



LAST NAME: _____

LOAN NUMBER: _____

REQUIRED DOCUMENT CHECKLIST

- 1. **Hardship Affidavit** The enclosed Hardship Affidavit must be **signed and dated by all borrowers.**
- 2. **Financial Form** The enclosed Financial Form must be **signed and dated by all borrowers.**
- 3. a. **IRS Form 4506-T** The enclosed IRS Form 4506-T must be **signed and dated by all borrowers. (SPECIAL NOTE: Each borrower must complete and sign this form. If you filed jointly, you can use one form, but be sure that both borrowers sign it.) This form provides authorization to retrieve past tax returns from the IRS. Actual copies of tax returns requested below are still required. There is no cost to you associated with this form.**
- b. **Date IRS Form 4506-T** **faxed to IRS _____.**
- 4. **Dodd-Frank Certification** The enclosed Dodd-Frank Certification must be **signed and dated by all borrowers.**
- 5. **Occupancy Evidence** Provide **one (1)** of the following forms of documentation evidencing your occupancy of the property (utility bill, cable bill, water bill or phone bill).
- 6. **Document Verifying Homeowner's Association / Condo Dues Paid** Amount Paid Monthly \$ _____

BWR CO-BWR CO-BWR

- 7. **Tax Returns - Copy of signed most recently filed tax returns with all schedules - Base this on the last tax return you filed. If you filed electronically, please print and sign the electronic copy and send.**
- 8. **Paystubs - Two (2) Most Recent for ALL borrowers - Must be from the last 90 days.**
- 9. **Bonus, Commission, Overtime, Housing Allowance or Tips - This income requires a letter from your Employer that states that this income will, in all probability, continue.**
- 10. **Copy of most recent quarterly or year to date profit / loss statement - Applies ONLY to self-employed borrower(s).**
- 11. **Social Security, Disability, Death Benefits, Pension, Public Assistance or Unemployment**
 - a. *Copy of most recent federal tax return with all schedules and W-2.*
 - b. *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 three (3) years for social security, disability, death benefits or pension and at least nine (9) months for public assistance or unemployment to be considered qualifying income.*
 - c. *If social security benefits are for a person of retirement age or a minor child, provide proof of the beneficiary's current age e.g. driver's license, birth certificate or proof of age.*
 - d. *Copy of two (2) most recent bank statements.*
- 12. **Alimony or Child Support Income**
 - Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be received. Payments must continue for at least three (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 federal tax returns filed with schedules).*
- 13. **Alimony or Child Support Payments**
 - Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be paid.*
- 14. **Rental Income**
 - Copies of two (2) most recent years filed federal tax returns with all schedules, including Schedule E (Supplement Income and Loss). Rental income for qualifying purposes will be 75% of gross.*

REQUEST FOR MORTGAGE ASSISTANCE (RMA) page 1 COMPLETE ALL FOUR PAGES OF THIS FORM

▶ Loan I.D. Number _____ ▶ Servicer _____

BORROWER	CO-BORROWER
Borrower's name	Co-borrower's name
Social Security number	Social Security number
Home phone number with area code	Home phone number with area code
Cell or work number with area code	Cell or work number with area code

I want to: Keep the Property Sell the Property

The property is my: Primary Residence Second Home Investment

The property is: Owner Occupied Renter Occupied for less than 12 months Vacant for less than 12 months

Mailing address _____

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

<p>Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of offer _____, Amount of Offer \$ _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please complete the following:</i></p> <p>Counselor's Name: _____</p> <p>Agency Name: _____</p> <p>Counselor's Phone Number: _____</p> <p>Counselor's Email: _____</p>
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<p>Who pays the Real Estate Tax bill on your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p>Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condominium or HOA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Paid to: _____</p>	<p>Who pays the hazard insurance policy for your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p>Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Insurance Co. _____</p> <p>Insurance Co. Tel #: _____</p>
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Have you filed for bankruptcy? Yes No **If yes:** Chapter7 Chapter13 **Filing Date:** _____

Has your bankruptcy been discharged? Yes No **Bankruptcy Case number** _____

Additional Liens/Mortgages or Judgments on this property:

Lien Holders Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

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

<p><input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.</p> <p><input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.</p> <p><input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.</p>	<p><input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.</p> <p><input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.</p> <p><input type="checkbox"/> Other: _____</p>
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Explanation (continue on a separate sheet of paper if necessary): .



LAST NAME: _____

LOAN NUMBER: _____

Acknowledgments

Borrower / Co-borrower(s) Acknowledgment:

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge that the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied, and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we accept and agree to all terms of the Home Affordable Modification Trial Period ("Trial Period") Plan which is incorporated herein by reference as if set forth in full.
10. I/we agree that when the Servicer accepts and posts a payment during the Trial Period it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
11. I/we agree that any prior waiver as to payment of escrow items in connection with my loan has been revoked.
12. I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
13. I/we understand that Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of the Trial Period Plan and Modification Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services for the Home Affordable Modification Program and the Second Lien Modification Program; and (e) any HUD certified housing counselor.

Please provide contact information where your workout agreement should be sent, if approved.

E-mail Address _____ Fax Number _____

Please provide contact information where we may contact you to discuss your submission.

Home Phone # _____ Cell Phone # _____ Work Phone # _____

 Borrower Signature Date

 Co-Borrower Signature Date

 Borrower Signature Date



LAST NAME: _____

LOAN NUMBER: _____

REASON FOR HARDSHIP

In order to qualify for Ocwen's offer to enter into an agreement to resolve my loan under the Federal Government's Home Affordable Modification Program (the "Agreement") or other possible resolutions, I (we) am (are) submitting this form to the Servicer and putting an "X" to define the one or more events that contribute to my (our) difficulty making payments on my (our) mortgage loan.

Enter "X" in the respective box for each borrower (BWR) where any of the following events apply:

Income has been reduced or lost

BWR CO-BWR CO-BWR

- Due to unemployment*
- Due to under employment or reduced job hours*
- Due to reduced pay*
- Due to decline in self-employed business earnings*

Household financial circumstances have changed

- Due to death in family*
- Due to serious or chronic illness*
- Due to permanent or short-term disability*
- Due to increased family responsibilities - adoption or birth of a child, taking care of elderly relatives or other family members*

Expenses have increased

- Due to increase in monthly mortgage payment or scheduled to increase*
- Due to high medical and health care costs*
- Due to uninsured losses (fire, natural disaster, etc.)*
- Due to unexpectedly high utility bills*
- Due to increased real property taxes*

Insufficient cash reserves to cover mortgage payment and basic living expenses at the same time

- Due to cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts) not being equal to three (3) times my monthly debt payments*

Debt payments are excessive and overextended with creditors

- Due to my use of credit cards, home equity loans or other credit to make my monthly mortgage payments*



LAST NAME: _____

LOAN NUMBER: _____

REASON FOR HARDSHIP CONTINUED

Other reasons - Provide details below under "Explanation"

- Due to military service*
- Due to incarceration*
- Other*

HOMEOWNER'S HOTLINE

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



NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct." If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





LAST NAME: _____

LOAN NUMBER: _____

OCWEN FINANCIAL FORM

1. CURRENT EMPLOYMENT INFORMATION	Borrower	Co-Borrower	Co-Borrower
Borrower Name			
Name of Employer / Self Employed or Unemployed			
Position / Title			
Hire Date			
Business Phone (With area code)			
How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month			

2. INCOME RECEIVED PER MONTH	Borrower	Co-Borrower	Co-Borrower
GROSS Pay Stubs (Before payroll deductions)	\$0	\$	\$
NET Pay Stubs (Gross minus payroll deductions)	\$0	\$	\$
Overtime Pay (Average per month and not included in above)	\$0	\$	\$
Commissions (Average per month and not included in above)	\$0	\$	\$
Bonus (Average per month and not included in above)	\$	\$	\$
Tips (Average per month and not included in above)	\$0	\$	\$
Self Employed Income	\$0	\$	\$
Social Security	\$0	\$	\$
Disability	\$0	\$	\$
Retirement	\$0	\$	\$
Death Benefit	\$	\$	\$
Pension	\$	\$	\$
Alimony	\$0	\$	\$
Child Support	\$	\$	\$
Unemployment	\$0	\$	\$
Public Assistance	\$	\$	\$
GROSS Rental Income (See Section 7 below)	\$	\$	\$
Other Income	\$	\$	\$

Description of Other Income: Earned Interest, Son/Daughter, Parents, Food Stamps/Welfare and Other

3. COMBINED ASSETS	Borrower	Co-Borrower	Co-Borrower
Total Checking Account(s)	\$	\$	\$
Total Savings Account(s) / Money Market	\$	\$	\$
Stocks / Bonds / CD's	\$	\$	\$
401k / Employee Stock Ownership Plan	\$	\$	\$
Car(s) (Estimated value less any loans outstanding)	\$	\$	\$
Life Insurance (Whole Life / Term)	\$	\$	\$
IRA / Keogh Accounts	\$	\$	\$
Other Assets (For Real Estate Complete Section 7 below)	\$	\$	\$

Description of Other Assets: Cash, Home, Other Real Estate and Other

4. HOUSING EXPENSES PAID PER MONTH (For the property related to this application)	5. LIVING EXPENSES PAID PER MONTH	6. MISCELLANEOUS EXPENSES PAID PER MONTH
1st Mortgage Payment (P & I)	Health Insurance	Bank / Finance Loan Payments
2nd Mortgage Payment (P & I)	Medical Bills	Credit Card Payments
Monthly Hazard / Homeowners Ins.	Food	Student Loan Payments
Electric / Gas	Auto Loan (1)	Charitable Contributions
Phone / Cell Phone	Auto Loan (2)	Personal / Life Insurance
Water & Sewer	Auto Insurance	Club / Union Dues
Home Repair	Auto Gas	Cable TV
Home Maintenance	Auto Maintenance	Religious Contributions
Homeowners Association Dues	Child Care	Dry Cleaning
Monthly Property Tax Payment	Child Support Paid	Clothing
Estimated Market Value	Alimony Paid	Entertainment
Other Expenses	Other Expenses	School Tuition

Description of Other Expenses: Unsecured Loan(s), Other Mortgages /REO, Groceries, Other, Internet and Utility Other

ACKNOWLEDGMENT AND AGREEMENT

Certification: I/We certify that the information provided in this Request for Financial Information is true and correct as of the date set forth opposite my/our signature(s) on this form and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained on this form may result in civil liability and/or criminal penalties. I (We) authorize OCWEN to verify this information, including verification of employment and account balances.

Borrower's Signature	Date	Co-Borrower's Signature(s)	Date
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LAST NAME: _____

LOAN NUMBER: _____

OCWEN FINANCIAL FORM - Page 2

SECTION 7. - RENTAL INCOME - MUST BE COMPLETED FOR RENTAL INCOME TO BE CONSIDERED
 (This section should include Investment Properties and Second Homes.)

7. RENTAL INCOME	Property 1	Property 2	Property 3	Property 4
1st Mortgage Payment (Monthly P & I)	\$	\$	\$	\$
2nd Mortgage Payment (Monthly P & I)	\$0	\$	\$	\$
Total Mortgage Balance(s) + Any Liens + Judgments	\$0	\$	\$	\$
Monthly Hazard/Homeowners Insurance & Tax Expense	\$	\$	\$	\$
Monthly Maintenance Expense	\$	\$	\$	\$
Estimated Market Value	\$	\$	\$	\$
GROSS Monthly Rental Income	\$	\$	\$	\$

GENERAL INSTRUCTIONS TO COMPLETE FINANCIAL FORM

The Financial Form should be completed for each borrower whose income is used to pay the Loan.

1. CURRENT EMPLOYMENT INFORMATION

- Borrowers should only complete requested employer information if they are currently working for employer.
- Borrowers who are not currently employed should indicate they are "Unemployed" in the box provided.

2. INCOME RECEIVED PER MONTH

- All figures should represent the total amount received in a month for that income category.
- *GROSS Pay Stubs* - This is the amount of compensation received by an employee each month before any deductions are made for taxes, health benefits, 401k contributions, etc.
- *NET Pay Stubs* - This is the amount of compensation received by the employee each month after all deductions are made for taxes, health benefits, 401k contributions, etc. This would be the actual dollar amount on the pay check or amount deposited into the employee's bank account, if direct deposit is used.
- *Overtime Pay, Commissions and Bonuses* - This should be based on a monthly average since the amount received can vary on a monthly basis. For example, if bonus income of \$1,200 is received on an annual basis, the amount entered should be \$100 (\$1,200 divided by 12 months = \$100).
- *Self Employed Borrowers* - The total amount of income received per month should be tied back to the Profit and Loss Statement to be provided under the Document Checklist. A Profit and Loss Statement is a financial statement that summarizes the revenues, costs and expenses incurred during a specific period of time - usually a fiscal quarter or year.
- *Alimony and Child Support* - Alimony and child support need not be revealed if the Borrower or Co-Borrower(s) do not choose to have it considered for repaying this loan.
- *GROSS Rental Income* - The total amount of rental income includes all rental income received from space rented within the subject property as well as any additional investment properties or second homes identified in Section 7.

3. COMBINED ASSETS

- Total account balances for checking, savings or money market accounts should be entered under the specified account type.
- An Employee Stock Ownership Plan (ESOP) is an employee benefit plan which makes the employees of a company owners of stock in that company.
- Real Estate assets such as investment properties or if you own a second home should be entered in Section 7.

4. HOUSING EXPENSES PAID PER MONTH

- Expenses input in this section should be for the property that is subject to the note and mortgage for which the borrower is seeking financial assistance from Ocwen.
- *Monthly Property Tax Payment* - The amount entered should be your annual property tax assessment divided by 12 months. For example, if your property taxes for 2009 on the subject property are \$6,000, then the amount you should enter would be \$500 (\$6,000 divided by 12 months = \$500). If your loan includes an escrow payment for property taxes, then the amount paid in escrow each month for property taxes should be input into the box provided.



HELP FOR AMERICA'S HOMEOWNERS.



Third-Party Authorization Form

Mortgage Lender/Servicer Name ("Servicer")

Loan Number

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above Servicer and the following third parties

[Counseling Agency]

[Agency Contact Name and Phone Number]

[State HFA Entity]

[State HFA Contact Name and Phone Number]

[Other Third Party]

[Third Party Contact Name and Phone Number]

[Relationship of Other Third Party to Borrower and Co-Borrower]

(individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Before signing this Third-Party Authorization, beware of foreclosure rescue scams!

- It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

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

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

Borrower

Co-Borrower

Printed Name

Printed Name

Signature

Signature



INSTRUCTIONS FOR IRS FORM 4506T

Step 1

All borrowers must **SIGN** and **DATE** the form

(Signatures should be exactly in the same name as provided in your original return.)

Step 2

Fax the signed form to Ocwen at 1(407) 737-6174

Or

Scan and email the signed form to Ocwen at mod@ocwen.com

Step 3

Fax the signed form to the IRS at number below

(Based on your state of residence, use the table below to determine the correct fax number.)

State	Fax Number
Florida, Georgia, North Carolina, South Carolina	1(770) 455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	1(512) 460-2272
Alaska, Arizona, 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	1(559) 456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	1(816) 292-6102

PLEASE NOTE

**FAX ONLY THE 4506T FORM TO THE IRS.
ALL OTHER REQUIRED DOCUMENTS
SHOULD BE FAXED ONLY TO OCWEN**

Request may be rejected if the form is incomplete or illegible.

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a 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.

Ocwen Loan Servicing LLC
Attn: Home Retention Department
1661 Worthington Road, Suite 100.
West Palm Beach, Florida 33409

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. disclosing 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

Signature (see instructions) Date

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

Spouse's signature Date

Sign Here

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