

Dear Client,

Thank you for contacting Parkview Services' Mortgage Default Program for assistance. Below is a partial list of documents we have enclosed for you to review, complete and return in order for us to assist you. The following checklist of information is needed in order for Parkview Services to effectively review your situation and assist you in determining an outcome. This is your first step in the Parkview Services Mortgage Default Intervention Program. Please fill out the documents as completely as possible. Once we have received and reviewed your documents, you will be contacted to discuss next steps.

PLEASE PROVIDE THE FOLLOWING:

- Complete intake application with disclosures
- Completed and signed Mortgage Assistance Application (enclosed)
- Completed and signed Dodd Frank statement (enclosed)
- Hardship letter explaining your circumstances (sample letter enclosed)
- Completed and signed 4506T (enclosed)
- Copy of last 2 years tax returns, including all schedules and W2s. **Sign on the signature line provided, even if electronically filed.**
- Copy of last 2 months pay stubs or benefits statement(s) - **e.g.** *Social Security, disability, unemployment, retirement, public assistance*
- Self Employed: copy of your current year-to-date profit and loss statement (P&L) (template enclosed)
- Copy of last 2 months bank statements (all pages)
- Self Employed: copies of last 4 months personal and business bank statements (all pages)
- Copy of your most recent utility bill (electricity, water/sewer/garbage, etc.)
- Signed copy of Home Owners Association (HOA) Declaration Statement (enclosed)
- Copies of your driver's license and Social Security card or passport
- Copy of your current mortgage statement (**we must have this**)
- Copies of property tax statements and Hazard / Home insurance statements
- If applicable, copy of your HOA bill
- If applicable, Bankruptcy Discharge
- If applicable, copy of divorce papers, legal separation or quit claim deed
- If applicable, copies of any notices received from your lender or trustee (**Notice of Pre-Foreclosure Options, Notice of Default, Notice of Trustee Sale**)

Please bring in, mail or e-mail the above documents to:

Parkview Services
Attn: Mortgage Default Program
17544 Midvale Ave N. Ste. LL
Shoreline, WA 98133

intake@parkviewservices.org

***PLEASE NOTE:** *When e-mailing the intake packet, scan it in as **1 large PDF** instead of individual documents. Failure to comply will result in delays processing your file.*

APPLICATION • MORTGAGE INFORMATION • BUDGET WORKSHEET

Referral Sources:

 Mailing Address: *(If different from property address)*

| BORROWER | CO-BORROWER |
|--|--|
| Full Name: | Full Name: |
| Social Security Number: --- --- | Social Security Number: --- --- |
| Date of Birth: / / Gender (M/F): | Date of Birth: / / Gender (M/F): |
| Mobile or Daytime Number: <i>(Pacific Time) With Area Code*</i> | Mobile or Daytime Number: <i>(Pacific Time) With Area Code*</i> |
| Secondary Phone Number: | Secondary Phone Number: |
| Email Address: | Email Address: |
| Additional Contact Name: | Additional Contact Name: |
| Phone: | Phone: |

PROPERTY INFORMATION

| | |
|--|---------|
| Property Address: | |
| City, State ZIP: | County: |
| Is this property your primary residence? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Is this property vacant or condemned? <input type="checkbox"/> Vacant <input type="checkbox"/> Condemned <input type="checkbox"/> Neither Vacant nor Condemned | |
| Type of Property: <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <i>(Duplex Variations / Other*)</i> : <input type="checkbox"/> 2-Unit <input type="checkbox"/> 3-Unit <input type="checkbox"/> 4-Unit <input type="checkbox"/> 5 or more Units | |
| Who is your Homeowner Insurance Policy with? | Phone: |
| Who pays your Homeowner Insurance Policy? <input type="checkbox"/> I Do <input type="checkbox"/> Lender Does | |

| BORROWER DEMOGRAPHICS | CO-BORROWER DEMOGRAPHICS |
|--|--|
| ETHNICITY | ETHNICITY |
| <input type="checkbox"/> Hispanic or Latino <i>(Check one or more)</i> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information | <input type="checkbox"/> Hispanic or Latino <i>(Check one or more)</i> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information |
| RACE | RACE |
| <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: | <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander: |
| <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information | <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information |
| Preferred Language: | Preferred Language: |
| Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes | Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes |

| HOUSEHOLD DEMOGRAPHICS | | |
|--|------------------------|--|
| Number of People in Household: | Numbers of Dependents: | Age(s) of Dependents: |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | |
| Household Type (check only one): <input type="checkbox"/> Single Adult <input type="checkbox"/> Male-Headed Single Parent Household <input type="checkbox"/> Married without Dependents <input type="checkbox"/> Two or More Unrelated Adults <input type="checkbox"/> Female-Headed Single Parent Household <input type="checkbox"/> Married with Dependents <input type="checkbox"/> Other Household Type (describe): | | |
| Household Head: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Neither | | |
| Highest Educational Level of Borrower (check only one): <input type="checkbox"/> No H.S. Diploma <input type="checkbox"/> GED Diploma <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Doctorate <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Some College – Never Graduated <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> <input type="checkbox"/> Master's Degree | | |
| Are you a Migrant Farm Worker? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Are you a Colonias Resident? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Are you Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Is the Co-Borrower Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| DELINQUENCY | | |
| If current, are you likely to fall behind? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Amount of Arrears: \$ |
| Delinquency Reason (check only one): <input type="checkbox"/> Reduction in income <input type="checkbox"/> Medical issues <input type="checkbox"/> Divorce/separation <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Increase in expense <input type="checkbox"/> Death of family member <input type="checkbox"/> Business venture failed <input type="checkbox"/> Other delinquency reason, (describe): | | |
| Delinquent Loan(s): <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third (Other/Lien) | | |
| Notice of Default Date: / / | | Trustee Sale Date : / / |
| Bankruptcy Status: <input type="checkbox"/> Discharged <input type="checkbox"/> Yes, Chapter 7 <input type="checkbox"/> Yes, Chapter 13 <input type="checkbox"/> Yes, Other <input type="checkbox"/> Never Filed | | |
| Have you previously received a modification under the government's Making Home Affordable Program? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| FIRST MORTGAGE INFORMATION | | |
| Current Loan Servicer: | | Date Loan Originated (M/D/Y): |
| Current Balance Owed \$ | | Current Servicer Loan Number: |
| Annual Property Taxes \$ | | Current Principal and Interest (monthly) \$ |
| Annual Homeowner's Insurance \$ | | Are Property Taxes Escrowed? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Monthly HOA/Condo Fees: \$ | | Is Homeowner's Insurance Escrowed? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Product Type: <input type="checkbox"/> Fixed Rate <input type="checkbox"/> ARM <input type="checkbox"/> Hybrid ARM(3/27) <input type="checkbox"/> Hybrid ARM(2/28) <input type="checkbox"/> Option ARM <input type="checkbox"/> Other (describe) | | |
| Current Interest Rate %: | | Have you received a loan modification in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If ARM, has rate on ARM reset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Is this an Interest only loan? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Mortgage Type: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Privately-held <input type="checkbox"/> USDA | | |
| If conventional, is the mortgage owned or guaranteed by Fannie Mae or Freddie Mac? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121+ days late | | |
| HOME EQUITY LINE OF CREDIT (HELOC) SECOND MORTGAGE | | |
| Current Lender or Servicer: | | Date Loan Originated (M/D/Y): |
| Loan Number: | | Amount of Arrears: \$ |
| Original Loan Amount: \$ | | Current Balance Owed: \$ |
| Current Interest Rate % : | | Monthly Payment: \$ |
| Status of Second Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121+ days late | | |

| HOUSEHOLD INCOME AND ASSETS | | | | | |
|--|-----------------|-----|--|-----------------|-----|
| BORROWER | | | CO-BORROWER | | |
| Employer | Start date: / / | | Employer | Start date: / / | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
| City | State | Zip | City | State | Zip |
| Type of Business: | | | Type of Business: | | |
| Business Phone: | | | Business Phone: | | |
| MONTHLY INCOME BEFORE TAXES (GROSS) | | | MONTHLY INCOME BEFORE TAXES (GROSS) | | |
| Base Salary: \$ | | | Base Salary: \$ | | |
| Other Income: (please list what kind & amount) | | | Other Income: (please list what kind & amount) | | |
| Kind | Amount \$ | | Kind | Amount \$ | |
| Kind | Amount \$ | | Kind | Amount \$ | |
| MONTHLY INCOME AFTER TAXES (NET) | | | MONTHLY INCOME AFTER TAXES (NET) | | |
| Base Salary: \$ | | | Base Salary: \$ | | |
| Other Income: (please list what kind & amount) | | | Other Income: (please list what kind & amount) | | |
| Kind | Amount \$ | | Kind | Amount \$ | |
| Kind | Amount \$ | | Kind | Amount \$ | |
| OTHER MONTHLY INCOME | | | OTHER MONTHLY INCOME | | |
| Retirement | \$ | | Retirement | \$ | |
| Disability | \$ | | Disability | \$ | |
| Social Security | \$ | | Social Security | \$ | |
| Rental Income | \$ | | Rental Income | \$ | |
| Child Support | \$ | | Child Support | \$ | |
| Alimony | \$ | | Alimony | \$ | |
| Food Stamps | \$ | | Food Stamps | \$ | |
| Cash Assistance | \$ | | Cash Assistance | \$ | |
| Unemployment | \$ | | Unemployment | \$ | |
| ASSETS | | | ASSETS | | |
| Available Cash | \$ | | Available Cash | \$ | |
| Checking | \$ | | Checking | \$ | |
| Savings | \$ | | Savings | \$ | |
| Other Assets | \$ | | Other Assets | \$ | |

MONTHLY EXPENSES

| Home | |
|------------------------------|----|
| Mortgage Payment / HOA | \$ |
| Water / Sewer / Trash | \$ |
| Electric / Natural Gas / Oil | \$ |
| Netflix / Hulu | \$ |
| Phone | \$ |
| Internet / Cable | \$ |

| Transportation | |
|-----------------------|----|
| Gasoline | \$ |
| Car Insurance | \$ |
| Parking | \$ |
| Public Transportation | \$ |

| Education | |
|----------------------------|----|
| Tuition / Supplies / Other | \$ |

| Medical Expenses | |
|----------------------------|----|
| Health Insurance | \$ |
| Co-pays / Medical Expenses | \$ |
| Prescriptions | \$ |

| Miscellaneous | |
|------------------------|----|
| Cigarettes / Beverages | \$ |
| Clothing / Shoes | \$ |
| Pet Expenses | \$ |
| Dining Out / Fast Food | \$ |
| Other _____ | \$ |

| Family | |
|-------------------------|----|
| Day Care / Baby Sitters | \$ |
| Alimony / Child Support | \$ |

| Donations | |
|-----------------------|----|
| Charities / Religious | \$ |

| Food | |
|------------------|----|
| Food / Groceries | \$ |

| Debt / Obligations | Monthly Payment | Current Balance | Credit Card / Creditor |
|--------------------------|-----------------|-----------------|------------------------|
| Credit Card #1 | \$ | \$ | |
| Credit Card #2 | \$ | \$ | |
| Credit Card #3 | \$ | \$ | |
| Installment Loan #1 | \$ | \$ | |
| Car Loan #1 | \$ | \$ | |
| Car Loan #2 | \$ | \$ | |
| Other Credit Report Debt | \$ | \$ | |

| | | |
|------------------------------|--|--------------|
| BORROWER SIGNATURE | | DATE: |
| CO-BORROWER SIGNATURE | | DATE: |

PARKVIEW SERVICES FEE ACKNOWLEDGEMENT NOTICE

I hereby am made aware that there may indeed be third party costs for which I am responsible to pay.

CREDIT REPORT FEES

It is sometimes necessary for Parkview Services to pull your credit report in order to reconcile debts, research public records and/or to identify obligations you may have overlooked. This is also helpful in budget review and analysis of spending habits and for preparation in advance of a Meet and Confer or Mediation. A fee waiver policy is in affect for those persons whose income falls below the AMI (Area Median Income) for their area and household size.

MEDIATION FEES

The Foreclosure Fairness Act states that eligible parties seeking mediation must pay a fee for this service. The fee is due and payable directly to the mediator before the mediation and additional fees will be due prior to extensions and / or continuances.

There ARE NO fee waiver policies associated with this cost.

CERTIFIED MAIL COSTS

If you dispute your Mortgage Servicer's application of your scheduled periodic payments, you may elect to send a form to get an accurate accounting and pay history. Certified mail appears to be the preferred methodology for this and may impose an additional cost on you.

There ARE NO fee waiver policies with this cost.

APPRAISAL/BPO COSTS

Sometimes it is necessary to dispute one or more inputs used in your Mortgage Servicer's denial or approval. If this issue arises you may need to make a payment to your real estate professional for a BPO (Broker Price Opinion) and/or to an independent Appraiser to assess the valuation of your property.

There ARE NO fee waiver policies with this cost.

Parkview Services tries to anticipate the fees and costs associated with the services we provide. Parkview Services does not receive any kickback or referral fee by any third party service provider.

This list is not exhaustive, and is intended to clarify that you may have to pay a fee in conjunction with the no-cost advocacy we provide to you.

Respectfully,

Parkview Services

DISCLOSURE AND PRIVACY STATEMENT

I, _____ understand that Parkview Services provides foreclosure intervention counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals for services within Parkview Services or with another agency. I understand that Parkview Services receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and various other sources as such; it is required to share some of my personal information with NeighborWorks America, the Department of Housing and Urban Development, the Washington State Housing Finance Commission, or their agents for the purposes of program monitoring, management, compliance, and evaluation. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and December 31, 2020 for the purposes of program evaluation. I understand that client files, electronic and paper are kept confidential. Our agency ensures the confidentiality of each client's personal and financial information including credit reports, whether the information is received from client or from another source. Hard copies of client files are kept in a locked filing cabinet and electronic client files are kept secure and only accessible by authorized employees.

I acknowledge the following:

- 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
- 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 Parkview Services provides information and education on numerous loan products and housing programs and I further understand I am not obligated to receive any other services offered by Parkview Services and/or any of its affiliates/partners
- I understand that the housing counseling I receive from Parkview Services in no way obligates me to choose any of these particular loan products or housing programs

I understand that Parkview Services is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.

I understand that Parkview Services or one of its foreclosure intervention counselors may have one of the following conflicts through referral or in fact:

We receive Federal Neighborhood Stabilization Program funds to, redevelop and sell both bank and government owned properties to provide affordable housing for people with disabilities; we receive financial support from mortgage servicers or investors.

I understand the housing counseling I receive from Parkview Services in no way makes me obligated to use any of the services offered to me.

PRIVACY POLICY

Parkview Services is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will not be provided to creditors, program monitors, and others without your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

TYPES OF INFORMATION THAT WE GATHER ABOUT YOU

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, demographic information and income documentation
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage
- Information we receive from a credit reporting agency, such as your credit history

Borrower's Printed Name

Date

Borrower's Signature

Co-Borrower's Printed Name

Date

Co-Borrower's Signature

The undersigned verifies that the client was fully informed of the information contained herein and understood its nature. The client has given verbal authorization and acknowledgement.

Counselor's Printed Name

Date

Counselor's Signature

National Foreclosure Mitigation Counseling Program Combined Privacy Act Notice

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Please read carefully the disclosures and acknowledgements, below.

SOCIAL SECURITY NUMBERS

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Foreclosure Mitigation Counseling program if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

OTHER PRIVATE DATA

All data we may ask about you is private data on individuals. Except for your social security number, providing and agreeing to share your private data is mandatory for participation in this Foreclosure Mitigation Counseling Program under the terms of the federal grant from NeighborWorks that funds the program. If you do not agree to allow us to share the data with the entities identified below, we will not be able to provide foreclosure mitigation counseling.

Client(s) hereby explicitly instruct Parkview Services to share information as required.

We will share the data only with the following entities or their representatives for the purposes of program management, compliance monitoring, and program evaluation:

- Staff of this organization who need it to work on your case.
- NeighborWorks America, the entity mandated by Congress to account for how the program funds are used and determine the program's effectiveness, or its authorized representatives.
- The Washington State Housing Finance Commission, the recipient of the grant for this program.
- Fannie Mae if applicable.
- Any other entities properly authorized under law to view it.

SHARING DATA WITH CREDITORS

Sharing some of your personal financial information with creditors may be necessary to effectively help you resolve your financial difficulties. If you agree that we may share private data, such as information on your total debt, income, living expenses and personal information concerning your financial circumstances with your creditors, program managers, and staff working on your case, please indicate your approval by signing below.

If you agree to allow us to collect and share information as described above, please indicate your approval with your signature, below.

Client must sign **if information was provided by face-to-face counseling session.**

| | | |
|--------------------|-------------------------|------|
| Borrower's Name | Borrower's Signature | Date |
| Co-Borrower's Name | Co-Borrower's Signature | Date |

Verbal Authorization is acceptable if information was provided to client by non-face-to-face counseling session

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information.

| | | |
|---------------|-----------------------|------|
| Client's Name | Counselor's Signature | Date |
|---------------|-----------------------|------|

NOTICE TO COUNSELOR: *Even if information was reviewed during a telephone counseling session, you must still mail the "Combined Privacy Act Notice" to client. If the client chooses not to sign this form or provide verbal authorization, the Counselor may not provide NFMC Counseling services.*

AUTHORIZATION TO RELEASE /
OBTAIN INFORMATION TO / FROM CREDITOR

Date: _____ Loan No. _____
Servicer, Creditor, Attorney, Lender

Borrower(s)
Name: _____ Property Address: _____

Dear Sir or Madam:

I/We am/are working with Parkview Services, a Washington State Housing Finance Commission and HUD approved non-profit housing counseling agency, on a plan to resolve my delinquency and/or imminent default. I/We hereby authorize you to release any and all information concerning my account to Parkview Services at their request.

I/We further authorize you to discuss my case with Loren Shekell, Maile Smith, Marc Cote, Monique Patzer, Rebecca Saeter, Rosaline Pillay, Shelley Doran, Sue Stevenson with Parkview Services; Lisa Debrock with the Washington State Housing Finance Commission and Katherine Mauchamer with the Attorney General of Washington State. They are working collectively to help me address my financial hardship and to propose a loss mitigation plan which is within your guidelines including, but not limited to, retention and non-retention options.

All future requests may be released to Parkview Services without further authorization. Thank you for your time.

**THIS CONSENT SHALL EXPIRE 24 MONTHS
AFTER THE DATE SHOWN ABOVE**

Signature of Borrower Date Social Security No. of Borrower

Signature of Borrower Date Social Security No. of Borrower

Date Creditor Acknowledges Receipt: _____

Parkview Services Tax ID Number is 91-0828809

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Parkview Services to release/exchange information from my records in order to assist me.

This information will be released only to those institutions, companies and agencies that Parkview Services believes can provide assistance in resolving a default. Examples of such entities include mortgage servicers, mortgage investors, public agencies, public utility companies, and other non-profit organizations. If necessary, information on file at another entity may also be released to Parkview Services. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by me.

I understand that the provision of services at Parkview Services is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Borrower's Name

Borrower's Signature

Date

Co-Borrower's Name

Co-Borrower's Signature

Date

Counselor's Name

Counselor's Signature

Date

CONFIDENTIALITY AND SECURITY

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their job, including underwriting and servicing of loans and/or down payment assistance, making loan decisions, aiding you in renting or obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

AUTHORIZATION TO PULL CREDIT

Date: _____

I authorize Parkview Services; a Washington State Housing Finance Commission approved counseling agency, to order a consumer credit report from Executive Reporting Services or American Reporting Company (ARC) for post- purchase counseling purposes or assisting me with mortgage default and/or foreclosure resolution. As part of this assistance, Parkview Services is also authorized to pull my credit report two additional times between intake and December 31, 2020 for program evaluation purposes.

- I further authorize all relevant entities to accept a copy of this document as permission to release such information to Parkview Services.
- I also give consent for you to discuss my case with all Parkview Services' representative listed below as they are in process of helping me address my current credit and financial condition.

| BORROWER | CO-BORROWER |
|--------------------------------|--------------------------------|
| Full Name (Print) | Full Name (Print) |
| Address | Address |
| City | City |
| State Zip | State Zip |
| Social Security Number | Social Security Number |
| Signature | Signature |
| Date | Date |

Parkview Services Authorized Representatives:

| | | | |
|---------------|----------------|---------------|-----------------|
| Marc Cote | Maile Smith | Sue Stevenson | Rosaline Pillay |
| Loren Shekell | Monique Patzer | Shelley Doran | Leesha Roberts |

| CREDIT REPORT AUTHORIZATION - PARKVIEW INTERNAL USE ONLY: | |
|--|---|
| Date Received By Counselor: | Counselor Initials: |
| <input type="checkbox"/> \$25.24 Individual Borrower | <input type="checkbox"/> \$50.48 Two Borrowers |
| <u>Form of Payment:</u> | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Check | <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> No Charge Fee Waived By: | Reason for waiver: |

Name of person paying for credit report if other than individual(s) named above:

Signature of person authorizing payment of fee for credit report if other than individual(s) named above:

CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return to Parkview Services.
All information will be kept safe and confidential.

| | | | |
|---|---|--|-----------------------------------|
| Cardholder Name: | | | |
| Billing Address: | | | |
| City: | | State: | Zip: |
| Credit Card Type: | <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card | <input type="checkbox"/> Discover |
| Card Number: | | | |
| Expiration Date: | | 3 – Digit CVV Code: | |
| Check <u>ONLY</u> the one that applies | <input type="checkbox"/> \$25.24 Individual | <input type="checkbox"/> \$50.48 Joint | |
| Purpose: Credit Report Fee | | | |

I authorize Parkview Services to charge the above-listed amount to my credit card. I agree to pay for this purchase in accordance with the issuing bank's cardholder agreement.

Cardholder: Print name, sign and date below

Printed Name: _____

Signed: _____

Date: _____

HOME OWNERS' ASSOCIATION (HOA) DECLARATION

I/We swear and affirm to the best of my knowledge that
My/Our home (Check only the **ONE** that applies):

- DOES NOT HAVE AN HOA:** there are no obligations for monthly or annual fees pertaining to the Community in which the home is located and there is no Homeowners' Association affecting My/Our Home.
- DOES HAVE AN HOA:** there is a Homeowners' Association affecting My/Our Home and I am supplying a copy of the required payment and amount currently due.

"I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct":¹

Borrower's Signature

Date

Co-Borrower's Signature

Date

Place where signed:

(Street Address, City, State, Zip Code)

Loan number: _____

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact [servicer name] at [phone #].

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Borrower Information

Borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Co-borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Preferred contact method (choose all that apply): Cell phone Home phone Work phone Email Text—checking this box indicates your consent for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

- The property is currently: A primary residence A second home An investment property
- The property is (select all that apply): Owner occupied Renter occupied Vacant
- I want to: Keep the property Sell the property Transfer ownership of the property to my servicer Undecided

Is the property listed for sale? Yes No – If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners' association (HOA) fees? Yes No – If yes, indicate monthly dues: \$ _____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) _____

| TYPE OF HARDSHIP (CHECK ALL THAT APPLY) | REQUIRED HARDSHIP DOCUMENTATION |
|---|---|
| <input type="checkbox"/> Unemployment | <ul style="list-style-type: none"> ▪ Not required |
| <input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay) | <ul style="list-style-type: none"> ▪ Not required |
| <input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment) | <ul style="list-style-type: none"> ▪ Not required |
| <input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment | <ul style="list-style-type: none"> ▪ Not required |
| <input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member | <ul style="list-style-type: none"> ▪ Written statement from the borrower, or other documentation verifying disability or illness ▪ Note: Detailed medical information is not required, and information from a medical provider is not required |
| <input type="checkbox"/> Divorce or legal separation | <ul style="list-style-type: none"> ▪ Final divorce decree or final separation agreement OR ▪ Recorded quitclaim deed |
| <input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law | <ul style="list-style-type: none"> ▪ Recorded quitclaim deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property |
| <input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner | <ul style="list-style-type: none"> ▪ Death certificate OR ▪ Obituary or newspaper article reporting the death |
| <input type="checkbox"/> Distant employment transfer/relocation | <ul style="list-style-type: none"> ▪ For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders) |
| <input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ _____ | <ul style="list-style-type: none"> ▪ Written explanation describing the details of the hardship and any relevant documentation |

Borrower Income

Please enter all borrower income amounts in middle column.

| MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT | | REQUIRED INCOME DOCUMENTATION |
|---|----|---|
| Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses | \$ | <ul style="list-style-type: none"> Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR Two most recent bank statements showing income deposit amounts |
| Self-employment income | \$ | <ul style="list-style-type: none"> Two most recent bank statements showing self-employed income deposit amounts OR Most recent signed and dated quarterly or year-to-date profit/loss statement OR Most recent complete and signed business tax return OR Most recent complete and signed individual federal income tax return |
| Unemployment benefit income | \$ | <ul style="list-style-type: none"> No documentation required |
| Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance | \$ | <ul style="list-style-type: none"> Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits |
| Non-taxable Social Security or disability income | \$ | <ul style="list-style-type: none"> Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits |
| Rental income (rents received, less expenses other than mortgage expense) | \$ | <ul style="list-style-type: none"> Two most recent bank statements demonstrating receipt of rent OR Two most recent deposited rent checks |
| Investment or insurance income | \$ | <ul style="list-style-type: none"> Two most recent investment statements OR Two most recent bank statements supporting receipt of the income |
| Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan) | \$ | <ul style="list-style-type: none"> Two most recent bank statements showing receipt of income OR Other documentation showing the amount and frequency of the income |

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

| | |
|--|----|
| Checking account(s) and cash on hand | \$ |
| Savings, money market funds, and Certificates of Deposit (CDs) | \$ |
| Stocks and bonds (non-retirement accounts) | \$ |
| Other: | \$ |

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my 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.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*

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

Borrower signature: _____ Date: _____

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provided to help us identify the assistance you may be eligible to receive.

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

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

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

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

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 "Get a Tax Transcript..." under "Tools" 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. | |

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 1120-A, Form 1120-H, Form 1120-L, 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.

| | | | |
|---|---|---|---|
| / | / | / | / |
|---|---|---|---|

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, 1 percent or more shareholder, partner, managing member, 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:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

| | |
|--|------|
| Signature (see instructions) | Date |
| Title (if line 1a above is a corporation, partnership, estate, or trust) | |
| Spouse's signature | Date |

Phone number of taxpayer on line 1a or 2a

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 "Get a Tax Transcript..." under "Tools" 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 855-587-9604 |
| Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105 |
| Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094 |

Chart for all other transcripts

| If you lived in or your business was in: | Mail or fax to: |
|--|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, 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 P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145 |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015 |

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 addresses 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. 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.

 **CAUTION** You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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.

STATEMENT OF INCOME TAX FILING

(Use only as applicable)

LOAN # _____

READ CAREFULLY BEFORE SIGNING

Complete the information requested only if Federal Income Tax returns were not required by law to be filed for any year during the preceding two years.

I hereby certify I was not required by law to file a Federal Income Tax return for the following year(s) _____ for the reason(s) state below:

I FULLY UNDERSTAND that the above statement is material to obtain a mortgage loan modification.

Date: _____ Borrower: _____

Co-Borrower: _____

SUGGESTED CONTENTS OF A HARDSHIP LETTER

An effective hardship letter should include, but is not limited to the following:

1. Your identifying information: This will include your name, address and mortgage/lien holder account number.
2. You should describe your hardship and the reason for your hardship in detail.
3. Give an overview of your income and expenses and explain any anticipated changes in income (or expenses) and when the change may occur. You should also state whether you have any money saved to offset any delinquency.

Other tips to assist you in writing your Hardship Letter:

- Make sure to limit your hardship letter to no more than 1 page
- If you hand-write it, make sure it's legible
- Your letter should be clear and to the point
- Make sure that all homeowners sign the letter
- Be prepared to discuss what you would like the outcome to be with your counselor
- Make sure to have your counselor go over your Hardship Letter with you before you send it to your lender.

Make sure to have your Hardship Letter completed when you meet with your counselor. If you need additional assistance in preparing your letter, let your counselor know.

Date: January 9, _____

To: Whom It May Concern

Re: CLIENT'S NAME
Reason for My Delinquency

At the time we bought our home I was working for Disney. I worked for this company for more than 15 years. However, back in May of 2006 I was let go from Disney without cause. I disputed the case and I won, I am back at work; however in a different department. During the time that I was out of work I was not paid and I could not receive unemployment. This caused me to not be able to pay my mortgage. In addition to the fact that I was fired, my husband has also had medical problems.

We do want to save our home and do not want to lose it into foreclosure. We are accustomed to paying our bills. Both my wife and I realize that our delinquency is early in our contract; however we could not control the circumstances which have brought us to this juncture in our life. We are pleading for you to help us.

Although we are not in a position to bring our mortgage current, things have stabilized. We are seeking your assistance under the loss mitigation program. We are requesting consideration for a loan modification or other loss mitigation options. We have gone for counseling and we are seeking counseling from _____
We have been advised by our counselor to continue to save all dollars pending your decision.

Thank you in advance for your time and consideration in this matter.

Sample Profit and Loss Template

Business Name

Business Phone

Business Address

Profit & Loss Statement

For the period 1 January 2018 to 31 January 2018

Income

| | |
|--------------|--------------|
| Sales | \$120,200.00 |
| Services | \$ 55,000.00 |
| Other Income | \$ 2,520.00 |

Total Income **\$177,720.00**

Expenses

| | |
|-----------------------|-------------|
| Accounting | \$2,500.00 |
| Advertising | \$7,500.00 |
| Assets- Small | \$100.00 |
| Bank Charges | \$ 962.40 |
| Cost of Goods Sold | \$22,500.00 |
| Depreciation | \$2,385.00 |
| Electricity | \$2,994.90 |
| Hire of Equipment | \$4,200.00 |
| Insurance | \$1,221.00 |
| Interest | \$2,401.66 |
| Motor Vehicle | \$2,203.50 |
| Office Supplies | \$962.11 |
| Postage and Printing | \$725.00 |
| Rent | \$15,610.00 |
| Repairs & Maintenance | \$1,082.00 |
| Stationery | \$660.00 |
| Subscriptions | \$3,690.00 |
| Telephone | \$2,165.00 |
| Training/Seminars | \$2,200.00 |
| Wage & Oncosts | \$65,000.00 |

Total Expenses **\$140,062.57**

Profit/(Loss) **\$37,657.43**

Homeowner Signature

Date

PROFIT AND LOSS STATEMENT

Business or Proprietor name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

From: _____ Thru: _____
(Month/Day/Year) (Month/Day/Year)

Gross Incomes:

| | |
|--------------|----------|
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| Total | \$ _____ |

Expenses:

| | |
|-------------------------|----------|
| Employee Salaries | \$ _____ |
| OWNER Salaries or draws | \$ _____ |
| Other: _____ | \$ _____ |
| Other: _____ | \$ _____ |
| Other: _____ | \$ _____ |
| Other: _____ | \$ _____ |
| Other: _____ | \$ _____ |
| Total | \$ _____ |

Income minus Expenses = Net Income: \$ _____

This P & L Statement represents: (select one below):

- 100% of the company's incomes, expenses and profit
- ____% ownership of company based on K-1 percentage

Signed: _____ Date: _____