



Request for Mortgage Assistance Form

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. **When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.**

SLS Loan Number: _____

SECTION 1: BORROWER INFORMATION

PRIMARY BORROWER		CO-BORROWER 1	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)
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		MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")	
EMAIL ADDRESS		EMAIL ADDRESS	
CO-BORROWER 2		CO-BORROWER 3	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)
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 (IF SAME AS BORROWER, WRITE "SAME")		MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")	
EMAIL ADDRESS		EMAIL ADDRESS	

My intent with the property is: Keep the Property Sell the Property Deed the Property back I'm Unsure

NOTE: SLS will perform an evaluation to determine your eligibility for all available programs offered by your investor.

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

The property is currently: Owner Occupied Renter Occupied Vacant

Has any borrower filed for bankruptcy? Chapter 7 Chapter 13

Filing date: ___/___/___ Case Number: _____

Has your bankruptcy been discharged? Yes No

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

Counselors Name: _____ Counselors Phone Number: _____/_____/_____

Agency's Name: _____ Counselors Email Address: _____

Has the mortgage on your principal residence ever had a trial period plan or other permanent modification? Yes No

Has any property that you or any co-borrower own had a permanent modification? Yes No If "Yes", how many? _____

Are you or any co-borrower currently in or being considered for a trial period plan on a property other than your principal residence? Yes No

SECTION 2: HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options.

Date Hardship Began is: _____

I Believe my situation is:

Short Term (under 6 months)
 Medium term (6-12 months)
 Long Term/Permanent (Greater than 12 months)

I (We) am/are requesting review under the Specialized Loan Servicing Loan Modification Program.

I am having difficulty making my monthly payment because of 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"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	<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 of 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 of 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 filed by the court; OR <input type="checkbox"/> Separation agreement filed 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 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 app); 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	<p><u>For active duty service members:</u></p> <input type="checkbox"/> Notice of permanent change of station (PCS) or actual PCS orders. <p><u>For employment transfers/new employment:</u></p> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer of new employment location; OR <input type="checkbox"/> Pay stub 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: <ul style="list-style-type: none"> <input type="checkbox"/> Bankruptcy Filing for business; OR <input type="checkbox"/> Two months of 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 not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation (below)

Additional Explanation (continue on a separate sheet of paper if necessary):

SECTION 3: COMBINED INCOME AND EXPENSES FOR BORROWER AND CO-BORROWER(S)

***Details regarding the required supporting documentation can be found in Section 5**

Only include income information for household contributing **BORROWERS**

If you include income from a contributor who is **NOT** a Borrower, specify their income in Section 4

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

Include mortgage payments on all properties you own **EXCEPT** your principal residence and the property you are seeking assistance in Section 7.

Borrower Name: _____

Monthly Gross Wages	\$	Child Support/Alimony/Separation	\$	Other (investment income, royalties, dividends, etc.)	\$
Overtime	\$	Social Security/SSDI (Taxable)	\$	Gross Rents Received	\$
Tips, commissions, bonus	\$	Social Security/SSDI (Non-Taxable)	\$	Other:	\$
Self-Employment Income	\$	Public Assistance	\$	Other:	\$
Unemployment Income	\$	Other monthly income: pension, annuity, retirement, etc.	\$	Total (Gross Income)	\$

Co-Borrower Name: _____

Monthly Gross Wages	\$	Child Support/Alimony/Separation	\$	Other (investment income, royalties, dividends, etc.)	\$
Overtime	\$	Social Security/SSDI (Taxable)	\$	Gross Rents Received	\$
Tips, commissions, bonus	\$	Social Security/SSDI (Non-Taxable)	\$	Other:	\$
Self-Employment Income	\$	Public Assistance	\$	Other:	\$
Unemployment Income	\$	Other monthly income: pension, annuity, retirement, etc.	\$	Total (Gross Income)	\$

Co-Borrower Name: _____

Monthly Gross Wages	\$	Child Support/Alimony/Separation	\$	Other (investment income, royalties, dividends, etc.)	\$
Overtime	\$	Social Security/SSDI (Taxable)	\$	Gross Rents Received	\$
Tips, commissions, bonus	\$	Social Security/SSDI (Non-Taxable)	\$	Other:	\$
Self-Employment Income	\$	Public Assistance	\$	Other:	\$
Unemployment Income	\$	Other monthly income: pension, annuity, retirement, etc.	\$	Total (Gross Income)	\$

Co-Borrower Name: _____

Monthly Gross Wages	\$	Child Support/Alimony/Separation	\$	Other (investment income, royalties, dividends, etc.)	\$
Overtime	\$	Social Security/SSDI (Taxable)	\$	Gross Rents Received	\$
Tips, commissions, bonus	\$	Social Security/SSDI (Non-Taxable)	\$	Other:	\$
Self-Employment Income	\$	Public Assistance	\$	Other:	\$
Unemployment Income	\$	Other monthly income: pension, annuity, retirement, etc.	\$	Total (Gross Income)	\$

Monthly Household Expenses/Debt

1st Mortgage Principal & Interest Payment	\$	HOA/Condo Fees	\$	Mortgage Payments on other properties	\$
2 nd Mortgage Principal & Interest Payment	\$	Credit Cards/Installment Loans(s) (total min. payment per month)	\$	Food/Groceries:	\$
Homeowners Insurance	\$	Alimony, child support, payments	\$	How many people in household?	
Property Taxes	\$	Car Payments	\$	Other:	\$
				Total Debt/Expenses	\$

Household Assets

Checking Account(s)	\$	Stocks/Bonds	\$	Other:	\$
Checking Account(s)	\$	CDs	\$	Other:	\$
Savings/Money Market	\$	Value of all Real Estate except Principal Residence	\$	Total Assets	\$

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

Check this box if this section does not apply to you

Lien Holders Name	Balance and Interest Rate	Loan Number	Lien Holders Phone Number
Name:	\$ _____ %		_____/_____/_____
Name:	\$ _____ %		_____/_____/_____
Name:	\$ _____ %		_____/_____/_____

SECTION 4: NON-BORROWER CONTRIBUTOR INCOME & CREDIT AUTHORIZATION

NON-BORROWER/CONTRIBUTOR Income information (defined as a person who resides in the property and contributes to household income but is not listed as a borrower on the loan). All non-borrower contributors, whose income is to be considered in the review process, must provide proof of income. *Child support, alimony, or separation maintenance need not be disclosed if you do not choose to disclose this information*

Check this box if this section does not apply to you

Non-Borrower Household Contributor Name: _____

Monthly Gross Wages	\$	Child Support/Alimony/Separation	\$	Other (investment income, royalties, dividends, etc.).	\$
Overtime	\$	Social Security/SSDI (Taxable)	\$	Gross Rents Received	\$
Tips, commissions, bonus	\$	Social Security/SSDI (Non-Taxable)	\$	Other:	\$
Self-Employment Income	\$	Public Assistance	\$	Other:	\$
Unemployment Income	\$	Other monthly income: pension, annuity, retirement	\$	Total (Gross Income)	\$

Non-Borrower Household Contributor Name: _____

Monthly Gross Wages	\$	Child Support/Alimony/Separation	\$	Other (investment income, royalties, dividends, etc.).	\$
Overtime	\$	Social Security/SSDI (Taxable)	\$	Gross Rents Received	\$
Tips, commissions, bonus	\$	Social Security/SSDI (Non-Taxable)	\$	Other:	\$
Self-Employment Income	\$	Public Assistance	\$	Other:	\$
Unemployment Income	\$	Other monthly income: pension, annuity, retirement	\$	Total (Gross Income)	\$

**AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT
NON-BORROWER CONTRIBUTOR(S)**

All non-borrower contributors (defined as a person who resides in the property or contributes to household income but is not listed as a borrower on the loan), whose income is to be considered in the review process, must authorize a current consumer report by signing below in addition to filling out the requested information.

Check this box if this section does not apply to you

I authorize Specialized Loan Servicing LLC, here out referred to as SLS, to obtain a consumer credit report. SLS 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, SLS 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.

Non-Borrower Contributor 1

Signature

Date

Printed Name

DOB

Social Security Number

Relationship to Borrower

Non-Borrower Contributor 2

Signature

Date

Printed Name

DOB

Social Security Number

Relationship to Borrower

SECTION 5: REQUIRED INCOME DOCUMENTATION

You may be required to provide additional information to complete this evaluation

****All documentation submitted must be current within the last 90 days. ****

<p>ALL</p>	<p><input type="checkbox"/> Include a completed and signed IRS Form 4506T (self-employed) or 4506T-EZ. Borrowers who filed their tax returns jointly may submit one IRS form 4506T signed and dated by both of the joint filers. (A copy of the Form 4506T and 4506T-EZ can be found at www.sls.net)</p> <p><input type="checkbox"/> Two most recent bank statements evidencing proof of deposits for income specified in section 3 and 4.</p>
<p>Are you an hourly or salaried employee?</p>	<p><input type="checkbox"/> For each Borrower, provide the most current pay stub(s) that reflect/s at least 30 days of year-to-date income. Borrower Hire Date: ____/____/____ Co-Borrower Hire Date: ____/____/____ Co-Borrower Hire Date: ____/____/____ Co-Borrower Hire Date: ____/____/____</p>
<p>Do you receive tips, commissions, bonuses, housing allowance, or overtime?</p>	<p><input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).</p> <hr/>
<p>Are you self-employed?</p>	<p><input type="checkbox"/> Most recent <u>signed and dated</u> quarterly or year-to-date profit and loss statement.</p> <p><input type="checkbox"/> A signed copy of the two most recent year's tax returns or a copy of electronically filed return with proof of filing; if not available, proof of extension filed. All schedules must be included.</p>
<p>Do you receive social security, disability, death benefits, pension, public assistance, or adoption assistance?</p>	<p><input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as award letters, exhibits, disability policy or benefits statement from the provider and</p> <p><input type="checkbox"/> Proof of receipt of payment (such as two most recent bank statements or deposit advices).</p> <p>Notice: Public assistance must continue for at least nine months to be considered qualifying income under this program. Social Security, disability/death benefits must continue for at least three years to be considered qualifying income under this program.</p>
<p>Do you receive alimony, child support, or separation maintenance payments?</p>	<p><input type="checkbox"/> A copy of the divorce decree, separation agreement or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them.</p> <p><input type="checkbox"/> Proof of Receipt –such as copies of your two most recent bank statements or deposit advices showing you have received payments.</p> <p>Notice: Alimony, child support, or separation maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.</p>
<p>Do you have income from rental properties that are not your principal residence?</p>	<p><input type="checkbox"/> A signed copy of the two most recent year's tax returns or a copy of electronically filed return with proof of filing; if not available, proof of extension filed. All schedules must be included.</p> <p><input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposits of rent checks.</p> <p><input type="checkbox"/> Mortgage statements for all properties.</p> <p><input type="checkbox"/> Lease agreement for all properties, if utilizing a property management company; include the contract signed by you and the property management company.</p>
<p>Do you intend to sell the property?</p>	<p><input type="checkbox"/> A valid Listing Agreement</p> <p><input type="checkbox"/> In order for an offer to be considered, you will need to submit the Sales Contract with Short Sale Addendum, a preliminary HUD-1 and Buyer Proof of Funds/Pre-Qualification Letter</p> <p><input type="checkbox"/> Third Party Authorization to speak to your agent/broker and any closing agent</p>
<p>Do you pay your own real estate taxes?</p> <p>In the event all other required information is received and tax information has not been provided, SLS will perform a tax search in order to obtain all delinquent and current tax amounts due. A fee of \$25.00 will be assessed to your loan.</p>	<p><input type="checkbox"/> A copy of your most recent tax bill(s) that include the tax amount and due date.</p> <p><input type="checkbox"/> Indication of the status of the bill (paid/unpaid).</p> <p><input type="checkbox"/> Documentation of delinquent taxes, a copy of all delinquent tax bills with the total amount due, including penalties and interest.</p> <p>Notice: If you would prefer to have SLS perform a tax search immediately rather than supplying the required tax items listed above, please initial, agreeing to the \$25.00 charge assessed to your loan.</p>
<p>Do you pay your own Hazard/Flood insurance?</p>	<p><input type="checkbox"/> A copy of your existing hazard and/or flood insurance declarations page that includes the policy dates, annual premium amount, insurance carrier name and contact information.</p> <p><input type="checkbox"/> An indication of how the premiums are paid (monthly, quarterly, semi-annually, annually) and when the next payment is due.</p> <p>Notice: If your hazard/flood insurance is PAID FROM ESCROW: in the event that the insurance policy on file is expired and we have not yet received an updated policy, SLS will estimate the cost of the insurance at a lender placed policy rate. This rate is normally higher than preferred policy rate and may increase the amount of the monthly required escrow payment.</p>
<p>For Borrowers in Idaho or Vermont</p>	<p><input type="checkbox"/> Prospective Borrower's State Agreement, signed and dated. (A copy may also be located at www.sls.net)</p>

SECTION 6: PRINCIPAL RESIDENCE INFORMATION

Principal Home Address:			
Principal Home Servicer Name:		Principal Home Servicer Phone Number: (____) - ____ - _____	
Is the mortgage on your principal home current? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "no", number of months your payment is past due (if known): _____	
Other mortgages or liens on the property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lien Holder/Servicer Name:		Secondary Loan ID Number (if applicable):
Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", monthly fee:	Are fees paid current: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address that the fees are paid to:			
Does your mortgage payment include taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", are the taxes paid current? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the annual amount of homeowner's taxes? \$ _____	
Does your mortgage payment include insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", is the insurance paid current? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the annual amount of homeowner's insurance? \$ _____	
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Listing Agent's Name:	Phone Number: (____) - ____ - _____	
List date? ____/____/____	Have you received a purchase offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Offer? \$ _____	Closing Date: ____/____/____

SECTION 6A: NON-PRINCIPAL RESIDENCE INFORMATION

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

Check this box if this section does not apply to you

Property Address:			
Mortgage Servicer Name:		Mortgage Servicer Phone Number: (____) - ____ - _____	
Is the mortgage on this property current? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "no", number of months your payment is past due (if known): _____	
Other mortgages or liens on the property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lien Holder/Servicer Name:		Secondary Loan ID Number (if applicable):
Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", monthly fee:		Are fees paid current: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address that the fees are paid to:			
Does your mortgage payment include taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", are the taxes paid current? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the annual amount of homeowner's taxes? \$ _____	
Does your mortgage payment include insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", is the insurance paid current? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the annual amount of homeowner's insurance? \$ _____	
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Listing Agent's Name:	Phone Number: (____) - ____ - _____	
List date? ____/____/____	Have you received a purchase offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Offer? \$ _____	Closing Date: ____/____/____

If requesting assistance with a rental property, Property is:

Vacant **Second/seasonal home** **Rented**

If rental property is occupied by a tenant: Term of lease/occupancy: ____/____/____ - ____/____/____ MM / DD / YY MM / DD / YY	Gross monthly rent: \$ _____
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If rental property is vacant, describe efforts to rent property:

If applicable, describe relationship of and duration of non-rent paying occupant of rental property:

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

By checking this box and initialing below, I am requesting a mortgage modification with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the Servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

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

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

Initials: Borrower _____ Co-borrower _____ Co-borrower _____ Co-borrower _____

SECTION 7: OTHER PROPERTIES OWNED

You must provide information about all properties that you or any co-borrowers own, other than your principal residence and any other property described in Section 7 below. Use additional sheets, if necessary.

The amount of monthly payment made to your lender – including, principal, interest, property taxes and insurance.

Check this box if this section does not apply to you

Other Property #1

Property Address:		Loan ID Number:	
Servicer Name:		Mortgage Balance: \$	Current Value: \$
Property is:	Gross Monthly Rent:	\$	Monthly Mortgage Payment: \$
<input type="checkbox"/> Vacant <input type="checkbox"/> Second/seasonal home <input type="checkbox"/> Rented			

Other Property #2

Property Address:		Loan ID Number:	
Servicer Name:		Mortgage Balance:	Current Value:
Property is:	Gross Monthly Rent:	\$	Monthly Mortgage Payment: \$
<input type="checkbox"/> Vacant <input type="checkbox"/> Second/seasonal home <input type="checkbox"/> Rented			

SECTION 8: 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. L111-203). **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 of 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 the 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;
- (c) Tax evasion

I/we understand that the Servicer, the United States Department of the Treasury, or their respective agents may investigate the accuracy of my/our 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 this RMA is received by your Servicer.

Initials: Borrower _____ Co-borrower _____ Co-borrower _____ Co-borrower _____

SECTION 9: 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:	Name/Address of Interviewer's Employer	
<input type="checkbox"/> <i>Face-to-face interview</i> <input type="checkbox"/> <i>Mail</i> <input type="checkbox"/> <i>Telephone</i> <input type="checkbox"/> <i>Internet</i>	Interviewer's Name (print or type) & ID Number	
	Interviewer's Signature	Date
	Interviewer's Phone Number (include area code)	

SECTION 10: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance, and I accept and agree to all terms, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my Servicer's determination and notification of my eligibility or prequalification for assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities, any investor, insurer, guarantor, or Servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance and all other matters concerning my loan at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls (including those made by an automated dialer) to my cellular or mobile telephone.

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

Borrower Signature

Social Security Number

Date of Birth

Date Signed

Co-Borrower Signature

Social Security Number

Date of Birth

Date Signed

Co-Borrower Signature

Social Security Number

Date of Birth

Date Signed

Co-Borrower Signature

Social Security Number

Date of Birth

Date Signed

NOTICE TO BORROWERS

CONSUMER ALERT – FORECLOSURE RESCUE SCAMS

It is imperative that you take caution to avoid scams which promise to "rescue" you from being forced to foreclose on your home. If you are behind on your home mortgage, records regarding delinquent mortgages may be published by mortgage lenders prior to foreclosing on homes. Additionally, private firms frequently compile and sell lists of foreclosed properties and distressed borrowers. Scam artists have resorted to various means to contact distressed borrowers in person, by mail, over the telephone, or by e-mail. Often times, their "foreclosure/mortgage consulting services" are advertised on television, radio, or the Web, and in newspapers, and offer things such as "foreclosure prevention" or "foreclosure rescue" services. State law may require that such persons enter into a contract with you that fully describe the services they will perform for the fee they charge. Additionally, the law may prohibit them from taking any fee from you until they have completed all work promised in their contract.

If you are approached by someone offering to negotiate a loan modification to stop or delay the foreclosure of your home for a fee, it is strongly advised that you check his or her credentials, reputation, and experience, before entering into a contract with them. If you are contacted by someone claiming to be able to offer you relief via a loan modification, for a fee, and you question the authenticity of such a service, contact your mortgage Servicer. Your mortgage Servicer can assist you in identifying legitimate options to avoid foreclosure.

How to Report a Scam – do one of the following:

- Go to www.preventloanscams.org and fill out the Loan Modification Scam Prevention Network's (LMSPN) complaint form online and get more information on how to fight back. Note: you can also fill out this form and send to the fax number/e-mail/address (your choice!) on the back of the form.
- Call 1-888-995-HOPE (4673) and tell the counselor about your situation and that you believe you got scammed or know of a scam.

The Loan Modification Scam Prevention Network is a national coalition of governmental and private organizations led by Fannie Mae, Freddie Mac, NeighborWorks America™ and the Lawyers' Committee for Civil Rights Under Law.

Please be advised that Specialized Loan Servicing LLC does not provide legal advice and the foregoing statement only constitutes a friendly consumer alert to our customers.

CREDIT REPORTING - Payment history will continue to be reported to the credit bureaus during the loan modification process. You must continue to make your scheduled payments in order to avoid negative credit reporting.

SPECIALIZED LOAN SERVICING LLC IS REQUIRED BY LAW TO INFORM YOU THAT THIS COMMUNICATION IS FROM A DEBT COLLECTOR. HOWEVER, THE PURPOSE OF THIS COMMUNICATION IS TO OFFER YOU LOSS MITIGATION ASSISTANCE THAT MAY HELP YOU BRING OR KEEP YOUR LOAN CURRENT THROUGH AFFORDABLE PAYMENTS. IF YOU ARE CURRENTLY IN A BANKRUPTCY PROCEEDING, OR HAVE PREVIOUSLY OBTAINED A DISCHARGE OF THIS DEBT UNDER APPLICABLE BANKRUPTCY LAW, THIS NOTICE IS FOR INFORMATION ONLY AND IS NOT AN ATTEMPT TO COLLECT THE DEBT, A DEMAND FOR PAYMENT, OR AN ATTEMPT TO IMPOSE PERSONAL LIABILITY FOR THAT DEBT. YOU ARE NOT OBLIGATED TO DISCUSS YOUR HOME LOAN WITH US OR ENTER INTO A LOAN MODIFICATION OR OTHER LOAN-ASSISTANCE PROGRAM. YOU SHOULD CONSULT WITH YOUR BANKRUPTCY ATTORNEY OR OTHER ADVISOR ABOUT YOUR LEGAL RIGHTS AND OPTIONS. IF YOU HAVE QUESTIONS, PLEASE CONTACT US AT 1-800-306-6057.

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

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 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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 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.	

[Specialized Loan Servicing LLC - Attn: Resolution Support - 1-800-306-6059 - 8742 Lucent Blvd., Suite 300, Highlands Ranch, CO 80129](#)

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. 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 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
Alabama, Arizona, Arkansas, California, Colorado, 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
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	559-456-5876
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
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	801-620-6922
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 145500 Stop 2800 F Cincinnati, OH 45250
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	859-669-3592

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

	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
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	801-620-6922
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 145500 Stop 2800 F Cincinnati, OH 45250
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	859-669-3592

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

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

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

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

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

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

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

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

(Rev. January 2012)

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

Third party name

Telephone number

Specialized Loan Servicing LLC - Attn: Resolution Support

1-800-306-6059

Address (including apt., room, or suite no.), city, state, and ZIP code

8742 S. Lucent Blvd., Suite 300, Highlands Ranch, CO 80129**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.**6** **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days. Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return.**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.**Caution.** Do not sign this form unless all applicable lines have been completed.**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.Phone number of taxpayer
on line 1a or 2a

Sign Here	▶ Signature (see instructions)	Date	
	▶ Spouse's signature	Date	

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

What's New

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

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

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

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

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

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

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

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

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

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

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

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

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:M:S
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

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



8742 Lucent Boulevard ■ Suite 300 ■ Highlands Ranch, CO 80129

P 800-315-4757

F 720-241-7218

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

THIRD-PARTY AUTHORIZATION FORM

Mortgage Lender/Servicer Name (Servicer")

Account Number

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above Servicer and the following third parties (individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Authorized Third Party Contact Information

Name

Phone Number

Email Address

Name

Phone Number

Email Address

This Third-Party Authorization is only valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any Borrower or Co-borrower.

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

Borrower Signature

Co-Borrower Signature

Borrower Printed Name

Co-Borrower Printed Name

Date

Date