



1405 E. McDowell Road, Suite 100
Phoenix, AZ 85006

(602) 258-1659 Voice
(602) 258-1666 Fax
(800) 367-8939 Tdd
www.nhsphoenix.org

Neighborhood Housing Services of Phoenix, Inc.

Foreclosure Intervention Counseling Application Packet



Important Required Documents Checklist

To promptly allow us to start working with you and your mortgage servicer, it is **imperative** that you compile the items listed below for your scheduled meeting with a Foreclosure Intervention Counselor.

Check off items **collected** for your meeting and remember to bring them.

- _____ 1. Provide a written statement detailing the reason(s) for your mortgage delinquency and/or financial hardship. Be specific and include details such as dates and specific circumstances. (You may use the Hardship Letter form provided in this packet.)
- _____ 2. Provide current, consecutive pay stubs for the last 30 days.
- _____ 3. Provide child support court order and evidence of receipt of income, final divorce decree, and/or documentation of alimony payments, if applicable.
- _____ 4. Provide your Lease Agreement on rental properties and evidence of receipt of rental income.
- _____ 5. Provide evidence of social security, disability, pension, retirement and/or unemployment income.
- _____ 6. Provide all W2's or 1099's for the previous year. (If self-employed, submit 1099's for previous two years.)
- _____ 7. Provide complete tax returns for the previous year. (If self-employed, submit returns for previous two years.)
- _____ 8. If self-employed, provide your most recent **Year-To-Date Profit & Loss** statement.
- _____ 9. Provide bank statements for the previous two (2) months (**all pages**).
- _____ 10. Provide copy of your most recent utility bill.
- _____ 11. Provide copy of your homeowners association statement.
- _____ 12. Provide copy of your driver License or identification card.
- _____ 13. Provide most recent mortgage statement from all lenders.
- _____ 14. Provide a copy of your Hazard Insurance Declaration Page (homeowners insurance policy).
- _____ 15. Provide a copy of your most current property tax statement from the county or provide your parcel number.
- _____ 16. Provide a copy of your NOTE, DEED OF TRUST and TRUTH IN LENDING documents.
- _____ 17. Provide a copy of Notice of Trustee Sale, if applicable.

IMPORTANT NOTICE:

ONCE YOU HAVE GATHERED ALL REQUIRED DOCUMENTS ABOVE AND COMPLETED THE INTAKE PACKET, CALL NHS PHOENIX AND SCHEDULE YOUR APPOINTMENT WITH A FORECLOSURE INTERVENTION COUNSELOR. **BRING DOCUMENTS TO YOUR APPOINTMENT UNLESS YOUR COUNSELOR INSTRUCTS YOU TO MAIL OR FAX DOCUMENTS.**

MAIL/FAX:

NEIGHBORHOOD HOUSING SERVICES OF PHOENIX

1405 E. McDowell Rd, Suite 100
Phoenix, AZ 85006
(602) 258-1659
(602) 258-1666 Fax



CONFIDENTIAL INFORMATION

ID # _____ (office use)

TODAY'S DATE: _____

Workshop Instructor: _____

Primary Counselor: _____

FORECLOSURE INTERVENTION INTAKE FORM

APPLICANT (Print clearly)

Referred by _____ If not referred, how did you hear about NHS Phoenix? _____

Name: _____
 First MI Last

Address: _____
 Street City State Zip Code

Home: () _____ - _____ Work: () _____ - _____ Fax: () _____ - _____

Pager: () _____ - _____ Cell: () _____ - _____ E-Mail: _____

Social Security No. _____ - _____ - _____ (REQUIRED)

Race (Circle one):

- 1. White 2. Black or African American 3. American Indian/Alaskan Native 4. Asian 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White 7. Asian and White 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black 10. Other _____

If American Indian, please specify tribal affiliation _____

Ethnicity: Hispanic (Circle one): Yes No **Veteran** (Circle one): Yes No

Gender (Circle one): Male Female **Birth Date** ____/____/____ or **Appox. Age** ____ (REQUIRED)

Marital Status (Circle one):

- 1. Single 4. Separated
- 2. Married 5. Widowed
- 3. Divorced

Housing Arrangement (Circle one):

- 1. Rent 4. Living with family member/friend and not paying rent
- 2. Homeless 5. Homeowner with mortgage paid off
- 3. Homeowner with mortgage

Household Type (Select the most accurate)

- 1. Female headed single parent household 2. Male headed single parent household 3. Single adult 4. Two or more unrelated adults
- 5. Married with children 6. Married without children 7. Other

Annual Family or Household Gross Income: \$ _____ (REQUIRED)

Applicant Family/Household Size: _____ **Total dependents:** _____ (other than co-applicant)

What are their ages? _____, _____, _____, _____, _____, _____ Are there non-dependents who will be living in the home? Yes No

If yes, list below:

Relationship _____	Age _____	Relationship _____	Age _____
--------------------	-----------	--------------------	-----------

Current Monthly Rent or Mortgage Amount: \$ _____

Foreign Born (Circle one): Yes No **Education** 1. Below High School 2. High School Diploma or Equivalent 3. Some college
 4. Bachelor's Degree 5. Master's Degree 6. Doctorate Degree

Language spoken: _____ **Special Accommodations or Disabilities?** (Circle one): Yes No

FORECLOSURE INTERVENTION AGREEMENT - PRIVACY & PRACTICES OF NHS PHOENIX

1ST Lien Holder

Mortgage Servicer: _____

Mortgage Account #: _____ Mortgage Contact: _____

Type of Loan: 30 Yr 20 Yr 15 yr Conv. ARM FHA VA HELOC Other: _____

Interest Rate: _____ % Monthly Payment: \$ _____

If Rate is an Adjustable Rate, has your rate reset? (Circle one): Yes No

If *NO*, when is it scheduled to reset? _____

Current Principle Balance: \$ _____ Current Property Value: \$ _____

Number of months behind: _____ Amount Past Due: \$ _____

PRIVACY POLICY AND PRACTICES OF NEIGHBORHOOD HOUSING SERVICES OF PHOENIX

We at *NHS Phoenix* value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available. It includes personal financial information such as credit history, income, employment, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to effectively provide counseling services. We collect personal information about you from the following sources:

- Information we receive from you on applications or other forms,
- Information from transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income,
- Information from transactions with us, our affiliates or others, and
- Information we receive from a consumer reporting agency, such as a credit bureau.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service companies, such as companies engaged in providing home mortgage or home equity loans, and
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, we will give you an opportunity to direct us *not* to disclose such information.

Confidentiality and Security

We restrict access to personal information about you to employees who need to know that information to provide products and services to you. These services can include underwriting a loan modification application and financial counseling. We maintain physical and electronic security procedures to safeguard personal information in our possession against unauthorized access. We use locked files and user authentication and detection software to protect your information. Our safeguards comply with applicable federal regulations.

I understand that *NHS Phoenix* provides foreclosure intervention counseling which includes a written action plan consisting of recommendations for handling my finances.

I understand that *NHS Phoenix* receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) Program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I give permission for NFMC program administrators and/or their agents to follow-up with me between now and **July 1, 2014** for the purpose of performing program evaluations.

I may be referred to other housing service programs within the organization or to other outside agencies when it's deemed appropriate for my particular circumstances.

A counselor may answer questions and provide information relevant to the counseling being provided, but the counselor may not give legal or tax advice.

I understand that *NHS Phoenix* provides information and education on numerous loan products and housing programs, and I further understand that the counseling I receive from *NHS Phoenix* in no way obligates me to choose any of these particular loan products or housing programs.

I understand the Privacy Policy and Practices, and I authorize *NHS Phoenix* to collect and disclose the information noted above.

Applicant's Signature & Date

Co-Applicant's Signature & Date

Verbal Authorization: The undersigned certifies the client was informed about the information contained herein and that the client has provided verbal authorization to use this information to provide foreclosure intervention counseling services.

Counselor's Signature & Date

PERMISSION TO OBTAIN INFORMATION ABOUT YOU FROM YOUR LENDER

Authorization to Release Information

I (We) hereby authorize **Neighborhood Housing Services of Phoenix (NHS Phoenix)**, a HUD-approved housing counseling agency, to verify my employment and outstanding debt, including my present or previous mortgages, and to make any other inquiries pertaining to the counseling services they are providing me.
Initial _____

Mortgage Lenders/Servicers:

I (We) hereby authorize **NHS Phoenix** to obtain any and all information about my account. I understand that information released to **NHS Phoenix** may include, but is not limited to, information relating to my loan amount and payment transactions and/or copies of my loan documents.
Initial _____

I (We) hereby authorize **NHS Phoenix** to obtain any and all information about my account. I understand that information released to **NHS Phoenix** may include, but is not limited to, information relating to a loan modification, forbearance plan, related transactions and/or copies of related loan documents.
Initial _____

I acknowledge that this authorization will remain in effect for the duration of the time necessary to help me address my financial situation. **NHS Phoenix** will assist in proposing a loss mitigation plan that is within your guidelines. I also acknowledge that should I wish to terminate this authorization, I will notify you in writing.

1st Mortgage _____ **Loan No.** _____

Authorized Third Party: **NEIGHBORHOOD HOUSING SERVICES OF PHOENIX**
1405 E. McDowell Rd, Suite 100
Phoenix, AZ 85006
(602) 258-1659 Office
(602) 258-1666 Fax

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant (Signature) Date

Co-Applicant (Signature) Date

Social Security Number

Social Security Number



PERMISSION TO OBTAIN INFORMATION ABOUT YOU FROM YOUR LENDER

Authorization to Release Information

I (We) hereby authorize **Neighborhood Housing Services of Phoenix (NHS Phoenix)**, a HUD-approved housing counseling agency, to verify my employment and outstanding debt, including my present or previous mortgages, and to make any other inquiries pertaining to the counseling services they are providing me. **Initial** _____

Mortgage Lenders/Servicers:

I (We) hereby authorize **NHS Phoenix** to obtain any and all information about my account. I understand that information released to **NHS Phoenix** may include, but is not limited to, information relating to my loan amount and payment transactions and/or copies of my loan documents. **Initial** _____

I (We) hereby authorize **NHS Phoenix** to obtain any and all information about my account. I understand that information released to **NHS Phoenix** may include, but is not limited to, information relating to a loan modification, forbearance plan, related transactions and/or copies of related loan documents. **Initial** _____

I acknowledge that this authorization will remain in effect for the duration of the time necessary to help me address my financial situation. **NHS Phoenix** will assist in proposing a loss mitigation plan that is within your guidelines. I also acknowledge that should I wish to terminate this authorization, I will notify you in writing.

2nd Mortgage _____ **Loan No.** _____

Authorized Third Party: **NEIGHBORHOOD HOUSING SERVICES OF PHOENIX**
1405 E. McDowell Rd, Suite 100
Phoenix, AZ 85006
(602) 258-1659 Office
(602) 258-1666 Fax

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant (Signature) Date

Co-Applicant (Signature) Date

Social Security Number

Social Security Number



CREDIT REPORT AUTHORIZATION

I hereby authorize **Neighborhood Housing Services of Phoenix (NHS Phoenix)** to obtain my credit report. My credit report will be obtained from a credit reporting agency selected by **NHS Phoenix**. I understand that **NHS Phoenix** intends to use the credit report for the purpose of providing foreclosure intervention counseling services.

My signature below also authorizes **NHS Phoenix** to release financial or other information to credit reporting agencies for the purpose of facilitating the foreclosure intervention counseling process. Authorization is further granted to the credit reporting agency to use a copy of this authorization form to obtain any information the credit reporting agency deems necessary to complete my credit report.

National Foreclosure Mitigation Counseling Program (NFMC)

I give permission for NFMC program administrators and/or their agents to pull my credit report to report certain data elements required by this federally funded program. I give permission to NFMC program administrators and/or their agents to follow-up with me between now and **July 1, 2014** for program evaluation purposes.

_____ Authorize (initial)

_____ Do **Not** Authorize (initial)

NHS Phoenix may do the following:

We may disclose your personal information to the following **unaffiliated** third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans, and
- Other parties, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information with **unaffiliated** third parties, we will give you an opportunity to direct us *not* to disclose such information.

We do not share personal information with any **unaffiliated** third parties for the purpose of making sales calls or marketing products or services to you.

I understand that I may revoke my consent to these disclosures by notifying **NHS Phoenix** in writing.

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant (Signature) Date

Co-Applicant (Signature) Date

Social Security Number

Social Security Number

Date of Birth

Date of Birth



1405 East McDowell Road, Suite 100 Phoenix, Arizona 85006
Voice 602.258.1659 Fax 602.258.1666 Tdd 800.367.8939 | www.nhsphoenix.org

PRIVACY POLICY AND PRACTICES OF NEIGHBORHOOD HOUSING SERVICES OF PHOENIX

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may direct us not to make such disclosures. (Disclosures required or allowed by federal or local laws will still be permitted.)

- Item (A): If you do not wish to authorize disclosures to unaffiliated third parties, please indicate this preference below.
- Item (B): If you do not wish to authorize disclosures to nonprofit community development organizations for the purpose of program reviews, program audits, research and oversight purposes, please indicate this preference below.

Please allow approximately 30 days from our receipt of this form for your authorization restrictions to be noted in your file. Any previous authorization instructions will remain in effect until you request a change.

Do <u>not</u> disclose my personal information to <u>unaffiliated</u> third parties - Item (A) above.	_____ Initial
Do <u>not</u> disclose my personal information to nonprofit organizations - Item (B) above.	_____ Initial
_____	_____
Applicant's Signature	Date
_____	_____
Co-Applicant's Signature	Date

Please deliver or mail completed form to:
NHS Phoenix – Homeownership Center
1405 E. McDowell Rd, Suite 100, Phoenix, AZ 85006



1405 East McDowell Road, Suite 100 Phoenix, Arizona 85006
Voice 602.258.1659 Fax 602.258.1666 Tdd 800.367.8939 | www.nhsphoenix.org

HOUSING COUNSELOR / CLIENT AGREEMENT

Purpose of Housing Counseling. I/We understand that I/we will receive either group and/or one-on-one counseling. The counselor will analyze my/our financial and credit situation, identify those issues that are preventing (or will prevent) me/us from keeping current with my/our mortgage commitment. The counselor will provide assistance with debt and budget management. I/We further understand that the counselor will provide guidance and education to empower me/us to 'fix' those issues which may be contributing to my/our inability to keep current with my/our mortgage and other debts.

I/We understand I/we will receive a written Action Plan consisting of recommendations for improving my/our financial situation. I/we may also be referred to other agencies for assistance when appropriate.

I/We understand that **NHS Phoenix** receives Congressional funding through the **National Foreclosure Mitigation Counseling (NFMC)** Program and, as such, is required to share some of my/our personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I/We may be referred to other departments within the organization or to other agencies that may be able to assist with particular concerns that have been identified. I/We understand that I/we am/are not obligated to use any of the services offered to me/us.

A counselor may answer questions and provide information relevant to the counseling being provided, but the counselor may not give legal or tax advice.

Counselor's Responsibility:

- Develop written Action Plan,
- Develop spending plan,
- Analyze the mortgage default situation and identify contributing factors,
- Present and explain foreclosure intervention options available to the homeowner, if applicable,
- Complete counseling and follow-up communication in a timely manner,
- Explain collection and foreclosure process,
- Identify alternative assistance, if applicable, and
- Deliver counseling services in a confidential, respectful and professional manner.

Customer's Responsibility. I/We understand that it is my/our responsibility to work cooperatively with the Counselor. Failure to cooperate will result in the discontinuation of counseling services. Failure to cooperate includes, but is not limited to, missing two consecutive appointments.

I/We agree to the following terms of service:

- I/We will provide honest and complete information to my/our counselor, verbally or in writing,
- I/We will provide all necessary documentation and follow-up information within the timeframe requested,
- I/We will be on time for appointments,
- I/We will call within 24 hours if unable to attend to an appointment,
- I/We will contact the Counselor immediately about any changes in our financial situation, and
- I/We understand that breaking this agreement may cause NHS Phoenix to sever services with me/us.

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant (Signature) Date

Co-Applicant (Signature) Date

Counselor Name (Print)

Counselor (Signature) Date



BUDGET ANALYSIS WORKSHEET



nhsphoenix
neighborhood housing services of phoenix

CLIENT NAME _____

DATE _____

MONTHLY INCOME

GROSS INCOME (A) _____ NET INCOME (B) _____

RENTAL INCOME _____ RENTAL INCOME _____

OTHER: _____

MONTHLY EXPENSES	CURRENT	PREV
HOUSING (C)		
1st Mortgage payment		
2nd Mortgage payment		
Property Taxes (Included in Mtg. pymnt- Yes/No)		
Hazard Insurance (Included in Mtg. pymnt- Yes/No)		
HomeOwner's Association		
Electricity		
Heating (Gas/Oil)		
Water/Sewer		
Home telephone		
Subtotal	0.00	0.00
DEBT/LIABILITIES (D)		
Revolving debt		
Installment debt		
Student loan		
Rental Debt		
Collection accounts (X 3%)		
Subtotal	0.00	0.00
HOME MAINTENANCE (E)		
Cleaning supplies		
Lawn care		
Pool Service		
Pest Control		
Alarm system		
Other		
Subtotal	0.00	0.00
FOOD (E)		
Groceries		
Food expenses at work (daily X 21.67)		
School lunches (daily X 20.56)		
Other		
Subtotal	0.00	0.00
Assets (E)		
Checking account		
Savings account		
Subtotal	0.00	0.00
TRANSPORTATION/AUTOS (E)		
Gasoline		
Parking fees		
Auto repair/Maintenance		
Registration		
Car inspection		
Bus fare		
Cab fare		
Subtotal	0.00	0.00

BUDGET ANALYSIS WORKSHEET



nhsphoenix
neighbourhood housing services of phoenix

CLIENT NAME _____

DATE _____

PERSONAL (E)				
Personal Items/Tolietries				
Barber/Beauty expenses				
Tobacco				
Alcoholic beverages				
Cellular phone				
Subtotal	0.00		0.00	
INSURANCE (E)				
Auto Insurance				
Life Insurance				
Health Insurance				
Dental Insurance				
Vision Insurance				
Subtotal	0.00		0.00	
MEDICAL (E)				
Doctor visit co-pay				
Medication co-pay				
Dentist co-pay				
Prescription co-pay				
Eye examination/Glasses				
Other				
Subtotal	0.00		0.00	
DEPENDENT CARE (E)				
Allowance for children				
Child care				
Child support/Alimony support				
Death expense				
Seperation Agreement to Spouse				
Subtotal	0.00		0.00	
CLOTHING (E)				
Clothing				
Dry cleaning				
Other				
Subtotal	0.00		0.00	
GIFTS & DONATIONS (E)				
Birthday gifts				
Holiday gifts				
Special occattions (i.e. weddings)				
Charaties				
Church donations				
Other				
Subtotal	0.00		0.00	
EDUCATION (E)				
School fees (i.e., tuition, books, supplies)				
Subscriptions (i.e. newspaper, magazines, etc.)				
Other				
Subtotal	0.00		0.00	
ENTERTAINMENT (E)				
Movie Rentals				
Movie theatre				
Cable				
Internet				
Sport events / hobbies				
Gym membership				
Vacations				
Eating out				
Other				
Subtotal	0.00		0.00	

BUDGET ANALYSIS WORKSHEET



CLIENT NAME _____

DATE _____

MISC/OTHER (E)				
Pet Supplies				
Postage				
Checking account fees / N.F.S. fees				
Photo processing				
Other				
Subtotal		0.00		0.00

Total Gross Income (A)	\$	-	\$	-
Total Net Income (B)	\$	-	\$	-
Less:				
Housing (C)	\$	-	\$	-
Liabilities (D)	\$	-	\$	-
Recurring Expenses (E)	\$	-	\$	-
Total of (C+D+E) (F)	\$	-	\$	-
Budget Surplus or Deficit (B - F)	\$	-	\$	-

All of the information that I/We provided in this worksheet is correct and factual. No information has been withheld. I/We understand the necessity for accurate and complete information and will provide any needed information to complete this worksheet. I/We understand that deliberately providing inaccurate information or an unwillingness to provide the counselor with the necessary information or documents in a timely manner will result in a closing of my/our file and no further assistance from the counselor will be provided.

Client Signature _____ Date _____

LOAN NO. _____

Client Signature _____ Date _____

Foreclosure Intervention Counselors _____ Date _____

Rev. August 2010



Neighborhood Housing Services of Phoenix
1405 E. McDowell Rd, Suite 100, Phoenix, AZ 85006 (602) 258-1659 (602) 258-1666 Fax



Applicant Information

Primary Homeowner (A) _____

Employed? Yes No **If No, Source of Income:** _____

Current: _____ How long? _____ Years _____ Months

Previous: _____ How long? _____ Years _____ Months

How often are you paid? Weekly Bi-weekly Bi-monthly Monthly Other _____

Secondary Homeowner (B) _____

Employed? Yes No **If No, Source of Income:** _____

Current: _____ How long? _____ Years _____ Months

Previous: _____ How long? _____ Years _____ Months

How often are you paid? Weekly Bi-weekly Bi-monthly Monthly Other _____

Monthly Household Income	Gross	Net	Verification Office Use Only
Homeowner (A) Monthly Income Employer (1)	\$	\$	
Homeowner (A) Monthly Income Employer (2)	\$	\$	
Homeowner (B) Monthly Income Employer (1)	\$	\$	
Homeowner (B) Monthly Income Employer (2)	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security / SSI / SSDI	\$	\$	
Child Support or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Monies From Rental Properties	\$	\$	
Household Wages for Members Over Age 18	\$	\$	
Food Stamps	\$	\$	
Cash Assistance	\$	\$	
Other	\$	\$	
Other	\$	\$	
TOTAL HOUSEHOLD INCOME	\$	\$	

CURRENT MORTGAGE INFORMATION

Primary Residence? Yes No Number of people in the home: _____

Type of Property

Single Family detached 2-4 Unit Townhouse
 Condominium Mobile Home Other

Condition of Home Excellent Good Fair Poor

Currently for Sale? Yes No **List Price** \$ _____

Real estate agent _____ **Phone number** _____

Length of time on market _____

Did you attend any pre-purchase education classes prior to buying your home? Yes No

1st Lien Holder

Mortgage Servicer: _____

Mortgage Account # _____ Mortgage Contact # _____

Type of Loan: 30yr 20yr 15yr Conv. ARM FHA VA HELOC Other: _____

Interest Rate: _____ % Monthly Payment: \$ _____

If Rate is an Adjustable Rate, has your rate reset? Yes No

If NO, When is it scheduled to reset? _____

Current Principle Balance: \$ _____ Current Property Value: \$ _____

Number of months behind: _____ Amount in arrearage: \$ _____

2nd Lien Holder

Mortgage Servicer: _____

Mortgage Account # _____ Mortgage Contact # _____

Type of Loan: 30yr 20yr 15yr Conv. ARM FHA VA HELOC Other: _____

Interest Rate: _____ % Monthly Payment: \$ _____

If Rate is an Adjustable Rate, has your rate reset? Yes No

If NO, When is it scheduled to reset? _____

Current Principle Balance: \$ _____ Current Property Value \$ _____

Number of months behind: _____ Amount in arrearage: \$ _____

Request for Transcript of Tax Return

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service

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

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

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

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

3 Current 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 or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

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

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

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

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

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

<p>Sign Here</p> <p>► _____ Signature (see instructions)</p> <p>► _____ Title (if line 1a above is a corporation, partnership, estate, or trust)</p> <p>► _____ Spouse's signature</p>	<p>_____</p> <p>Date</p>	<p>Telephone number of taxpayer on line 1a or 2a</p>
	<p>_____</p> <p>Date</p>	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

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

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.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
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	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
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	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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.

Line 6. Enter only one tax form number per request.

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

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

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

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

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date