have you previously requested mortgage payment assistance through Chase?  Yes  No  
 How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? \_\_\_\_\_  
 Have you ever had a Home Affordable Modification Program (HAMP) Trial Period Plan or permanent modification on your principal residence?  Yes  No  
 Have you or any co-borrower had a permanent HAMP modification on any other property you own?  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

**Complete this section ONLY if you are requesting mortgage assistance for a property that is not your principal residence.**  
 Is the mortgage on your principal residence paid?  Yes  No If "No," number of months your payment is past due (if known): \_\_\_\_\_

**Number of People in Household:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Property Address (if same as mailing address, just write "same"): \_\_\_\_\_

**Is the property listed for sale?**  Yes  No  
**If yes, what was the listing date?** \_\_\_\_\_  
**Have you received an offer on the property?**  Yes  No  
**Date of Offer:** \_\_\_\_\_ **Amount of Offer:** \_\_\_\_\_  
**Closing Date:** \_\_\_\_\_  
**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, please complete the following:**  
**Counselor's Name:** \_\_\_\_\_  
**Agency Name:** \_\_\_\_\_  
**Counselor's Phone Number:** \_\_\_\_\_  
**Counselor's Email:** \_\_\_\_\_

**Who pays the real estate tax bill on your property?**  
 I do  Lender does  Paid by condo or HOA  
**Are the taxes current?**  Yes  No  
**Condominium or HOA Fees?**  Yes  No \$ \_\_\_\_\_ per month  
**Are the fees paid current?**  Yes  No  
**Name and address that fees are paid to:** \_\_\_\_\_

**Who pays the insurance premiums for your property?**  
 I do  Lender does  Paid by condo or HOA  
**Is the policy current?**  Yes  No  
**Name(s) of Insurance Company:** \_\_\_\_\_  
**Insurance Company Phone Number(s):** \_\_\_\_\_

# REQUEST FOR MORTGAGE ASSISTANCE FORM

**Important!** To avoid delays, please make sure all pages are complete and accurate.

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

## Section B

## REQUIRED DOCUMENTATION/HARDSHIP AFFIDAVIT

Describe your hardship: \_\_\_\_\_  
 \_\_\_\_\_

Date situation began is: \_\_\_\_\_

I believe that my situation is:

- Short-term (under 6 months)  
 Medium-term (6-12 months)  
 Long-term or permanent (greater than 12 months)

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

(Please check all that apply and submit required documentation demonstrating your hardship. If your mortgage loan is insured or guaranteed by the Federal Housing Administration (FHA), U.S. Department of Veterans Affairs (VA) or Rural Housing Service (RHS), hardship documentation is not required but you must submit all financial documentation that supports your request for assistance.)

<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> <li>A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits</li> </ul>
<input type="checkbox"/> Underemployment	<ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>
<input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<ul style="list-style-type: none"> <li>Divorce decree signed by the court OR</li> <li>Separation agreement signed by the court OR</li> <li>Current credit report evidencing divorce, separation, or non-occupying Borrower has a different address OR</li> <li>Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul>
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household or dependent family member	<ul style="list-style-type: none"> <li>Death certificate OR</li> <li>Obituary or newspaper article reporting the death</li> </ul>
<input type="checkbox"/> Long-term or permanent disability; serious illness of a borrower/ co-borrower or dependent family member	<ul style="list-style-type: none"> <li>Do not provide medical records or any details of your illness or disability</li> <li>Written statement from you or other documentation verifying disability or illness OR</li> <li>Proof of monthly insurance benefits or government assistance (with expiration date, if applicable)</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<ul style="list-style-type: none"> <li>Insurance claim OR</li> <li>Federal Emergency Management Agency grant or Small Business Administration loan OR</li> <li>Borrower or employer property located in a federally declared disaster area</li> </ul>
<input type="checkbox"/> Distant employment transfer	<ul style="list-style-type: none"> <li>Proof of transfer OR</li> <li>Military Permanent Change of Station (PCS)</li> </ul>
<input type="checkbox"/> Excessive obligations	<ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>
<input type="checkbox"/> Business failure	<ul style="list-style-type: none"> <li>Tax return from the previous year (including all schedules) AND</li> <li>Proof of business failure supported by one of the following:                             <ul style="list-style-type: none"> <li>Bankruptcy filing for the business; or</li> <li>Two months recent bank statements for the business account evidencing cessation of business activity; or</li> <li>Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul> </li> </ul>
<input type="checkbox"/> Payment increase	<ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>
<input type="checkbox"/> Other _____	

**If you have income from rental properties that are not your principal residence, you must provide a copy of the current lease agreement with bank statements showing deposit of rent checks.**

# REQUEST FOR MORTGAGE ASSISTANCE FORM

**Important!** To avoid delays, please make sure all pages are complete and accurate.

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

## Section C

### ADDITIONAL LIENS/MORTGAGES OR JUDGMENTS

Complete if applicable.

Check this box if this section does not apply to you.

Lien Holder's Name/Service	Balance	Phone Number	Reference Number/Loan Number

A lien is a legal claim on property to secure a loan or debt until paid off. It is put in place by contract or court order.

## Section D

### BANKRUPTCY

Complete if applicable.

Check this box if this section does not apply to you.

**Have you filed for bankruptcy?**     Yes     No    If yes:     Chapter 7     Chapter 13    Filing Date: \_\_\_\_\_

**Has your bankruptcy been discharged?**     Yes     No    Bankruptcy case number: \_\_\_\_\_

## Section E

### INCOME/EXPENSES FOR HOUSEHOLD

#### EMPLOYMENT INFORMATION

Borrower Monthly Income: \$ _____	Co-Borrower Monthly Income: \$ _____
I am: <input type="checkbox"/> Employed by a Company Company #1 Name: _____ Company #1 Address: _____ _____ Employment Start Date: _____ Company #2 Name: _____ Company #2 Address: _____ _____ Employment Start Date: _____	I am: <input type="checkbox"/> Employed by a Company Company #1 Name: _____ Company #1 Address: _____ _____ Employment Start Date: _____ Company #2 Name: _____ Company #2 Address: _____ _____ Employment Start Date: _____
I am: <input type="checkbox"/> Self-Employed    Percent of Ownership _____ %	I am: <input type="checkbox"/> Self-Employed    Percent of Ownership _____ %
I am: <input type="checkbox"/> Independent Contractor	I am: <input type="checkbox"/> Independent Contractor

Self-employed people earn income directly from their own business, trade, or profession. They don't collect a salary or wages from an employer. Independent contractors typically provide goods or services to a company under the terms of a contract. They set their own hours and are paid on a freelance basis.

#### OTHER INCOME/EXPENSES

Is there a person not on the mortgage note who lives in the residence and contributes financially to the household?     Yes     No

If yes, complete the following:

First and Last Name: \_\_\_\_\_

Monthly amount contributed to the household (not including the amount contributed to the Mortgage): \$ \_\_\_\_\_

Monthly amount contributed to the Mortgage: \$ \_\_\_\_\_

Are there living expenses for this person?     Yes     No

If yes, monthly amount of expenses: \$ \_\_\_\_\_

List any one-time payments you received that appear on your most recent tax return. (Examples: one-time pension disbursements, tax refunds, bonuses, insurance distributions)	Payment Type: _____	Amount: \$ _____
	Payment Type: _____	Amount: \$ _____
	Payment Type: _____	Amount: \$ _____

## REQUEST FOR MORTGAGE ASSISTANCE FORM

**Important!** To avoid delays, please make sure all pages are complete and accurate.

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

HOUSEHOLD INCOME	
Monthly Gross Wages	\$
Monthly Self-Employment Income	\$
Monthly Overtime	\$
Monthly Unemployment Income	\$
Monthly Tips, Commissions, Bonus	\$
Monthly Non-Taxable Social Security/SSDI	\$
Monthly Taxable Social Security Benefits or Other Monthly Income from Annuities or Retirement Plans	\$
Monthly Child Support/Alimony <sup>2</sup>	\$
Monthly Gross Rents Received <sup>3</sup>	\$
Monthly Food Stamps/Welfare	\$
Monthly Other _____	\$
<b>Total Monthly Income</b>	<b>\$</b>

HOUSEHOLD EXPENSES/DEBT	
Monthly First Mortgage Principal and Interest Payment <sup>1</sup>	\$
Monthly Second Mortgage Principal and Interest Payment <sup>1</sup>	\$
Monthly Homeowners' Insurance <sup>1</sup>	\$
Monthly Property Taxes <sup>1</sup>	\$
Monthly HOA/Condo Fees/Co-OP Fees/Property Maintenance <sup>1</sup>	\$
Monthly Mortgage Payments on Other Properties <sup>4</sup>	\$
Monthly Credit Cards/Installment Loan(s) (total minimum payment)	\$
Monthly Child Support/Alimony Payments	\$
Monthly Auto Lease/Payment	\$
Monthly Other _____	\$
<b>Total Monthly Expenses/Debt</b>	<b>\$</b>

HOUSEHOLD ASSETS	
associated with the property and/or borrower(s) excluding retirement funds	
Checking Account(s)	\$
Checking Account(s)	\$
Savings/Money Market	\$
CDs	\$
Stocks/Bonds	\$
Other Cash on Hand	\$
Other Real Estate (estimated value)	\$
Other _____	\$
<b>Total Assets</b>	<b>\$</b>

ADDITIONAL LIVING EXPENSES	
You only need to complete this section if your mortgage loan is insured by the Federal Housing Administration (FHA), U.S. Department of Veterans Affairs (VA) or Rural Housing Service (RHS).	
Tuition/School	\$
Child Care (daycare, babysitting)	\$
Automobile Expenses (insurance/maintenance/gas)	\$
Food	\$
Life Insurance Premium	\$
Medical	\$
Utilities	\$
Clothing	\$
Cable, Internet, Phone	\$
<b>Total Living Expenses</b>	<b>\$</b>

<sup>1</sup> The amount of the monthly payment made to your lender - including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

<sup>2</sup> 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.

<sup>3</sup> Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section H.

<sup>4</sup> Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section H.



# REQUEST FOR MORTGAGE ASSISTANCE FORM

**Important!** To avoid delays, please make sure all pages are complete and accurate.

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

## Section F

### 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.

**If you have been convicted of one of the mortgage or real estate crimes listed above within the last 10 years, you must cross out this section. You will be considered for other mortgage assistance options that are not a part of the Making Home Affordable Program.**

This certification is effective on the earlier of the date listed below or the date received by your servicer.

## Section G

### OTHER PROPERTIES OWNED

Check this box if this section does not apply to you.

For the amount of the monthly payment, include, if applicable, monthly principal, interest, real property taxes and insurance premiums. You must provide information about all properties that you or the co-borrower own, other than your principal residence and any other property for which you are seeking mortgage assistance listed in section H. Use additional sheets if necessary.

#### PROPERTY #1

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_  
First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Property is:  Vacant  Second or Seasonal Home  Rented  
Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_

#### PROPERTY #2

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_  
First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Property is:  Vacant  Second or Seasonal Home  Rented  
Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_

#### PROPERTY #3

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_  
First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Property is:  Vacant  Second or Seasonal Home  Rented  
Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_

#### PROPERTY #4

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_  
First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Property is:  Vacant  Second or Seasonal Home  Rented  
Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_

#### PROPERTY #5

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_  
First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_  
Property is:  Vacant  Second or Seasonal Home  Rented  
Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_



# REQUEST FOR MORTGAGE ASSISTANCE FORM

**Important!** To avoid delays, please make sure all pages are complete and accurate.

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

## Section H

### OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED

Complete this section ONLY if you are requesting mortgage assistance for a property that is not your principal residence.

Check this box if this section does not apply to you.

I am requesting mortgage assistance for a rental property.  Yes  No

I am requesting mortgage assistance for a second or seasonal home.  Yes  No

I am requesting mortgage assistance for a home that is no longer my primary residence due to an out of area job transfer or foreign service assignment. I intend to occupy this property as my primary residence sometime in the future.  Yes  No

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Provider of your first mortgage (if not Chase): \_\_\_\_\_

Do you have a second mortgage on the property?  Yes  No If "Yes," Servicer Name: \_\_\_\_\_ Loan Number: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Do you have condominium or homeowners 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

Annual homeowners insurance: \$ \_\_\_\_\_ Annual Property Taxes: \$ \_\_\_\_\_

If requesting assistance for 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 tenant: Term of lease/occupancy \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_  
MM DD YYYY MM DD YYYY

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If you have a non-rent-paying occupant, describe your relationship to them and the duration of their occupancy: \_\_\_\_\_

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.

Check this box if this section does not apply to you.

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 a 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 conditions, I may at any time sell the property, occupy it as my personal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.**

This certification is effective on the earlier of the dates listed below or the date the Request for Mortgage Assistance form is received by your servicer.

By checking this box and initialing below, I am requesting a mortgage modification under the Making Home Affordable Program with respect to the rental property described in this section and I hereby certify under penalty of perjury that each of the statements above are true and correct with respect to that property.

Initials: Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

## REQUEST FOR MORTGAGE ASSISTANCE FORM

**Important!** To avoid delays, please make sure all pages are complete and accurate.

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

### Section I

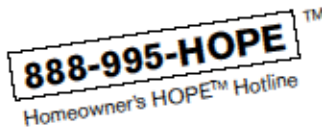
### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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.**

<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
<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

### HOMEOWNERS HOTLINE

***If you have questions about this document or the general modification process, please call your Servicer. If you have questions about government programs that your Servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 888-995-HOPE (4673). The Hotline can help answer questions about the program and offers free HUD-certified counseling services in English and Spanish.***



### NOTICE TO BORROWERS

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

If you are aware of fraud, waste, abuse mismanagement or misrepresentation 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.



## REQUEST FOR MORTGAGE ASSISTANCE FORM

**Important!** To avoid delays, please make sure all pages are complete and accurate.

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

### Section J

## ACKNOWLEDGMENT AND AGREEMENT

**In making this request for consideration, I certify under penalty of perjury:**

1. I understand the Servicer may pull a current credit report on all borrowers obligated on the Note.
2. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
3. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Loan Documents, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that the Servicer is providing the information about the mortgage relief program at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
4. I understand that if the Servicer offers me a Trial Period Plan and I fail to accept or complete the trial plan for any reason, including, for example, declining the trial plan offer, failing to accept the trial plan offer, failing to make trial plan payments in a timely manner or failing to accept a final modification at the end of the trial period, I may permanently lose eligibility for a modification under the Making Home Affordable Program and any other modification program offered by the Servicer.
5. If I am eligible for a Trial Period Plan, Repayment Plan or Forbearance Plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a Trial Period Plan, Repayment Plan or Forbearance Plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the Trial Period Plan, Repayment Plan or Forbearance Plan.
6. I agree that when the Servicer accepts and posts a payment during the term of any Repayment Plan, Trial Period Plan or Forbearance Plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
7. I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
8. If I qualify for and enter into a Repayment Plan, Forbearance Plan or Trial Period Plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
9. 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 Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
10. That all of the information in this document is truthful and the hardship(s) identified on page 2 is/are the reason that I need to request a modification of the terms of my mortgage loan, a short sale or a deed-in-lieu of foreclosure.
11. I understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage or their agents may investigate the accuracy of my statements and may require me to provide additional supporting documentation. I also understand that knowingly submitting false information may violate federal and other applicable laws.
12. 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 the Making Home Affordable Program (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.
13. The property that I am requesting mortgage assistance for is able to be lived in, and it has not been or is not at risk of being condemned. There has been no change in the ownership of the property since I signed the documents for the mortgage that I want to modify.
14. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner. I understand that time is of the essence.
15. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document or other documentation submitted in connection with this request.
16. 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 mortgage relief or foreclosure alternative that I receive by the Servicer to (a) the U.S. Department of the Treasury; (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or Servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with any other mortgage relief program; and (e) any HUD-certified housing counselor.
17. I understand that I have the right to a copy of any property valuation used in connection with the decision on the request for a modification. If I want to receive a copy of the valuation, I will submit a request with my name, address and loan number within 90 days of the date that the Servicer makes a decision on my request at the following address: Chase, Attn: Research Dept, P.O. Box 24696, Columbus OH 43224-0696 or by fax at 1-614-422-7575.
18. If I or someone on my behalf has submitted a Fair Debt Collection Practices Act Cease and Desist notice to my Servicer, I hereby withdraw such notice and understand that the Servicer must contact me through the loan modification process or to find other alternatives to foreclosure.



# REQUEST FOR MORTGAGE ASSISTANCE FORM

**Important!** To avoid delays, please make sure all pages are complete and accurate.

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

**By signing this document, I/we certify that all the information is truthful. I/We understand that knowingly submitting false information may constitute fraud.**

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

## TO BE COMPLETED BY INTERVIEWER

<b>This request was taken by:</b>  <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet  <b>Loan Number</b> _____	Interviewer's Name (print or type) & I.D. Number  Interviewer's Signature _____ Date _____  Interviewer's Phone Number (include area code) _____  Interviewer's Fax Number _____	Name/Address of Interviewer's Employer   Servicer/Interviewer's Email Address   
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**AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT**

I authorize JPMorgan Chase Bank, N.A. ("Chase") to obtain a consumer credit report on me. Chase will use the consumer credit report to confirm my residency address and determine whether my income is eligible to support a loan modification. Upon request, Chase will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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





**AUTHORIZATION TO PROVIDE AND RELEASE INFORMATION**

This Borrower Authorization form will allow Chase or its authorized representative to share information about your mortgage with third parties.

TO: Chase  
LOAN NUMBER: \_\_\_\_\_ (“my Loan”)  
DATE: \_\_\_\_\_  
BORROWERS: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_

I/We, \_\_\_\_\_ (borrower(s) name(s)),  
currently residing at \_\_\_\_\_ in the County of \_\_\_\_\_,  
State of \_\_\_\_\_, hereby authorize Chase to release,  
furnish, provide, exchange and request information related to my/our loan to:

**Authorized Third Party/Parties**

Name of Third Party #1: \_\_\_\_\_ Name of Third Party #2: \_\_\_\_\_  
Address : \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

And, I (We) hereby authorize Chase to release, furnish, provide, exchange and request information related to the account above to the Authorized Third Party identified above.

**Expiration of Authorization**

If applicable, please specify a period of time or the particular transaction for which the authorization is valid. **If no expiration date or operational transaction is provided, this authorization will remain valid until revoked in writing.**

**You may revoke this authorization at any time by providing written notice to Chase.**

I/We hereby indemnify and forever hold Chase harmless from any and all actions and causes of actions, suits, claims, attorney’s fees, or demands against Chase, which I/we and/or my/our heirs may have resulting from Chase discussing, or declining to discuss, my/our account with the above-named requestor or person identifying himself/herself to be that requestor, or resulting from providing, or declining to provide, any documents or other information concerning the account to the requestor.

Signed by: \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Printed Name)  
\_\_\_\_\_  
(Date)

Signed by: \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Printed Name)  
\_\_\_\_\_  
(Date)

If you have any questions about the form, please call us at 1-800-848-9136 or by TTY at 1-800-582-0542.

**Each borrower who is self-employed or an independent contractor should complete this form if they do not already have their own profit and loss form.**

Company Name: \_\_\_\_\_ Percent of Ownership \_\_\_\_\_ %

Borrower(s) Name: \_\_\_\_\_

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

Start Date (MM/DD/YY) \_\_\_\_\_ End Date (MM/DD/YY) \_\_\_\_\_  
 (must be minimum of 3 months)

*Please fill in the fields that apply to your business*

<b>GROSS INCOME</b>	
Gross Sales (Total amount of income from sales or service before subtracting expenses)	\$
Other Income (Any other additional funds earned through the company such as payments from people leasing space or payments from investors)	\$
<b>Total GROSS INCOME</b>	\$

<b>NET INCOME</b>	
Net Income Before Taxes	\$
Personal Income Taxes	\$
<b>Total NET INCOME</b> (Net income before taxes minus personal income taxes)	\$

<b>EXPENSES</b>	
Cost of Goods Sold (Direct costs to produce or obtain the goods sold by the company)	\$
Accounting and Legal Fees	\$
Advertising	\$
Insurance	\$
Maintenance and Repairs	\$
Supplies	\$

*Please fill in the fields that apply to your business*

Payroll Expenses (Salaries and wages for borrower(s) on the mortgage loan)	\$
Payroll Expenses (Salaries and wages for employees who are not borrower(s) on the mortgage loan)	\$
Postage	\$
Rent	\$
Licenses	\$
Taxes (Explain in detail the type of taxes included)	\$
Telephone	\$
Travel/Transportation	\$
Utilities	\$
Other	\$
<b>Total EXPENSES</b>	<b>\$</b>

By signing this document, I certify that all the information is truthful. I understand that knowingly submitting false information may constitute fraud.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Request for Transcript of Tax Return

▶ 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	
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 1-800-908-9946.

**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

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

512-460-2272

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 37106  
Fresno, CA 93888

559-456-5876

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 9941  
Mail Stop 6734  
Ogden, UT 84409

801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service  
RAIVS Team  
P.O. Box 145500  
Stop 2800 F  
Cincinnati, OH 45250

859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

**Line 4.** Enter the address shown on the last return filed if different from the address entered 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 5103(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 5103.

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 20224

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



▶ 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 1-800-908-9946.

<p><b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.</p>	<p><b>1b</b> First social security number or individual taxpayer identification number on tax return</p>
<p><b>2a</b> If a joint return, enter spouse's name shown on tax return.</p>	<p><b>2b</b> Second social security number or individual taxpayer identification number if joint tax return</p>

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**5** 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.

**Regular Mail:**

Chase Fulfillment Center  
PO Box 469030  
Glendale, CO 80246

**Overnight Mail:**

Chase Fulfillment Center  
710 South Ash Street, Suite #200  
Glendale, CO 80246

**Telephone number:**

866-550-5705

**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.

<b>Sign Here</b>	▶ Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	▶ 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 64108  
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:T:SP  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

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



## 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

ftc.gov ■ 1-877-ftc-help

### 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*

FOR THE CONSUMER  
FTC.GOV

FEDERAL TRADE COMMISSION  
1-877-FTC-HELP