




Borrower(s) Name _____

Account Number _____



STEP 1-Tell Us about Yourself (Required)

 <p><small>Support & Guidance For Homeowners</small></p>	<h2 style="margin: 0;">Financial Analysis Package</h2> <p style="margin: 0;">In order to begin our review and prevent any delays in processing, please complete and return the following Financial Analysis Package, Steps 1-11, along with all required supporting documents.</p> <p style="margin: 0;">  This process will take approximately a half hour to complete. </p> <p style="margin: 0; font-size: 1.2em;">For questions, call: 1(800) 919-0068</p> <p style="margin: 0;">Submit Financial Analysis Package by:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"> Fax to: 702-670-4024 </td> <td style="width:50%; text-align: center; border: none;"> Mail to: Loss Mitigation – PO Box 531667 Henderson, NV 89053 </td> </tr> </table>	Fax to: 702-670-4024	Mail to: Loss Mitigation – PO Box 531667 Henderson, NV 89053	
Fax to: 702-670-4024	Mail to: Loss Mitigation – PO Box 531667 Henderson, NV 89053			

Any field which contains an (*) is a required field in order to begin the review process.

*Borrower Name	*Co-Borrower Name
*Social Security Number	*Social Security Number
Home Phone Number with Area Code	Home Phone Number with Area Code
Cell or Work Phone Number with Area Code	Cell or Work Phone Number with Area Code
*Mailing Address	
*Property Address If same as Mailing Address, check here <input type="checkbox"/>	

*The Property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Investment/Rental <input type="checkbox"/> Seasonal/Second Home
*The Property is: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant
*I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Give back the property <input type="checkbox"/> Sell the property <input type="checkbox"/> Unsure/No Preference

*How many single family properties <u>other</u> than your primary residence you or any co-borrowers own individually, jointly, or with others?	<u>Circle one:</u> 0 1 2 3 4 5 6+
*Has the mortgage on your primary residence ever had a HAMP (Home Affordable Modification Program) trial period plan or permanent modification?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Has the mortgage on any other property that you or any co-borrowers own had a permanent HAMP (Home Affordable Modification Program) modification? If yes, indicate how many.	Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Circle one:</u> 1 2 3 4 5 6+
*Are you or any co-borrower currently in or being considered for a HAMP (Home Affordable Modification Program) trial period plan on a property other than your primary residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you contacted a credit counseling agency for help?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property listed for sale? If listed with a real estate agent: Name of Agent _____ Real Estate Agent Phone# _____ Send copy of Listing Agreement & Third Party Authorization Agreement (If Applicable).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you received an offer on the property? If yes, date of the offer received _____ Amount of offer received _____ Send copy of Purchase Agreement & estimated HUD I Settlement Statement if available.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you filed for bankruptcy? If yes, what chapter did you file? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Bankruptcy Case Number: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Borrower(s) Name _____

Account Number _____



STEP 2-Tell Us About Your Income: Borrower (Required)

Monthly Household Income for Borrower

You will be required to provide supporting documentation for any income you claim in this section. To determine what supporting documentation is required for each income type, please refer to the "Documentation Required" column below.

Employed Unemployed

Income Type	Necessary Information	Income
A. Gross Salary/W2 Wages Gross Salary/ W2 Wages = total monthly income before any tax withholding or employer deductions, including commissions, tips, housing allowance and/or bonus.	Name of Employer _____ Start Date: _____	\$ _____/Month <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
	Name of Employer _____ Start Date: _____	\$ _____/Month <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
B. Self Employed/1099 (Submit Profit & Loss)	Name of Company _____	\$ _____/Month
C. Unemployment Income		\$ _____/Month
D. Child Support Income/Alimony Income	You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you would like to include in your monthly income calculation.	\$ _____/Month
E. Social Security, Disability, Death Benefits	<input type="checkbox"/> Short Term <input type="checkbox"/> Long Term	\$ _____/Month
F. Pensions, Annuities, or Retirement plans		\$ _____/Month
G. Rental Income from Investment Property	Complete Step 7-Tell Us About Your Other Properties	\$ _____/Month
H. Rental Income from Primary Residence	Complete Step 7-Tell Us About Your Other Properties	\$ _____/Month
I. Public Assistance	Food Stamps, Welfare, etc.	\$ _____/Month
J. Other	(Investment income, royalties, dividends, trusts)	\$ _____/Month
Total Income (Gross):		\$ _____/Month Total

Please check mark box on supporting documents provided. Each income source requires all boxes checked.

Type of Income	✓	Documentation Required (May not be more than 90 days old)
A. Gross Salary/W2 Wages Total monthly income before any tax withholding or employer deductions, including commissions, tips, housing allowance and/or bonus.	<input type="checkbox"/>	Copy of two most recent pay stubs from your employer with check pay date within 90 days . • Ensure copy includes, company's name, employee(s) name or last 4 social security number, year to date gross and net figures along with deductions, and current date of paystub. • If your income is not received 12 months a year, provide the number of months paid in year (Example: Teacher-9 months, construction-10 months, etc).
B. Self Employed /1099 (Submit Profit & Loss)	<input type="checkbox"/>	Copy of most recent quarterly or year-to-date Profit and Loss Statement. Profit and Loss Statement must include; business name, borrower name(s), three most recent consecutive full months gross profit, net profit, and itemized expenses for each month (indicate the month and year if utilizing your own Profit and Loss Statement) . See STEP 6, for your convenience, a blank 3 Months Profit and Loss Statement that may be completed has been included. <input type="checkbox"/> Copy of the most recent year's signed tax return or tax extension. <input type="checkbox"/> Copies of 2 most recent consecutive bank statements dated within 60 days .
C. Unemployment Income	<input type="checkbox"/>	Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. • Documentation must show receipt of unemployment benefits have begun or will begin within 60 days .
D. Child Support/Alimony Income	<input type="checkbox"/>	Copy of Divorce Decree, Separation Agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received. <input type="checkbox"/> 2 proofs (payee name, payment amount, payment date) showing receipt of Child Support income dated within 90 days . *You are not required to disclose Child Support, Alimony, or Separate Maintenance, unless you choose to have it considered.
E & F. Social Security, Disability, Pension, Annuities, Death Benefits, or Retirement Plans	<input type="checkbox"/>	Copy of benefits statement or letter from the provider that states the amount, frequency, and the start/end date of the benefit. <input type="checkbox"/> 2 proofs (payee name, payment amount, payment date) showing receipt of income within 90 days .
E. Short Term Disability (12 months or less)	<input type="checkbox"/>	Copy of benefits statement or letter from the provider that states the amount, frequency, and the start/end date of the benefit. <input type="checkbox"/> Copy of two most recent pay stubs, prior to going on Short Term Disability, from your employer. (see W-2 section above)
G. Rental Income from Investment Property	<input type="checkbox"/>	Copy of most recent Federal Tax Return with all schedules, including Schedule E-Supplemental Income and Loss. <input type="checkbox"/> Copy of Current Lease Agreement(s) (term, address, amount, landlord/tenant signatures) for all investment properties. <input type="checkbox"/> 2 proofs (payee name, payment amount, payment date) showing receipt of rental income dated within 90 days . Complete STEP 7 "Tell Us About Your Other Properties" section.
H. Rental Income from Primary Residence	<input type="checkbox"/>	Current Lease Agreement(s). <input type="checkbox"/> 2 proofs (payee name, payment amount, payment date) showing receipt of rental income dated within 90 days .
I. Public Assistance	<input type="checkbox"/>	Include the award letter indicating the amount and frequency.
J. Other Income -Investment, Interest, Dividends, Royalty, etc.	<input type="checkbox"/>	2 proofs (payee name, payment amount, payment date) showing receipt of income dated within 90 days .

Borrower(s) Name _____

Account Number _____



STEP 3- Tell Us About Your Hardship: Borrower (Required)

Hardship Affidavit	
I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options. Date Hardship Began is: _____	
I believe my situation is: <input type="checkbox"/> Short-term (Under 6 months) <input type="checkbox"/> Medium-term (6-12 months) <input type="checkbox"/> Long-term or permanent Hardship (greater than 12 months)	
Has the reason for your hardship been resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am having difficulty making my monthly payment because of the reason set forth below: Please do not send medical information. As required by law, we are prohibited from obtaining or using medical information (e.g., diagnosis, treatment or prognosis) in connection with your eligibility or continued eligibility for credit. We will not use it when evaluating your request and it will not be retained.	
If Your Hardship is:	Then the Required Hardship Documentation is:
Unemployment	No hardship documentation required
Reduction in Income: a hardship that has caused a decrease in your income due to circumstance outside your control (e.g. elimination of overtime, reduction in regular working hours, a reduction in base pay)	No hardship documentation required
Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	No hardship documentation required
Divorce or Legal Separation; separation of borrowers un related by marriage, civil union or similar domestic partnership under applicable law	Copy of the Divorce Decree signed by the court; OR Copy of the Separation Agreement signed by the court; OR Copy of the Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR Copy of the Recorded Quit Claim Deed evidencing that the non-occupying Borrower or Co-Borrower has relinquished all rights to the property
Death of a Borrower/Co-Borrower or death of either the primary or secondary wage earner in the household	Copy of the Death Certificate; OR Obituary or newspaper article reporting the death
Long-term or Permanent Disability; serious illness of a Borrower/Co-Borrower or dependent family borrower	Proof of monthly insurance benefits or government assistance (if applicable); OR Written statement or other documentation verifying Disability or illness; OR Doctor's certificate of illness or Disability; OR Copy of the Medical bills None of the above shall require providing detailed medical information
Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	Insurance claim; OR Federal Emergency Management Agency grant or Small Business Administration loan; OR Borrower or employee property located in a Federally Declared Disaster Area
Distant Employment Transfer/Relocation	For active-duty Service borrowers: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfer/new employment: Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR Paystub from new employer; OR If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
Business Failure	Federal Tax Return from the previous year (including all schedules) AND Proof of business failure supported by one of the following: Bankruptcy filing for the business; OR Two months recent Bank Statement for the business account evidencing cessation of business activity; OR Most recent signed and dated quarterly or year-to-date Profit and Loss statement
Other: Hardship that is not covered above	Written explanation describing the details of the hardship and relevant documentation. Space provided below.
<hr/> <hr/> <p>If additional space is needed for explanation, please include an additional page</p>	



Borrower Signature

Date



Borrower(s) Name _____

Account Number _____



STEP 4-Tell Us About Your Income: Co-Borrower (Required for Any Co-Borrower)

Monthly Household Income for Co-Borrower		
You will be required to provide supporting documentation for any income you claim in this section. To determine what supporting documentation is <u>required</u> for each income type, please refer to the "Documentation Required" column below.		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		
Income Type	Necessary Information	Income
A. Gross Salary/W2 Wages Gross Salary/ W2 Wages = total monthly income before any tax withholding or employer deductions, including commissions, tips, housing allowance and/or bonus.	Name of Employer _____ Start Date: _____	\$ _____/Month <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
	Name of Employer _____ Start Date: _____	\$ _____/Month <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
B. Self Employed/1099 (Submit Profit & Loss)	Name of Company _____	\$ _____/Month
C. Unemployment Income		\$ _____/Month
D. Child Support Income/Alimony Income	You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you would like to include in your monthly income calculation.	\$ _____/Month
E. Social Security, Disability, Death Benefits	<input type="checkbox"/> Short Term <input type="checkbox"/> Long Term	\$ _____/Month
F. Pensions, Annuities, or Retirement plans		\$ _____/Month
G. Rental Income from Investment Property	Complete Step 7-Tell Us About Your Other Properties	\$ _____/Month
H. Rental Income from Primary Residence	Complete Step 7-Tell Us About Your Other Properties	\$ _____/Month
I. Public Assistance	Food Stamps, Welfare, etc.	\$ _____/Month
J. Other	(Investment income, royalties, dividends, trusts)	\$ _____/Month
Total Income (Gross):		\$ _____/Month Total
Please check mark box on supporting documents provided. Each income source requires all boxes checked.		
Type of Income	✓	Documentation Required (May not be more than 90 days old)
A. Gross Salary/W2 Wages Total monthly income before any tax withholding or employer deductions, including commissions, tips, housing allowance and/or bonus.	<input type="checkbox"/>	Copy of two most recent pay stubs from your employer with check pay date within 90 days . <ul style="list-style-type: none"> Ensure copy includes, company's name, employee(s) name or last 4 social security number, year to date gross and net figures along with deductions, and current date of paystub. If your income is not received 12 months a year, provide the number of months paid in year (Example: Teacher-9 months, construction-10 months, etc).
B. Self Employed /1099 (Submit Profit & Loss)	<input type="checkbox"/>	Copy of most recent quarterly or year-to-date Profit and Loss Statement. Profit and Loss Statement must include; business name, borrower name(s), three most recent consecutive full months gross profit, net profit, and itemized expenses for each month (indicate the month and year if utilizing your own Profit and Loss Statement). See STEP 6 , for your convenience, a blank 3 Months Profit and Loss Statement that may be completed has been included. <input type="checkbox"/> Copy of the most recent year's signed tax return or tax extension. <input type="checkbox"/> Copies of 2 most recent consecutive bank statements dated within 60 days .
C. Unemployment Income	<input type="checkbox"/>	Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. <ul style="list-style-type: none"> Documentation must show receipt of unemployment benefits have begun or will begin within 60 days.
D. Child Support/Alimony Income	<input type="checkbox"/>	Copy of Divorce Decree, Separation Agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received. <input type="checkbox"/> 2 proofs (payee name, payment amount, payment date) showing receipt of Child Support income dated within 90 days . *You are not required to disclose Child Support, Alimony, or Separate Maintenance, unless you choose to have it considered.
E & F. Social Security, Disability, Pension, Annuities, Death Benefits, or Retirement Plans	<input type="checkbox"/>	Copy of benefits statement or letter from the provider that states the amount, frequency, and the start/end date of the benefit. <input type="checkbox"/> 2 proofs (payee name, payment amount, payment date) showing receipt of income within 90 days .
E. Short Term Disability (12 months or less)	<input type="checkbox"/>	Copy of benefits statement or letter from the provider that states the amount, frequency, and the start/end date of the benefit. <input type="checkbox"/> Copy of two most recent pay stubs, prior to going on Short Term Disability, from your employer. (see W-2 section above)
G. Rental Income from Investment Property	<input type="checkbox"/>	Copy of most recent Federal Tax Return with all schedules, including Schedule E-Supplemental Income and Loss. <input type="checkbox"/> Copy of Current Lease Agreement(s) (term, address, amount, landlord/tenant signatures) for all investment properties. <input type="checkbox"/> 2 proofs (payee name, payment amount, payment date) showing receipt of rental income dated within 90 days . Complete STEP 7 "Tell Us About Your Other Properties" section.
H. Rental Income from Primary Residence	<input type="checkbox"/>	Current Lease Agreement(s). <input type="checkbox"/> 2 proofs (payee name, payment amount, payment date) showing receipt of rental income dated within 90 days .
I. Public Assistance	<input type="checkbox"/>	Include the award letter indicating the amount and frequency.
J. Other Income -Investment, Interest, Dividends, Royalty, etc.	<input type="checkbox"/>	2 proofs (payee name, payment amount, payment date) showing receipt of income dated within 90 days .

Borrower(s) Name _____

Account Number _____



STEP 5- Tell Us About Your Hardship: Co-Borrower (Required for Any Co-Borrower)

Hardship Affidavit	
I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options. Date Hardship Began is: _____	
I believe my situation is: <input type="checkbox"/> Short-term (Under 6 months) <input type="checkbox"/> Medium-term (6-12 months) <input type="checkbox"/> Long-term or permanent Hardship (greater than 12 months)	
Has the reason for your hardship been resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am having difficulty making my monthly payment because of the reason set forth below: Please do not send medical information. As required by law, we are prohibited from obtaining or using medical information (e.g., diagnosis, treatment or prognosis) in connection with your eligibility or continued eligibility for credit. We will not use it when evaluating your request and it will not be retained.	
If Your Hardship is:	Then the Required Hardship Documentation is:
Unemployment	No hardship documentation required
Reduction in Income: a hardship that has caused a decrease in your income due to circumstance outside your control (e.g. elimination of overtime, reduction in regular working hours, a reduction in base pay)	No hardship documentation required
Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	No hardship documentation required
Divorce or Legal Separation; separation of borrowers un related by marriage, civil union or similar domestic partnership under applicable law	Copy of the Divorce Decree signed by the court; OR Copy of the Separation Agreement signed by the court; OR Copy of the Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR Copy of the Recorded Quit Claim Deed evidencing that the non-occupying Borrower or Co-Borrower has relinquished all rights to the property
Death of a Borrower /Co-Borrower or death of either the primary or secondary wage earner in the household	Copy of the Death Certificate; OR Obituary or newspaper article reporting the death
Long-term or Permanent Disability; serious illness of a Borrower/Co-Borrower or dependent family borrower	Proof of monthly insurance benefits or government assistance (if applicable); OR Written statement or other documentation verifying Disability or illness; OR Doctor's certificate of illness or Disability; OR Copy of the Medical bills None of the above shall require providing detailed medical information
Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	Insurance claim; OR Federal Emergency Management Agency grant or Small Business Administration loan; OR Borrower or employee property located in a Federally Declared Disaster Area
Distant Employment Transfer/Relocation	For active-duty Service borrowers: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfer/new employment: Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR Paystub from new employer; OR If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
Business Failure	Federal Tax Return from the previous year (including all schedules) AND Proof of business failure supported by one of the following: Bankruptcy filing for the business; OR Two months recent Bank Statement for the business account evidencing cessation of business activity; OR Most recent signed and dated quarterly or year-to-date Profit and Loss statement
Other: Hardship that is not covered above	Written explanation describing the details of the hardship and relevant documentation. Space provided below.
<hr/> <hr/> <p>If additional space is needed for explanation, please include an additional page</p>	



Co-Borrower Signature

Date



Borrower(s) Name _____

Account Number _____



STEP 6-Tell Us About Your Self Employment (If Applicable)

Do you receive a 1099 form? Yes No If 'Yes', please complete Profit and Loss Statement below, if 'No' continue to next question.
Or are you self-employed? Yes No If 'Yes', please complete Profit and Loss Statement below, if 'No', proceed to Step 7.

Profit and Loss Statement

For each borrower who is self-employed the most recent 3 full consecutive months Profit and Loss Statement is required for each business (copies of this Statement may be used). If a Borrower has more than one business, we require a Profit and Loss Statement for each business. This example document may be used to supply the required information. Business expenses only should be entered and no personal expenses used.

At a minimum, Gross Profit, Itemized Operating Expenses, and Net Profit must be filled out

Business Name/Borrower Name (if 1099)-**Required**

If you own the business, what is your percentage of ownership: 100% 75% 50% 25% Other _____ (If blank, 100%)

Month and Year must be indicated.	Month 1	Month 2	Month 3	Total
	Month _____ Year _____	Month _____ Year _____	Month _____ Year _____	
Gross Profit	\$ _____	\$ _____	\$ _____	\$ _____
Itemized Operating Expenses				
Advertising	\$ _____	\$ _____	\$ _____	\$ _____
Amortization	\$ _____	\$ _____	\$ _____	\$ _____
Auto Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Bank Charges	\$ _____	\$ _____	\$ _____	\$ _____
Dues & Subscriptions	\$ _____	\$ _____	\$ _____	\$ _____
Employee Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____	\$ _____
Office Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____	\$ _____
Repairs & Maintenance	\$ _____	\$ _____	\$ _____	\$ _____
Salaries & Wages for Yourself	\$ _____	\$ _____	\$ _____	\$ _____
Salaries & Wages for Employees	\$ _____	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____	\$ _____
Taxes & Licenses	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Total Operating Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Income Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Net Profit	\$ _____	\$ _____	\$ _____	\$ _____

Borrower(s) Name _____

Account Number _____



STEP 7-Tell Us About Your Other Properties (If Applicable)

Rental Property Certification (Required only if applying for a Loss Mitigation solution on an Investment/Rental property)

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

I/we am/are requesting a mortgage modification under MHA with respect to the rental property described in section 4 and I/we hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property.

1. I/we intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I/we understand that the servicer, the U.S. Department of the Treasury or their respective agents may ask me/us to provide evidence of my/our intention to rent the property during such time. I/we further understand that such evidence must show that I/we used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

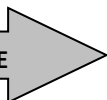
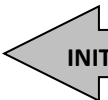
2. The property is not my/our secondary residence and I/we do not intend to use the property as a secondary residence for at least five years following the effective date of my/our mortgage modification. I/we understand that if I/we do use the property as a secondary residence during such five-year period, my/our use of the property may be considered to be inconsistent with the certifications I/we have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I/we personally use or occupy on a part-time seasonal or other basis.

3. I/we do not own more than six (6) single-family homes (i.e. one-to-four unit properties) (exclusive of my primary residence).

Notwithstanding the foregoing certification, I/we may at any time sell the property, occupy it as my primary residence, or permit a legal dependent, parent, or grandparent to occupy it as such party's principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

This certification is effective on the earlier of the date listed below or the date the Request for Mortgage Assistance (RMA) is received by your servicer.

INITIAL HERE  **Initials: Borrower** _____ **Co-Borrower** _____  **INITIAL HERE**

Other Properties Owned

For the amount of the monthly payment, include, if applicable, monthly principal, interest, real property taxes and insurance premiums. You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described below.

Property #1

Property Address : _____ Loan Number: _____
 First mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____
 Property is: Owner Occupied Renter Occupied Vacant
 Gross Monthly Rent \$ _____ (combined) Monthly Mortgage Payment \$ _____

Property #2

Property Address : _____ Loan Number: _____
 First mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____
 Property is: Owner Occupied Renter Occupied Vacant
 Gross Monthly Rent \$ _____ (combined) Monthly Mortgage Payment \$ _____

Property #3

Property Address : _____ Loan Number: _____
 First mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____
 Property is: Owner Occupied Renter Occupied Vacant
 Gross Monthly Rent \$ _____ (combined) Monthly Mortgage Payment \$ _____

Attach Separate Sheet for Additional Properties

Borrower(s) Name _____

Account Number _____



STEP 8-Tell Us About Your Expenses, Assets, and Additional Liens (Required)

*Monthly Living Expenses for Primary Residence Only					
<p>****Please make sure that all monthly expenses are broken down to a monthly amount.**** Include joint expenses from the borrower and co-borrower <u>only</u> in borrower column. Do not duplicate expenses. If additional space is needed, please include an additional page.</p>					
	Borrower	Co-Borrower		Borrower	Co-Borrower
*At your Primary Residence (the property where you reside) do you: <input type="checkbox"/> Rent If you Rent, provide your monthly rental obligation. <input type="checkbox"/> Own If you Own, provide your monthly mortgage obligation	\$	\$	Out of pocket medical insurance premiums (not deducted from your paycheck)	\$	\$
*Primary Residence Second Mortgage Payment	\$	\$	Medical Expenses	\$	\$
*Other Mortgage Payments for the Primary residence	\$	\$	*HOA/Condo Fees	\$	\$
Alimony Payments	\$	\$	Credit Card(s)/Installment Loans	\$	\$
Child Support Payments	\$	\$	Food/Household Supplies	\$	\$
Dependent Care Payment	\$	\$	Utilities/Water/Sewer/Phone(s)	\$	\$
Personal Loans/Student Loans	\$	\$	Donations	\$	\$
Auto Loans/Lease	\$	\$	*Property Taxes (if not escrowed)	\$	\$
Auto Expenses (gas, maintenance, insurance, etc.)	\$	\$	*Insurance – Hazard, Wind, Flood, etc. (if not escrowed)	\$	\$
Other/Cable	\$	\$	(Please add columns 1 & 2 together for each borrower) Total Debt/Expenses	\$	\$

TIP:

If car insurance/HOA are paid on a semi-annual or annual basis, how should that be listed?

- Please make sure that the amount of the expenses is broken down to a monthly premium amount.
- Example: if the car insurance is \$500 for 6 months to determine the monthly premium divide \$500 by 6 months (\$83.33).

NOTE:

If **debt 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 , www.homeownerconnect.org or call 800-225-5342 for more information regarding credit counseling.

*Household Assets			
*Estimated Value of your Primary Property	\$	Other Cash on Hand	\$
*Estimated Value of Other Real Estate Owned	\$	*Stocks/Bonds/CDs Balance	\$
*Checking Account Balance	\$	Other	\$
*Savings Account Balance	\$	Total Assets	\$

Additional Liens							
Do you have any additional liens/mortgages or judgments on this property ?					If yes, complete below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lien Holder's Name/Servicer	Loan Number	Loan is:	Are you working on a loan modification on this loan?	Balance	Monthly Payment		
		<input type="checkbox"/> Delinquent <input type="checkbox"/> Current	Yes <input type="checkbox"/> No <input type="checkbox"/>				
		<input type="checkbox"/> Delinquent <input type="checkbox"/> Current	Yes <input type="checkbox"/> No <input type="checkbox"/>				

Borrower(s) Name _____

Account Number _____



STEP 9-Dodd-Frank Certification, Information Regarding Military Service, and Information for Government Monitoring Purpose

*******This page must be returned with Financial Analysis Package*******

*** Dodd-Frank Certification (Required)**

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 searched 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 certification is effective on the earlier of the date listed below or the date received by the servicer.

Information Regarding Military Service

Is any Borrower an active duty Service Member or recently discharged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any Borrower been deployed away from his/her primary residence or recently received a Permanent Change of Station order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any Borrower the surviving spouse of a deceased Service Member who was on active duty at the time of death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Information for Government Monitoring Purpose

If applying for the Making Home Affordable Modification Program we encourage you to provide the following, however this is not a requirement of other modification programs. The law provides that a lender or servicer may not discriminate either on 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.

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

Borrower(s) Name _____

Account Number _____



STEP 10-Complete 4506T-EZ Form (Required)

Form 4506T-EZ (Rev. January 2012) Department of the Treasury Internal Revenue Service	Short Form Request for Individual Tax Return Transcript ▶ Request may not be processed if the form is incomplete or illegible.	OMB No. 1545-2154
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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 and click on "Order a Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript 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.

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.

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 may 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** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here	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.

What's New

The IRS has created a page on [IRS.gov](http://www.irs.gov/form4506) for information about Form 4506T-EZ at <http://www.irs.gov/form4506>. Information about any recent developments affecting Form 4506T-EZ (such as legislation enacted after we released it) will be posted on that page.

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 and click on "Order a Transcript" 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
559-456-5876

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 Products Coordinating Committee
SE:W:CAR:MP:T:M:S
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.

Frequently Asked Questions

What information is needed on the form 4506T-EZ?

- Please complete the following:
 - Line 1a -4: List information as shown on your tax return
 - Line 5: Write the name, address, and telephone number shown on your monthly mortgage statement
 - Line 6: Write the year of the most-recent tax return you filed
- Be sure to sign the form where indicated.

The 4506T-EZ form states, "Caution: if the 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 line 6. Completing these steps helps to protect your privacy." What do I enter for those items?

- All applicable blanks on the form need to be completed. This disclaimer is provided as a warning that line 6 must be completed prior to signing the form.

Borrower(s) Name _____

Account Number _____

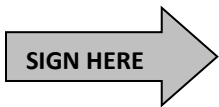


STEP 11-Sign Acknowledgement and Agreement (Required)

* Acknowledgement and Agreement

In making this request for consideration to review my/our loan terms I/we certify under penalty of perjury

1. That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale, or deed-in-lieu of foreclosure.
2. I/we understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
3. I/we understand the servicer will obtain 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 document, the servicer may cancel any Agreement under Making Home Affordable or any mortgage relief granted and may pursue foreclosure on my/our home.
5. I/we understand any fee to validate the value of the property will be assessed to the account.
6. I/we have not received a condemnation notice, and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
7. I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
8. If I/we am eligible for a trial period plan, repayment plan, or forbearance plan, and I/we accept and agree to all terms of such plan, I/we also agree that the terms of the Acknowledgement and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My/our first timely payment following my/our Servicer's determination and notification of my/our eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me/us that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
9. I/we agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my/our loan or foreclosure action and related activities shall not constitute a cure of my/our default under my/our loan unless such payments are sufficient to completely cure my/our entire default under my loan.
10. I/we am/are willing to provide all requested documents and to respond to all Servicers questions in a timely manner.
11. I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
12. I/we agree that my prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
13. I/we agree to the establishment of an escrow account and the payment of escrow items will be included with monthly mortgage payments if an escrow account never existed on the loan.
14. I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income payment history, government monitoring information, Dodd-Frank Certification, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable 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/our first lien on subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
15. I understand that in order to be reviewed for a foreclosure alternative, all required documentation must be received no later than seven (7) business days prior to a scheduled foreclosure sale date. **Exception for California:** As required by state law, if your property is located in the state of California and your scheduled foreclosure sale is within seven (7) business days, the review of your loan for a foreclosure alternative is subject to different timeframes. Please contact us at [1-888-330-6957](tel:1-888-330-6957) to discuss.
16. NOTICE TO TEXAS BORROWERS: If the loan you are requesting to modify is a Texas Home Equity Loan or Line of Credit, your loan does not qualify to be modified. However, please proceed with submitting your final information so that we can examine your financial situation and determine if there is a repayment program available to you in order to prevent foreclosure.
17. I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review for Making Home Affordable program, or any other program will not begin until all required documentation is received.
18. I/we consent to being contacted, concerning this request for mortgage assistance at any cellular or mobile telephone number I/we have provided to the Lender. This includes text messages and telephone calls to my/our cellular or mobile telephone.



SIGN HERE

Borrower Signature _____

Date _____

Co-Borrower Signature _____

Date _____



SIGN HERE

Please keep a copy of this completed and signed financial analysis form, all pages, and any supporting documentation provided, for your records.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's 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 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.”

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.sigtar.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.

