



Dear Client,

Thank you for contacting Parkview Services' Mortgage Default Program for assistance. The following documents listed are needed in order for Parkview Services to effectively review your situation and assist you in determining an outcome. 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 Dodd Frank statement (enclosed)
- Hardship letter explaining your circumstances (sample letter 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 30 days of pay stubs or benefits statement(s) - **e.g. Social Security, disability, unemployment, retirement, public assistance**
- Copy of last 3 months bank statements (all pages)
- Copy of your most recent utility bill (electricity, water/sewer/garbage, etc.)
- Copy of your current mortgage statement
- Copies of your ID

If applicable:

- Signed copy of Home Owners Association (HOA) Declaration statement and copy of HOA Bill
- Self Employed: copies of last 4 months personal and business bank statements (all pages)
- Self Employed: copies of your current year-to-date profit and loss statement
- Copies of any notices received from your lender or trustee (**Notice of Pre-Foreclosure Options, Notice of Default, Notice of Trustee Sale**)
- Copy of divorce papers, legal separation or quit claim deed
- Bankruptcy Discharge
- If you do not file tax returns please complete the Statement of Income Tax Filing

Please 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: To avoid delays in processing your file scan all documents into one large PDF file. Email file to intake@parkviewservices.org

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.

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, 2021 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 acknowledgment.

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
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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 Adrienne Beach, Loren Shekell, Marc Cote, Rebecca Saeter, Shelley Doran, Sue Stevenson, Taylor Ullrich 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.

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)

¹See RCW 9A.72.085

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

TAXPAYER CONSENT FORM

Date _____

Borrower Printed Name(s) _____

Property Address _____

Loan Number _____

I understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use, and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers, and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties, and any of aforementioned parties' successors and assigns.

Borrower Signature

Date

Borrower Signature

Date

Request for Transcript of Tax Return

▶ **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.**

OMB No. 1545-1872

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 1-800-808-9946. 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 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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 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.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ _____
Signature (see instructions) Date

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

▶ _____
Spouse's signature Date

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.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

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. 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.

Notes: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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 S-2 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, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, 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
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

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 (TIN) 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 5a. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number should not contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

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.



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.