

## LOAN MODIFICATION APPLICATION

### LOAN MODIFICATION INFORMATION AND DOCUMENT REQUIREMENTS

**Date:** \_\_\_\_\_ **Member #:** \_\_\_\_\_ **Loan #:** \_\_\_\_\_

**Borrower's Name:** \_\_\_\_\_

**Co-Borrower's Name** (If applicable): \_\_\_\_\_

**BE ADVISED: DURING THE LOAN MODIFICATION PROCESS, LENDING REQUIREMENTS DICTATE THAT NO NEW DEBT MAY BE INCURRED BY YOU OR ANY OF YOUR CO-BORROWERS, WHILE UNDER A LOAN RESTRUCTURING PROGRAM. THIS REQUIREMENT MAY INCLUDE:**

- The Closure of any Open Credit Limits on Signature Lines Of Credit (LOCs), or Home Equity Lines Of Credit (HELOCs);
- The Closure of any Open Limits on Credit Card Loans, and the Cancellation of any Cards associated with those Credit Limits;
- The Cancellation of any Checking Account Overdraft options, using the above mentioned loans as a funding source;
- The Cancellation of an alternate Checking Account Overdraft option, such as an Overdraft Privilege Program (ODP);
- Certain fees may also be applicable in the processing of your Loan Modification Application.

In order for your loan modification to begin, please provide us with the following information. It is **EXTREMELY** important to submit a complete package, as **MISSING INFORMATION WILL DELAY THE PROCESSING OF YOUR REQUEST**. Please check off each item as you complete it, and obtain the required documents for your package. **Your Loan Modification Application must be completed and returned with ALL REQUIRED documents within thirty (30) days of your request for assistance. Applications received after thirty (30) days may be considered invalid, and may make it necessary for you to reapply with a new application and the resubmission of all required documents.**

Please forward this information to your Credit Union representative as quickly as possible. Please allow time for the processing of your paperwork. Keep in mind that loan modifications are effectively achieved through detailed correspondence. ***It is your responsibility to furnish the information needed to successfully complete your loan modification application and obtain the best results!***

**Please use this page as a cover sheet and document checklist, by attaching it to the front of your completed application:**

- ☐ Page 1 – **LOAN MODIFICATION INFORMATION AND DOCUMENT REQUIREMENTS** – Please use this first page as your document checklist. Check off each item as you complete it, and return these required documents with your package.
- ☐ Page 2 and 3 – **SIGTARP NOTICE TO BORROWERS AND CONSUMER FRAUD ALERT** – Making Home Affordable Fraud Notice and Consumer Alert to Borrowers from the Special Inspector General (SIG) for the Troubled Asset Relief Program (TARP).
- ☐ Page 4 – **FINANCIAL INFORMATION WORKSHEET** – Information for both the Borrower, and Co-Borrower if applicable, must be included and filled out completely.
- ☐ Page 5 – **REAL ESTATE OWNED (REO) SCHEDULE**: Please complete if you own or have interest in more than one (1) property.
- ☐ Page 6 – **BORROWER'S CERTIFICATION AND AUTHORIZATION** – Your certification that the information you've provided is true and correct, and your authorization to other companies to release your financial information to the Credit Union.
- ☐ Page 7 – **AUTHORIZATION TO RELEASE CREDIT INFORMATION** – Your authorization to allow the Credit Union to obtain copies of your credit profile through a credit bureau.
- ☐ Page 8 – **LOAN MODIFICATION WORKSHEET** – Details of your First and/or Second Mortgage loan information.
- ☐ Page 9 – **PROPOSED LOAN MODIFICATIONS** – Your signed proposal of the modifications requested to best meet your needs.
- ☐ **IRS REQUEST FOR TRANSCRIPT OF TAX RETURN (IRS Form 4506T-EZ)** – A separate two (2) page form to provide your authorization to allow the Credit Union to obtain copies of your IRS tax returns, to authenticate the tax return copies you and any Co-Borrowers have provided. Please sign and complete the entire form; incomplete forms provided by you or your Co-Borrowers will not be accepted. Please note, Section 6 should include the three (3) most recent years that tax returns were completed.
- ☐ **FANNIE MAE UNIFORM BORROWER ASSISTANCE FORM (Fannie Mae Form 710)** – A separate four (4) page Fannie Mae agreement, to allow the Credit Union to begin processing your workout and modification request, through the Home Affordable Modification Program (HAMP). Please also include a letter describing the circumstances that led to or have contributed to your hardship (death of Borrower/Co-Borrower, disability, loss of income, etc.).
- ☐ **GOVERNMENT MONITORING DATA FORM (Fannie Mae Form 710A)** – A separate two (2) page form for information requested by the Federal Government in order to monitor compliance with Federal Statutes that prohibit housing discrimination.
- ☐ **PHOTOCOPIES OF MOST RECENT PAYROLL STUBS AND IRS W-2 WAGE AND TAX STATEMENTS** – Please provide copies of the pay stubs for the month most recently worked by the Borrower and Co-Borrower for all employers. Payroll stubs are required for the Borrower, and the Co-Borrower if applicable. Each paystub should disclose all deductions and Year to Date (YTD) wages; if not, a letter from the employer with these totals is required. If unemployed, please include copies of your Termination or Separation Agreement and/or Unemployment Benefits Statement.
- ☐ **PHOTOCOPIES OF MOST RECENT FEDERAL INCOME TAX RETURNS** – Please provide copies of all pages of your original signed and dated tax returns, including all schedules, for the two (2) most recent tax years for the Borrower and any Co-Borrowers. Please sign and date all copies to attest to the legitimacy of the tax documents.
- ☐ **PHOTOCOPIES OF YOUR MOST RECENT BANK STATEMENTS** – Please provide copies of all of the pages of the bank statements for all accounts for the three (3) most recent months for the Borrower and any Co-Borrowers; including all Savings, Money Markets, Checking, Certificates, Individual Retirement Accounts (IRA), 401K or other Retirement Accounts, Stocks, Bonds, Annuities, Mutual Funds, and other investments.
- ☐ **PHOTOCOPIES OF MOST RECENT HOUSEHOLD BILLS** – Please provide current copies of all household and utility bills (electric, gas, home owners association, sewer, water, etc.), insurance bills (car, dental, disability, health, home, life, etc.) and any other outstanding liabilities you pay.
- ☐ **PHOTOCOPIES OF MOST RECENT IDENTIFICATION** – Please provide clear and legible copies of the front and back of the unexpired U. S. government issued photo identification for the Borrower and any Co-Borrowers.
- ☐ **IF SELF-EMPLOYED, COPIES OF MOST RECENT PROFIT AND LOSS STATEMENT** – Please provide copies of the two (2) most recent Corporate Tax Returns and Year to Date Profit and Loss Statements for each Self-Employed Borrower and Co-Borrower.
- ☐ **PHOTOCOPIES OF DIVORCE DECREES, CHILD SUPPORT AGREEMENTS, PROPERTY SETTLEMENT AGREEMENTS, OR SEPARATION AGREEMENTS** – If applicable, please provide copies of the documents that support your claims of income or expense.

**YOUR APPLICATION MUST BE COMPLETED AND RETURNED WITH ALL REQUIRED DOCUMENTS WITHIN 30 DAYS.**



### **NOTICE TO BORROWERS**

Be advised that you are signing the following documents 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 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 the enclosed documents you certify, represent and agree that:

*"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."*

### **SIGTARP Hotline**

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by:

Online Form: [www.SIGTARP.gov](http://www.SIGTARP.gov)  
Phone: 1-877-SIG-2009 (1-877-744-2009 toll-free)  
Fax: 202-622-4559  
Mail to: Hotline  
Office of the Special Inspector General (SIG)  
For The Troubled Asset Relief Program (TARP)  
1500 Pennsylvania Ave. NW, Suite 1064  
Washington, DC 20220

For all other inquiries related to your mortgage, please contact your Lender.

**By signing below, the Borrower, and Co-Borrower if applicable, acknowledges receipt of the SIG TARP Fraud Notice from IBMSECU, as part of their Mortgage Loan Modification Application.**

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Borrower's Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Name (Please print)

\_\_\_\_\_  
Date

# CONSUMER FRAUD ALERT



SIGTARP



Consumer Financial  
Protection Bureau



## Tips for Avoiding Mortgage Modification Scams

Homeowners struggling to make their mortgage payments should beware of con artists and scams that promise to save their homes and lower their mortgage debt or payments.

If you are struggling to pay your mortgage and are seeking a mortgage modification, keep the following tips in mind:

- You can apply to the federal Home Affordable Modification Program (HAMP) on your own or with free help from a housing counselor approved by the U.S. Department of Housing and Urban Development (HUD). Applying to the program is always **FREE**. For more information on how to apply, call the **Homeowner's HOPE™ Hotline** at **1-888-995-HOPE** (1-888-995-4673) or visit [www.MakingHomeAffordable.gov](http://www.MakingHomeAffordable.gov).
- Only your mortgage servicer has discretion to grant a loan modification. Therefore, no third party can guarantee or pre-approve your HAMP mortgage modification application.
- Beware of anyone seeking to charge you in advance for mortgage modification services – in most cases, charging fees in advance for a mortgage modification is illegal.
- Paying a third party to assist with your HAMP application does not improve your likelihood of receiving a mortgage modification. Accordingly, beware of individuals or companies that ask you for payment and tout success rates or claim to be "experts" in HAMP.
- If an individual or company claims to be affiliated with HAMP or displays a seal or logo representing the U.S. government in correspondence or on the Web, you should check the connection by calling the Homeowner's HOPE™ Hotline.
- Beware of individuals or companies that offer money-back guarantees.
- Beware of individuals or companies that advise you as a homeowner to stop making your mortgage payments or to not contact your mortgage servicer.

Financially troubled homeowners can avoid scams by working with a HUD-approved housing counselor to understand their options and to apply for assistance. Assistance from HUD-approved housing counselors is free, and homeowners can reach them by calling the **Homeowner's HOPE™ Hotline** at **1-888-995-HOPE** (1-888-995-4673) or by visiting [www.MakingHomeAffordable.gov](http://www.MakingHomeAffordable.gov).

This message is courtesy of the Office of the Special Inspector General for the Troubled Asset Relief Program (SIGTARP), the Consumer Financial Protection Bureau, and the U.S. Department of the Treasury. To report illicit activity involving HAMP, dial the **SIGTARP Hotline** at **1-877-SIG-2009** (1-877-744-2009). For more information, visit [www.SIGTARP.gov](http://www.SIGTARP.gov) and [www.ConsumerFinance.gov](http://www.ConsumerFinance.gov).

## FINANCIAL INFORMATION WORKSHEET

**Please note:** This information is necessary for the successful processing of your loan modification. It is your responsibility to furnish all required information. Work will not commence on your case until all information and documentation is received.

**Date:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_ **Loan #:** \_\_\_\_\_

### BORROWER'S/CO-BORROWER'S INFORMATION

Borrower's Name:	Borrower's Social Security:
Co-Borrower's Name:	Co-Borrower's Social Security:
Residential Telephone Number:	Time In Residence:      Years:      Months:
Borrower's Employer:	Borrower's Occupation:
Co-Borrower's Employer:	Co-Borrower's Occupation:
Borrower's Work #:	Borrower's Work History –      Years:      Months:
Co-Borrower's Work #:	Co-Borrower's Work History – Years:      Months:

### MONTHLY INCOME DATA

Description	Borrower's Income	Co-Borrower's Income
Monthly NET Income		
Commission / Bonus		
Child Support / Alimony		
Rental / or Other Income, specify:		

### ASSETS

### EXPENSES

### EXPENSES

Description	Estimated Value	Description	Monthly Payment	Balance Due	Description	Monthly Payment	Balance Due
Home		1 <sup>st</sup> Mortgage Payment			Food / Toiletries		
Other Real Estate		2 <sup>nd</sup> Mortgage Payment			Water / Sewer		
Rental Property		Real Estate Taxes			Electric / LP Gas		
Automobile		Automobile Loan / Lease			Landline / Cell Phone		
Automobile		Automobile Loan / Lease			Cable / Internet		
Boat / Watercraft		Other Mortgage / Rent			Gasoline		
Motorhome		Student Loan			Medical		
Motorcycle / Other		Alimony / Child Support			Dental		
Savings		Credit Card 1			Optical		
Money Market		Credit Card 2			Child Care		
Certificate		Credit Card 3			Tuition		
IRA		Auto Insurance			Parking / Tolls		
401K / ESOP		Home Insurance			Pool Care		
Stocks		Medical Insurance			Dry Cleaning		
Bonds		Life Insurance			Maintenance		
Other Investments		Homeowners Association			Miscellaneous		
Other		Other Dues or Fees			Other		
<b>TOTAL ASSETS</b>		<b>SUB-TOTAL EXPENSES</b>			<b>TOTAL EXPENSES</b>		

## Real Estate Schedule of Property Owned (REO)

Property Address	Lender	Property Type	Property Value	Unpaid Principle Balance	Principal & Interest Payment	Annual Property Taxes	Annual Home Owners Insurance	Monthly Home Owners Association (HOA)	Monthly Rental Income
<b>TOTAL</b>		Subtotals							

## **BORROWER'S CERTIFICATION AND AUTHORIZATION**

### **CERTIFICATION**

The undersigned certify the following:

1. I/We have applied for a loan modification with IBM Southeast Employees' Credit Union. In applying I/we completed an application containing various information for the purpose of the modification, including employment, income, asset, and liability information. I/We certify that all of the information is true, correct and complete. I/We made no misrepresentations in the application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that IBM Southeast Employees' Credit Union reserves the right to change the modification process to a full documentation program. This may include verifying the information provided on the application with an employer and/or any financial institution and/or credit bureau.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this modification, as applicable under the provisions of Title 18, U. S. Code, Section 1014.

### **AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

1. I/We have applied for a mortgage loan from IBM Southeast Employees' Credit Union. As part of the application process, IBM Southeast Employees' Credit Union may verify information contained in my/our application and in other documents required in connection with the modification, either before the modification is approved and/or closed, or as part of its quality control program.
2. I/We authorize you to provide to IBM Southeast Employees' Credit Union any and all information and documentation that they request. Such information includes but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. IBM Southeast Employees' Credit Union may address this authorization to any party named in the application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to IBM Southeast Employees' Credit Union is appreciated.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Name (Please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Co-Borrower's Signature (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Name (Please print)

\_\_\_\_\_  
Social Security Number





## AUTHORIZATION TO RELEASE CREDIT INFORMATION

I authorize IBMSECU to obtain a credit profile through a credit bureau. The undersigned, jointly and severally, represent and warrant to the above mentioned company that the information submitted in this personal financial statement, questionnaire and financial statement scheduled is true, correct and complete in all material respects. The information and documentation provided does not omit any material fact or matter that makes the information or documentation presented misleading.

.....

**Borrower:** ☐ I Agree

\_\_\_\_\_  
Borrower's Name (Please print)

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

**Borrower:** ☐ I Disagree

\_\_\_\_\_  
Borrower's Name (Please print)

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

.....  
**Co-Borrower** (If applicable): ☐ I Agree

\_\_\_\_\_  
Co-Borrower's Name (Please print)

\_\_\_\_\_  
Member Number (If applicable)

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

**Co-Borrower** (If applicable): ☐ I Disagree

\_\_\_\_\_  
Co-Borrower's Name (Please print)

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

## LOAN MODIFICATION WORKSHEET

Please complete as much information as possible, and return signed.

**Date:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_ **Loan #:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

☐ Primary Residence    ☐ Secondary Residence    ☐ Rental Property    ☐ Investment Property

**Borrower Name:** \_\_\_\_\_

**Borrower Signature:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Email:** \_\_\_\_\_

**Home Email:** \_\_\_\_\_

**Work Fax:** \_\_\_\_\_

**Home Fax:** \_\_\_\_\_

**Work Cell Phone:** \_\_\_\_\_

**Home Cell Phone:** \_\_\_\_\_

**Best Time to call:** \_\_\_\_\_ to \_\_\_\_\_ AM or \_\_\_\_\_ to \_\_\_\_\_ PM

**Mailing Address:** \_\_\_\_\_

**Co-Borrower Name:** \_\_\_\_\_

**Co-Borrower Signature:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Email:** \_\_\_\_\_

**Home Email:** \_\_\_\_\_

**Work Fax:** \_\_\_\_\_

**Home Fax:** \_\_\_\_\_

**Work Cell Phone:** \_\_\_\_\_

**Home Cell Phone:** \_\_\_\_\_

**Best Time to call:** \_\_\_\_\_ to \_\_\_\_\_ AM or \_\_\_\_\_ to \_\_\_\_\_ PM

**Mailing Address:** \_\_\_\_\_

## CURRENT LOAN DETAIL

### First Mortgage

**Mortgage Company:** \_\_\_\_\_ **Customer Service Phone #:** \_\_\_\_\_

**Mortgage Payment \$:** \_\_\_\_\_ **Mortgage Loan Account #:** \_\_\_\_\_

**Current Balance \$:** \_\_\_\_\_ **Monthly Taxes \$:** \_\_\_\_\_

**Current Interest Rate:** \_\_\_\_\_ % ☐ Fixed ☐ Variable **Monthly Insurance \$:** \_\_\_\_\_

**Delinquent Amount \$:** \_\_\_\_\_ **Date Last Payment Accepted:** \_\_\_\_\_

### Second Mortgage

(If Applicable)

**Mortgage Company:** \_\_\_\_\_ **Customer Service Phone #:** \_\_\_\_\_

**Mortgage Payment \$:** \_\_\_\_\_ **Mortgage Loan Account #:** \_\_\_\_\_

**Current Balance \$:** \_\_\_\_\_ **Monthly Taxes \$:** \_\_\_\_\_

**Current Interest Rate:** \_\_\_\_\_ % ☐ Fixed ☐ Variable **Monthly Insurance \$:** \_\_\_\_\_

**Delinquent Amount \$:** \_\_\_\_\_ **Date Last Payment Accepted:** \_\_\_\_\_



## PROPOSED LOAN MODIFICATIONS

	1st Lien	2nd Lien
Maximum Affordable Payment per Borrower's Request:	\$ _____	\$ _____
Plus Tax:	\$ _____	\$ _____
Plus Insurance:	\$ _____	\$ _____
Plus Loan Modification:	\$ _____	\$ _____
Total:	\$ _____	\$ _____
Requested Term:	_____	_____
Requested Rate:	_____ %	_____ %

I/We can manage a monthly payment of: \$ \_\_\_\_\_ without a hardship.

Any higher monthly payment than: \$ \_\_\_\_\_ per month,  
and I/We will be forced to either sell or lose my/our home.

**BE ADVISED: DURING THE LOAN MODIFICATION PROCESS, LENDING REQUIREMENTS DICTATE THAT NO NEW DEBT MAY BE INCURRED BY YOU OR ANY OF YOUR CO-BORROWERS, WHILE UNDER A LOAN RESTRUCTURING PROGRAM. THIS REQUIREMENT MAY INCLUDE:**

- the Closure of any Open Credit Limits on Signature Lines Of Credit (LOCs), or Home Equity Lines Of Credit (HELOCs);
- the Closure of any Open Limits on Credit Card Loans, and the Cancellation of any Cards associated with those Credit Limits;
- the Cancellation of any Checking Account Overdraft options, using the above mentioned loans as a funding source;
- the Cancellation of an alternate Checking Account Overdraft option, such as an Overdraft Privilege Program (ODP);
- certain fees may also be applicable in the processing of your Loan Modification Application.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Name (Please print)

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Co-Borrower's Signature (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Name (Please print)

\_\_\_\_\_  
Member Number (If applicable)

# Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

► **Request may not be processed if the form is incomplete or illegible.**  
► **For more information about Form 4506T-EZ, visit [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).**

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number or individual taxpayer identification number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	
Third party name	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	

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

**6 Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<b>Sign Here</b>	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

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

### Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).

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

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

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

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

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

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

#### If you filed an individual return and lived in:

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

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

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

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

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

RAIVS Team  
Stop 37106  
Fresno, CA 93888  
559-456-7227

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

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

### Privacy Act and Paperwork Reduction Act Notice.

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

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

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

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

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

Internal Revenue Service  
Tax 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.

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

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

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

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

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

# Home Affordable Modification Program Government Monitoring Data Form

## **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	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Race:</b> <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		<b>Race:</b> <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	
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be completed by Servicers			Name/Address of Interviewer's Employer
This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Servicer/Interviewer's Name (print or type) & ID Number	
		Servicer/Interviewer's Signature	
		Servicer/Interviewer's Phone Number (include area code)	
Loan Number: _____		Servicer/Interviewer's Fax Number (include area code)	Servicer/Interviewer's email address

**UNIFORM BORROWER ASSISTANCE FORM**

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

**NOTICE:** In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

**REMINDER:** The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number \_\_\_\_\_ (usually found on your monthly mortgage statement)  
Servicer's Name \_\_\_\_\_

I want to: ☐ Keep the Property ☐ Vacate the Property ☐ Sell the Property ☐ Undecided

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

The property is currently: ☐ Owner Occupied ☐ Renter Occupied ☐ Vacant

**BORROWER****CO-BORROWER**

BORROWER'S NAME

CO-BORROWER'S NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME PHONE NUMBER WITH AREA CODE

HOME PHONE NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

MAILING ADDRESS

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)

EMAIL ADDRESS

Is the property listed for sale? ☐ Yes ☐ No

If yes, what was the listing date? \_\_\_\_\_

If property has been listed for sale, have you received an offer on the property? ☐ Yes ☐ No

Date of offer: \_\_\_\_\_ Amount of Offer: \$ \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

For Sale by Owner? ☐ Yes ☐ No

Have you contacted a credit counseling agency for help?

☐ Yes ☐ No

If yes, please complete the counselor contact information below:

Counselor's Name: \_\_\_\_\_

Agency's Name: \_\_\_\_\_

Counselor's Phone Number: \_\_\_\_\_

Counselor's Email Address: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No

Total monthly amount: \$ \_\_\_\_\_

Name and address that fees are paid to: \_\_\_\_\_

Have you filed for bankruptcy? ☐ Yes ☐ No If yes: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13If yes, what is the filing Date: \_\_\_\_\_ Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy case number: \_\_\_\_\_

Is any Borrower an active duty service member?

☐ Yes ☐ No

Has any Borrower been deployed away from his/her primary residence or received a Permanent Change of Station order?

☐ Yes ☐ No

Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death?

☐ Yes ☐ No

# UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony*	\$	Homeowner's Insurance	\$	Savings / Money Market	\$
Non-taxable social security/SSDI	\$	Property Taxes	\$	CDs	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Car Lease Payments	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other	\$
Food Stamps/Welfare	\$	Mortgage Payments on other properties	\$		\$
Other	\$	Other	\$		\$
Total (Gross income)	\$ 0	Total Household Expenses and Debt Payments	\$ 0	Total Assets	\$ 0

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

Lien Holder's Name	Balance and Interest Rate	Loan Number	Lien Holder's Phone Number

## Required Income Documentation

<input type="checkbox"/> <b>Do you earn a salary or hourly wage?</b> For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' or four weeks' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).	<input type="checkbox"/> <b>Are you self-employed?</b> For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.
<input type="checkbox"/> <b>Do you have any additional sources of income?</b> Provide for each borrower as applicable: <b>"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:</b> <input type="checkbox"/> Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income). <b>Social Security, disability or death benefits, pension, public assistance, or adoption assistance:</b> <input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and <input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. <b>Rental income:</b> <input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported reduced by the monthly debt service on the property, if applicable; or <input type="checkbox"/> If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent. <b>Investment income:</b> <input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income. <b>Alimony, child support, or separation maintenance payments as qualifying income:*</b> <input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and <input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment.	

\*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

# UNIFORM BORROWER ASSISTANCE FORM

## HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe that my situation is:

☐ Short-term (under 6 months) ☐ Medium-term (6 – 12 months) ☐ Long-term or Permanent Hardship (greater than 12 months)

**I am having difficulty making my monthly payment because of reason set forth below:**

*(Please check the primary reason and submit required documentation demonstrating your primary hardship)*

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer / Relocation	<b>For active duty service members:</b> Notice of Permanent Change of Station (PCS) or actual PCS orders. <b>For employment transfers/new employment:</b> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Paystub from new employer In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation



### **Borrower/Co-Borrower Acknowledgement and Agreement**

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party\*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party\*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
  - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
  - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
  - c. The Servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
  - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party\* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party\* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party\*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
  - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
  - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party\*. By checking this box, I also consent to being contacted by ☐ text messaging.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

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