

**FINANCIAL ANALYSIS FORM**

<b>General Information</b>		
Name (Borrower):	Daytime Phone:	Alternate Phone:
Name (Co-borrower):	Daytime Phone:	Alternate Phone:
Mortgage Account Number:		Best time to reach you:
Mailing Address:		
<b>Situation Information</b>		
May we contact you via email:	Yes/No	
If yes, please provide your email address:		
Is the property occupied? If yes, is it owner occupied or tenant occupied?	Yes/No Owner/Tenant	
If this property is a rental, what is the monthly rent?	\$	
Have either borrower or co-borrower ever filed bankruptcy?	Yes/No Filing Date:	Chapter: BK Case No.:
Amount of funds available to contribute toward a workout?	\$	
Total number of individuals in your household:		
Do you want to keep the property?	Yes/No	
Is your home listed for sale? If yes, what is the listing price?	Yes/No \$	
What is your realtor's name and telephone number? (If applicable)	Realtor Name: Realtor Phone:	
Do you have a second mortgage? If yes, please provide contact information for your second mortgage company.	Yes/No Lender Name: Lender Phone:	
Have you contacted credit counseling services? If yes, name and phone number for counselor:	Yes/No	
List of any repairs needed on this property:		
Have you had a workout in the past 12 months? If yes, what type:	Yes/No	
Have you contacted any HUD-approved credit or housing counselors?	Yes/No	

**EMPLOYMENT HISTORY**

	Borrower	Co-Borrower	
Currently employed?			
How long?			
Present employer			
Position/Title			
Address			
Contact Supervisor/Contact information			
Description	Borrower	Co-Borrower	Total
Gross Salary / Wages (monthly)*	\$	\$	\$
Net Salary (monthly)*	\$	\$	\$
Overtime Wages / Bonuses (monthly)	\$	\$	\$
Social Security / Pension (monthly)	\$	\$	\$
Unemployment (monthly)	\$	\$	\$
Child Support / Alimony (monthly)	\$	\$	\$
Disability Income (monthly)	\$	\$	\$
Rental Income (monthly)	\$	\$	\$
Self Employment Calculations			
Name of Business:		Year established:	
1. Monthly Gross Receipts (Average for Time Period of _____ to _____)		\$	
2. Less supplies to Produce Product or Service		- \$	
3. Less Office Rent/Lease, Business Insurances, Legal/Professional Fees		- \$	
4. Less Travel, Entertainment, Advertising, Office Supplies, Salaries to Others, Other		- \$	
Net Self-Employed Income (Line 1 minus Lines 2-4)		\$	+ / -

\*Gross salary/wages is your total monthly income before any tax withholding or employer deductions. Net salary is your monthly income after any tax withholding or employer deductions.

**ASSETS/LIABILITIES**

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

**Assets**

Description	Estimated Value	Amount Owed	Net Value (est. value less amount owed)
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts:	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
<b>Totals</b>	\$	\$	\$

## Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mortgage / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Equity Loan	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners Assoc. Dues / Condo Fees	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Maintenance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance (i.e. wind, flood) (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance Premiums	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installment Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loans/Lease(s) Make: Model:	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation Expenses / Gasoline / Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food / Household Supplies	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable / Internet	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clothes	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charity	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Hardship and Financial Information Affidavit

Borrower Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Co-Borrower Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

Property City, State, Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

In order to qualify for an offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("☐") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower      Co-Borrower

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employment business earnings. I have provided details under "Explanation."   |
| <input type="checkbox"/> | <input type="checkbox"/> | My household financial circumstances have changed. For example: death in the family, serious or chronic illness, divorce, incarceration, permanent or short-term disability, increased family responsibilities (adopting or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation."   |
| <input type="checkbox"/> | <input type="checkbox"/> | My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation."  |
| <input type="checkbox"/> | <input type="checkbox"/> | My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation." |
| <input type="checkbox"/> | <input type="checkbox"/> | My monthly debt payments are excessive, and I am overextended with my creditors. I may have used my credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation."  |
| <input type="checkbox"/> | <input type="checkbox"/> | There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation."  |

### Borrower/Co-Borrower Acknowledgement:

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.

4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
6. I/we certify that I/we are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
7. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representation in this affidavit.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Explanation (attach additional sheet if needed):

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**NOTICE TO BORROWERS**

**Be advised that you are signing these documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud.**

**The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.**

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

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

**THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE**

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

Account Number: \_\_\_\_\_ Name: \_\_\_\_\_

Property Address: \_\_\_\_\_



**Before you sign this authorization, please be aware that...**

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can “save” your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless your are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call 1-800-CALL-FHA to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize my lender/mortgage servicer/retained counsel to release or otherwise provide to:

\_\_\_\_\_ of \_\_\_\_\_ as my/our  
Name Company (if applicable)

\_\_\_\_\_ Phone Number  
Relationship (if applicable)

Public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3<sup>rd</sup> party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer/retained counsel, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above names requestor or person identifying themselves to be that requestor.

If you agree to the Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form.

**NOTE:** No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

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

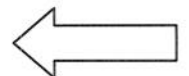
\_\_\_\_\_  
Printed Borrower Name

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date



## GENERAL INFORMATION

### **Keep a copy of your completed package for you records.**

The enclosed package has been enhanced to encompass requirements for all available programs, including the Making Home Affordable program established under the Obama administration.

For information and eligibility requirements under the Making Home Affordable program, visit [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov) or [www.financialstability.gov](http://www.financialstability.gov) website.

If assistance is needed, it is recommended to contact a credit counselor. A credit counselor is a trained person who can guide the customer through his/her current financial position. You can access [www.hud.gov](http://www.hud.gov) or call 800-225-5342 for more information.

## FREQUENTLY ASKED QUESTIONS

### **How long will it take to process my modification request and determine if I qualify for the program?**

First, we will review your request as quickly as possible. Once the package is returned to our office, you will hear something from the Loss Mitigation Department within 10 business days advising the package was received and notifying you if additional information is required.

### **The Financial Analysis Form asks, "Amount of funds available to contribute towards a workout?" What does that mean?**

The servicer is attempting to determine the amount of funds that you currently have available to contribute towards any delinquency. In some instances this may be called a "down payment" or a "borrower's contribution."

### **On the Financial Analysis Form, what would be included as Person Property under the Asset section?**

Personal property is an item of worth that you may own. Some examples of personal property may include a vehicle or recreational vehicle, collectibles, etc.

### **Under liabilities, I pay my car insurance on a semi-annual or annual basis. How do I list that?**

Please make sure that the amount of the expense is broken down to a monthly premium amount. Example: If your car insurance is \$500 for a 6 month period, divide \$500 by 6 (\$83.33) to determine the monthly premium.

### **Under liabilities, I do not have enough space for all of my credit cards and/or student loans, how do you want me to list them?**

Include these items on an additional piece of paper.

### **The 4506-T form states, "Caution: DO NOT SIGN this form if a 3<sup>rd</sup> party required you to complete and lines 6 and 9 are blank." What do I enter for those items?**

Items 6 should be filled in with the number of the tax form that you use when completing your income taxes (ie. 1040, 1040EZ). Check box 6a, Transcript requested. We suggest Item 9 be filled in with both 2007 and 2008 year end in case you haven't filed 2008 tax return or it has not been completed.

**Property Condition**

I certify the condition of the property is as noted below (please circle below):

1 – Excellent      2 – Good      3 – Fair      4 – Poor      5 – Condemned      6 – Inaccessible

Have you received a Condemnation Notice?                      Yes      No

I have described my present financial condition on this financial analysis form and have attached required documentation. Under my present circumstances, I cannot bring my mortgage loan current. Therefore, I hereby request assistance.

If Servicer determines that the information and/or documentation I have provided with this financial analysis form is incomplete, or insufficient to render a decision as to my eligibility for loss mitigation, my request for loss mitigation may be denied or delayed until I have provided Servicer with additional information and/or documentation as requested. If I have misrepresented any information and/or documentation, I understand and agree that such misrepresentation will be ground either for immediate rejection of my request for assistance or immediate termination of any loss mitigation agreed to by Servicer. Furthermore, I shall be liable for any losses or damages suffered by Servicer as a result of such misrepresentation.

In the event a third party is designated to act on my behalf, I have included written authorization to the designee to act on my behalf. In the event I am able to bring the loan current or am able to sell the property for an amount sufficient to pay off my mortgage loan in full during the evaluation process, I understand that my request for participation in Servicer’s loss mitigation program will be withdrawn further action.

**By signing below, I declare under penalty of perjury that this information provided above is true and correct to the best of my knowledge.**

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

\*Before mailing, make sure that all borrowers on the mortgage note have signed and dated this form.



# Request for Transcript of Tax Return

OMB No. 1545-1872

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

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

<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 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 if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<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. The IRS has no control over what the third party does with the tax information.	

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**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 30 calendar days. . . . .

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. 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 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

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

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

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

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

## General Instructions

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

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

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

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

**Automated transcript request.** You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	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 the "Internal Revenue Service" at:
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, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
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, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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

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

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

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

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

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

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

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

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. 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, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

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

Form 4506-T

Request for Transcript of Tax Return

(Rev. January 2010)

OMB No. 1545-1872

Department of the Treasury Internal Revenue Service

Tip. Use Form 4506-T to order a transcript. If you need a copy of your return, there is a fee to get a copy of your return.

Enter your name here. If you and a co-borrower filed jointly under his/her name, enter his/her name here.

Enter your SSN or tax payer ID.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

Enter your joint filer's name if applicable.

2b Second social security number if joint filer's SSN or tax payer ID

Enter your joint filer's SSN or tax payer ID

3 Current name, address (including apt., room, or suite no.), city, state, and zip code.

Enter your current address-this may be different than the address you used on your return. Include city, state, and zip code.

4 Previous address shown on the last return filed if different from line 3.

Enter the address on your last return IF different from the address above. Include city, state, and zip code.

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

For assistance in locating the address for your servicer, visit http://www.MakingHomeAffordable.gov/contact\_servicer.html

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

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

Enter the tax form number that you filed.

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 30 calendar days.

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days.

7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. 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 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days.

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

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

12/31/07

12/31/08

12/31/09

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note. For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

For Privacy

THIS FORM MUST BE PROVIDED IN ADDITION TO A SIGNED COPY OF YOUR MOST RECENT TAX RETURN.

## **Supplemental Documentation Checklist**

The following documentation ***must*** be included to determine your eligibility for potential loss mitigation programs. Please use the following checklist to ensure all items are included. Our client may request further documentation from you on a case-by-case basis.

- Financial Analysis Forms** (enclosed)
- Hardship and Financial Information Affidavit** (enclosed)
- IRS 4506T Form** (All lines completed – see sample form)
- Bank Statements** (2 most recent, for all accounts)
- Most Recent Utility Bill**
- Proof of Income** (as detailed below – copies only)
  - **Paid by an Employer**
    - Most Recent Tax Return (signed and dated by all filers)
    - Pay stubs (2 most recent)
  - **Self-Employed**
    - Two Most Recent Tax Returns (signed and dated by all filers)
    - Most Recent Quarterly and/or year-to-date Profit and Loss Statement
  - **Income from Social Security, Disability, Pension, Public Assistance or Unemployment**
    - Most Recent Tax Return (signed and dated by all filers)
    - Award Letter that states: Amount, Frequency and Duration of the Benefit
  - **Income from Alimony or Child Support**
    - Most Recent Tax Return (signed and dated by all filers)
    - Divorce Decree, Separation Agreement or other Written Agreement that states: Amount and period of time income is received.
    - Proof of Receipt of Payments (e.g. bank statements, deposit slips, etc.)
  - **Rental Income**
    - Two Most Recent Tax Returns including Schedule E (signed and dated by all filers)
    - Rental Agreements
  - **Other Income**
    - Proof of all other income will be requested on a case-by-case basis.