
FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)

To: Loss Mitigation

From: _____ Account Number(s) _____

Fax to: **1-866-709-4744** or mail to: Loss Mitigation
2711 North Haskell Avenue, Suite 900
Dallas TX 75204

The following documentation must be included to determine eligibility:

- **Financial Analysis Form**
- **The enclosed Financial Hardship Affidavit completed and signed by all borrowers (no notary required),**
- **A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower (borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both the joint filers), and**
- **Documentation to verify all of the income of each borrower (including any alimony or child support that you choose to rely upon to qualify). This documentation should include:**

For each borrower who is paid by an employer:

- Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return; and
- Copy of the two most recent pay stubs or other proof of income from your employer.

For each borrower who is self-employed:

- Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return, and
- Copy of the most recent quarterly or year-to-date profit/loss statement.

For each borrower who has income such as Social Security, disability or death benefits, pension, public assistance, or unemployment:

- Copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements.
- Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Such benefit must continue for at least 3 years to be considered qualifying income under this program.

For each borrower who is relying on alimony or child support as qualifying income:

- Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of alimony or child support and period of time over which it will be received. Payments must continue for at least 3 years to be considered qualifying income under this program.
- Proof of full, regular and timely payments; for example, deposit slips, bank statements, court verification or filed federal tax return with all schedules.

For each borrower who has rental income:

- Copies of most recent two years filed federal tax returns with all schedules, including Schedule E-Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.

Additional items required if you are requesting a sale of your property:

- **Copy of listing agreement**
 - **Copy of the sales contract**
 - **Copy of the estimated Settlement Statement (HUD 1) if available**
 - **Signed "third party authorization" form**
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FINANCIAL ANALYSIS FORM

Name (Borrower):	Daytime Phone:	Alternate Phone:
Name (Co-borrower):	Daytime Phone:	Alternate Phone:
Mortgage Account Number:		Best time to reach you:
Mailing Address:		

May we contact you via email:	Yes / No
If yes, please provide your email address:	
Is the property occupied?	Yes / No
If yes, is it owner occupied or tenant occupied?	Owner / Tenant
Have you filed bankruptcy?	Yes / No
Amount of funds available to contribute towards a workout?	\$
Total number of individuals in your household:	0
Do you want to keep the property?	Yes / No
Is your home listed for sale?	Yes / No
If yes, what is the list price?	\$0
What is your agent's (realtor) name and telephone number? If applicable	Realtor Name: Realtor Phone:
Do you have a second mortgage? If yes, please provide contact information for your second mortgage company.	No

EMPLOYMENT HISTORY

	Borrower		Co-Borrower
Currently employed?	Yes / No		Yes / No
How long?			
Present employer:			
If self-employed, name of company:			
Description	Borrower	Co-Borrower	Total
Gross Salary / Wages (monthly) *	\$0	\$0	\$0
Unemployment Income (monthly)	\$0	\$0	\$0
Child Support / Alimony (monthly)	\$0	\$0	\$0
Disability Income (monthly)	\$0	\$0	\$0
Rental Income (monthly)	\$0	\$0	\$0
Other (monthly)	\$0	\$0	\$0

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

(Note that some of the items included here are not applicable to the MHA program. I understand, however, that this form is to be used for various modification programs, including the MHA.)

ASSETS / LIABILITIES

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

Assets

Description	Estimated Value	Amount Owed	Net Value
Personal Residence	\$0	\$0	\$0
Personal Property	\$	\$	\$
Checking Accounts	\$0	\$	\$0
Savings Accounts	\$0	\$	\$0
IRA / 401(k) / Keogh Accounts	\$0	\$	\$0
Stocks / Bonds / CDs	\$0	\$	\$0
Cash Value of Life Insurance	\$0	\$	\$0
Other	\$0	\$	\$0
Totals	\$0	\$0	\$0

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$0	\$0	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mortgages / Liens / Rents	\$0	\$0	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners Assoc. Dues	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance (i.e. wind, flood) (If not escrowed and included in your current mortgage payment.)	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance (Auto, health, life)	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card / Installment Loans	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Expenses / Gasoline	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food / Household Supplies	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$0	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Borrower Signature

Date

Co-borrower Signature

Date

Home Affordable Modification Program Hardship Affidavit

Borrower Name (first, middle, last): _____ Date of Birth: _____

Co-Borrower Name (first, middle, last): _____ Date of Birth: _____

Property Street Address: _____

Property City, State and ZIP: _____

Servicer: _____

Loan Number: _____

In order to qualify for 's ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower & Co-Borrower

Yes No My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" (page 3).

Yes No My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" (page 3).

Yes No My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation" (page 3).

Yes No My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation" (page 3).

Yes No My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" (page 3).

Yes No There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" (page 3).

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

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

To be completed by Interviewer		
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name and Phone Number (print or type) () Name and Address of Interviewer's Employer	Interviewer's Signature Date

Borrower/Co-Borrower Acknowledgement

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

Explanation:

THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

(Please complete and return if you want your lender/mortgage servicer to speak with your Real Estate Agent, or any other designated third party on your behalf concerning your mortgage loan account.)

Account Number: _____

Name: _____

Property Address: _____

Social Security Number: _____

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

_____ of _____ in his/her capacity as
Name Company (if applicable)

_____ Phone Number
Relationship (if applicable)

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

I understand that the lender/mortgage servicer will take reasonable steps to verify the identity of the 3rd party authorized above but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my mortgage loan account or seeks information about my mortgage loan account. I further understand that the lender/mortgage servicer will have no responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

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

NOTE: No information concerning my/our account will be provided until my lender/mortgage servicer has received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

I/We agree to this Third Party Authorization and Agreement to Release.

Printed Borrower Name

Printed Co-Borrower Name

Date

Borrower Signature

Co-Borrower Signature

Date

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

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

2a If a joint return, enter spouse's name shown on tax return 2b Second social security number or individual taxpayer identification number if joint tax return

3 Current 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 transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 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. 1040

- a Return Transcript which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.
b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
c Record of Account, which 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 30 calendar days.

7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days.

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days.

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

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

12/31/2011 12/31/2010

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved identity theft on your federal tax return

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

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

Telephone number of taxpayer on line 1a or 2a

Sign Here Signature (see instructions) Date

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

Spouse's signature Date

General Notification

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

For information and eligibility requirements under the Making Home Affordable program, visit www.makinghomeaffordable.gov or www.financialstability.gov website.

Please continue to make your monthly payment. If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access www.hud.gov or call 800-225-5342 for more information regarding credit counselors.

You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.

Non-escrowed accounts: If approved for a modification, an escrow account is required for most modification programs.

If approved for a modification, you may be required to enroll in an electronic payment program.

Frequently Asked Questions

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

First, we will review your request as quickly as possible. Once the package is returned to our office, you will hear something from Loss Mitigation within 10 business days advising the package was received and notifying you if additional information is required. Within 30 days from the date a complete package is received, you will be notified as to the modification option available to you. If you aren't eligible for a modification, the reason for denial will be provided. Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

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

We are attempting to determine the amount of funds that you currently have available to contribute towards any delinquency. In some instances this may be called a down payment or a borrower's contribution. (Not applicable to the Making Home Affordable Program.)

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

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

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

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

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

Include these items on an additional piece of paper.

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

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