

CHES, INC.

A nonprofit, public benefit organization.

Date _____

Dear Homeowner;

Welcome to CHES, Inc., (Credit & Homeownership Empowerment Services, Inc.) our Certified Counselors specialize in Housing Counseling, Homeownership Development, Financial Literacy, Credit Restoration and Foreclosure Prevention. We will guide and assist you with working with your lender toward a mortgage solution.

The following is **YOUR INITIAL ACTION PLAN** for working with us.

Please sign the attached authorization form. Your signature is required when you meet with your Homeownership Advisor. Feel free to contact us if you have any questions or require assistance in completing these forms.

Please sign and return it to us via fax, email or bring to your scheduled appointment. **Below is a list of items to bring to your first meeting. Make copies of the documents and bring the copies with you. Failure to bring copies may result in rescheduling your meeting.**

Bring clear, legible copies of the following documents to your meeting:

- All written correspondence with lender
- Most recent mortgage statement / HOA or Condo bill / Homeowner's Insurance / Property Tax bill
- Paystubs (for the last 60 days), and your employer's name, address and phone number
- Bank Statements (for the last 90 days)
- Complete Federal Tax Returns for the last 2 years – with all schedules
- Copy of a Utility Bill (for the last 30 days)
- Hardship Letter (an explanation of your situation)
- Drivers License / Valid Identification (ID)
- All completed forms provided to you by CHES, Inc.
- See columns below for additional items needed if applicable.**

Please also bring the following if applicable:

- Social Security, Pension and/or Disability Award Letter
- Child Support Order and proof of payment
- Bankruptcy Papers with Discharge or
- Divorce Decree/ Separation Agreement
- Lease agreement(s)
- Unemployment statement and proof of payment
- New job offer letter

Self-Employed bring the following also:

- Business Bank Statements for last 90 days
- Year-to-date Profit and Loss Statement
- Complete Federal Tax Returns for past 2 years with all schedules

Your appointment is scheduled for _____ at _____. Your Homeownership Advisor: _____

Please note: Contact us if you have any questions regarding the following forms. Bring or fax your authorization and completed Client Profile form, our Fax is 816-533-7179. Please be prompt for your meeting; if late you may be rescheduled. We look forward to assisting you!

CREDIT & HOMEOWNERSHIP EMPOWERMENT SERVICES, INC. AUTHORIZATION & DISCLOSURE

Office Use Only

Lender _____ 1st Loan # _____ 2nd Loan _____

Counselor _____ Office _____ Phone _____ Fax _____

Borrower: _____
Date of Birth: _____ Social Security #: _____
Address: _____
Phone #: Day: _____ Eve: _____ Cell: _____

Co-Borrower: _____
Date of Birth: _____ Social Security #: _____
Address: _____
Phone #: Day: _____ Eve: _____ Cell: _____

DISCLOSURE

CHES, Inc. is a 501(c)(3), Nonprofit, Housing Counseling organization that provides Foreclosure Prevention Counseling for Homeowners, Homebuyer Education for Homebuyers, as well as Financial Literacy & Credit Restoration Educational and Counseling Services.

There are many real estate brokers, mortgage lenders and mortgage brokers and you, as a client of CHES, Inc., are free to choose whomever you please to provide these types of services to you. CHES, Inc. encourages you to interview a minimum of 3 separate providers of each of these services in order to determine which provider will best fit your needs.

AUTHORIZATION FORECLOSURE PREVENTION CLIENTS

I/We authorize CHES, Inc., its staff or representatives, to act on my/our behalf for the purpose of seeking a resolution with regard to the property listed above. I/We authorize our lending institution/mortgage company to fax, mail, or email any items requested by CHES, Inc. in reference to our mortgage delinquency immediately. I understand that CHES, Inc. provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate. I give permission for CHES, Inc. program administrators and/or their agents to follow-up with me between now and December 31, 2012 for the purposes of program evaluation. I acknowledge that I have received a copy of the CHES, Inc. Privacy Policy.

AUTHORIZATION ALL CLIENTS

Pursuant to Public Law 91-50B, Title VI, Section 604 (2) & (3) A & B and Section 610 (a) – (d), I/We hereby authorize any Credit Reporting Agency to disclose any consumer credit information to CHES, Inc. and hereby name CHES, Inc. as the authorized “person of my choosing.” Additionally, you may discuss my file with CHES, Inc. personnel (Law No. 1610 (d) 1). I understand that I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. I understand that CHES, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from CHES, Inc. in no way obligates me to choose any of these particular loan products or housing programs.

ACKNOWLEDGMENT

I/we understand that CHES, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from CHES, Inc. in no way obligates me to choose any of these particular loan products or housing programs.

I/we have read and received a copy of this disclosure form.

BORROWER SIGNATURE

CO BORROWER SIGNATURE

DATE

DATE

Credit & Homeownership Empowerment Services, Inc.
1828 Walnut, Suite 816
Kansas City, MO 64108
Phone: 816-533-7417 Fax: 816-533-7179
www.chesinc.org

Credit & Homeownership Empowerment Services, Inc. Foreclosure Prevention

ROLES & RESPONSIBILITIES

A Credit & Homeownership Empowerment Services, Inc. (CHES, Inc.) Housing Counselor will use his/her best judgment based on experience and training and make certain recommendations to you. Please keep in mind that only you can decide whether to accept the Counselor's advice or to seek an alternative course of action. **The following outlines the roles for you and your Counselor in this process:**

Your Role is:

- To promptly provide documents requested to your housing counselor;
- To inform your counselor if you are in a bankruptcy or have had a bankruptcy within the last seven years;
- To inform your counselor if you currently have a workout plan with your loan servicer or have ever been offered some type of workout plan from your lender;
- To inform your counselor if you have spoken to or are speaking to any other person or agency about this matter, including a housing counseling agency, government agency or attorney;
- To inform your counselor immediately if you receive any correspondence from your loan servicer or loan servicer's attorney, including: notice of intent to foreclose, order to docket a foreclosure sale, or workout offer from your lender;
- To follow the instructions or "action items" that your counselor has outlined for you, this may involve calling your loan servicer weekly to check on the status of your case; and
- To contact your counselor about any changes in your housing or mortgage situation immediately.

CHES, Inc. Housing Counselor's Role is:

- To discuss your options and answer your questions;
- To provide information to you about prioritizing debts & spending;
- If authorized by you, to submit a request to your loan servicer and/or other housing industry professional (lender, realtor, government agency) regarding your mortgage and foreclosure;
- To update you on any developments or correspondence received about your loan from any third party (remember that you will have to follow-up with your loan servicer or other party as directed by your counselor); and
- To provide referrals as they feel in their best judgment are needed, such as legal, enforcement, human services, etc.

CHES, Inc. Housing Counselor Cannot:

- Guarantee any results;
- Give you the money you need to pay your mortgage;
- Decide what you "should" do;
- Require your loan servicer or loan servicer's attorney to change the terms of your loan or take any other requested action;
- Work with you if you are in an active bankruptcy without written approval from your attorney; and
- Give legal or tax advice.

I have received a copy of this Roles & Responsibilities Policy:

_____ **Date:** _____ **Date** _____
Homeowner Homeowner

▶ Loan I.D. Number _____

▶ Servicer _____

| 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 _____ |

| | | |
|----------------------------|--|--|
| I want to: | <input type="checkbox"/> Keep the Property | <input type="checkbox"/> Sell the Property |
| The property is my: | <input type="checkbox"/> Primary Residence | <input type="checkbox"/> Second Home <input type="checkbox"/> Investment |
| The property is: | <input type="checkbox"/> Owner Occupied | <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant |

| | |
|--|----------------------|
| Mailing address _____ | |
| Property address (if same as mailing address, just write same) _____ | E-mail address _____ |

| | |
|---|--|
| Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer _____ Amount of offer \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you contacted a credit-counseling agency for help <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: Counselor's Name: _____ Agency Name: _____ Counselor's Phone Number: _____ Counselor's E-mail: _____ |
|---|--|

| | |
|---|---|
| Who pays the real estate tax bill on your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____ | Who pays the hazard insurance premium for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co.: _____ Insurance Co. Tel #: _____ |
|---|---|

| |
|--|
| Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number _____ |
|--|

Additional Liens/Mortgages or Judgments on this property:

| Lien Holder's Name/Servicer | Balance | Contact Number | Loan Number |
|-----------------------------|---------|----------------|-------------|
| | | | |
| | | | |

HARDSHIP AFFIDAVIT

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

| | |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt. |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes. | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |
| <input type="checkbox"/> Other: _____ | |

Explanation (continue on back of page 3 if necessary): _____

INCOME/EXPENSES FOR HOUSEHOLD¹

Number of People in Household:

| Monthly Household Income | | Monthly Household Expenses/Debt | | Household Assets | |
|---|-----------|--|-----------|--|-----------|
| Monthly Gross Wages | \$ | First Mortgage Payment | \$ | Checking Account(s) | \$ |
| Overtime | \$ | Second Mortgage Payment | \$ | Checking Account(s) | \$ |
| Child Support / Alimony / Separation ² | \$ | Insurance | \$ | Savings/ Money Market | \$ |
| Social Security/SSDI | \$ | Property Taxes | \$ | CDs | \$ |
| Other monthly income from pensions, annuities or retirement plans | \$ | Credit Cards / Installment Loan(s) (total minimum payment per month) | \$ | Stocks / Bonds | \$ |
| Tips, commissions, bonus and self-employed income | \$ | Alimony, child support payments | \$ | Other Cash on Hand | \$ |
| Rents Received | \$ | Net Rental Expenses | \$ | Other Real Estate (estimated value) | \$ |
| Unemployment Income | \$ | HOA/Condo Fees/Property Maintenance | \$ | Other _____ | \$ |
| Food Stamps/Welfare | \$ | Car Payments | \$ | Other _____ | \$ |
| Other (investment income, royalties, interest, dividends etc.) | \$ | Other _____ | \$ | Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.) | |
| Total (Gross Income) | \$ | Total Debt/Expenses | \$ | Total Assets | \$ |

INCOME MUST BE DOCUMENTED

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

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

To be completed by interviewer

| | | |
|--|---|---|
| This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet | <i>Interviewer's Name (print or type) & ID Number</i> | <i>Name/Address of Interviewer's Employer</i> |
| | <i>Interviewer's Signature Date</i> | |
| | <i>Interviewer's Phone Number (include area code)</i> | |

ACKNOWLEDGEMENT AND AGREEMENT

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

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

| | |
|-----------------------|------|
| Borrower Signature | Date |
| Co-Borrower Signature | Date |

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



NOTICE TO BORROWERS

Be advised that 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 your 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 misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Making Home Affordable Program Request for Modification and Affidavit Addendum

Borrower Name(s): _____

Loan #: _____

Property Address: _____

Servicer:"aaa

If you have reported an amount in the ‘Other’ box on page 2 of the Request for Modification and Affidavit (RMA) under the Monthly Household Expenses/Debt column, please complete the table below to provide a breakdown of the expenses/debt provided in the ‘Other’ box. This itemization is necessary to ensure all appropriate expenses and debts are considered in our review of your HAMP Loan Modification request.

| Itemization of ‘other’ Monthly Household Expenses/Debt | Monthly Amount |
|--|----------------|
| Food | \$ |
| Utilities (electric, gas, telephone, cell phone, etc.) | \$ |
| Transportation | \$ |
| Cable/internet | \$ |
| Medical bills/Co-pay | \$ |
| Insurance premiums (life, auto, etc.) | \$ |
| Any additional property maintenance costs | \$ |
| All non-HOA property dues or maintenance fees | |
| Other: _____ | \$ |
| Other: _____ | \$ |
| Other: _____ | \$ |
| Total Other Expenses* | |

* This total must match the amount in the ‘Other’ box on page 2 of the RMA under the Monthly Household Expenses/Debt column.

Signed:

Borrower

Date

Borrower

Date

Borrower

Date

Borrower

Date

Home Affordable Modification Program Hardship Affidavit

Borrower Name (first, middle, last): _____ Date of Birth: _____
 Co-Borrower Name (first, middle, last): _____ Date of Birth: _____
 Property Street Address: _____
 Property City, ST, Zip: _____
 Servicer: _____
 Loan Number: _____

In order to qualify for _____'s ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), 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 | |
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <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-employed business earnings. I have provided details below under "Explanation."

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <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 below under "Explanation."

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <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 below under "Explanation."

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

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 <input type="checkbox"/> I do not wish to furnish this information | | CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information | |
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | |
| Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| To be Completed by Interviewer | | Interviewer's Name (print or type) | |
| <input type="checkbox"/> Face-to-face interview | | Interviewer's Signature Date | |
| <input type="checkbox"/> Mail | | Name/Address of Interviewer's Employer | |
| <input type="checkbox"/> Telephone | | | |
| <input type="checkbox"/> Internet | | | |
| | | Interviewer's Phone Number (include area code) | |

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 my/our property is owner-occupied and I/we have not received a condemnation notice.
6. 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.
7. I/we certify that I/we am/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.

8. 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 representations in this affidavit.
9. I/we authorize and consent to Servicer disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us or retained by Servicer in connection with the Home Affordable Modification Program.

| | | | |
|-------------------------|------|-------------------------|------|
| Borrower Signature | Date | Co-Borrower Signature | Date |
| E-mail Address: _____ | | E-mail Address: _____ | |
| Cell Phone # _____ | | Cell Phone # _____ | |
| Home Phone # _____ | | Home Phone # _____ | |
| Work Phone # _____ | | Work Phone # _____ | |
| Social Security # _____ | | Social Security # _____ | |

Explanation: _____

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service▶ **Request may not be processed if the form is incomplete or illegible.****Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

| | | | | | |
|---|--|------------------|------------------|---|--|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number or individual taxpayer identification number on tax return | | | | |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return | | | | |
| 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. <table border="1" style="width:100%"> <tr> <td data-bbox="89 758 972 856">Third party name</td> <td data-bbox="972 758 1521 856">Telephone number</td> </tr> <tr> <td colspan="2" data-bbox="89 856 1521 951">Address (including apt., room, or suite no.), city, state, and ZIP code</td> </tr> </table> | | Third party name | Telephone number | Address (including apt., room, or suite no.), city, state, and ZIP code | |
| Third party name | Telephone number | | | | |
| Address (including apt., room, or suite no.), city, state, and ZIP code | | | | | |
| 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. _____ | | | | | |

Caution. If the 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 line 6. Completing these steps helps to protect your privacy.**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.**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 signature date.

| | | | |
|------------------|--------------------------------|------|---|
| Sign Here | ▶ Signature (see instructions) | Date | Telephone number of taxpayer on line 1a or 2a |
| | ▶ Spouse's signature | Date | |

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 a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following 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 the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

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 that return was filed.

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

If you filed an individual return and lived in:

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)

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, 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
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

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

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

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

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

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

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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

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. 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 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.

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 receive 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.

| Borrower | Co-Borrower |
|---|---|
| <input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion | <input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion |

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that 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.

Borrower Signature

Date

Co-Borrower Signature

Date

