Form 4506-T
Request for Transcript of Tax Return

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 services 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.

Name shown on tax return. If a joint return, enter the name shown first.

If a joint return, enter spouse’s name shown on tax return.

Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

Previous address shown on the last return filed if different from line 3 (see instructions)

If the tax transcript is being mailed to a third party (such as a mortgage company), enter the third party’s name, address, and telephone number.

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

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. ▶

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 . □

Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . □

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 . □

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

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. ▶

Identify theft on your federal tax return . □

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

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

Phone number of taxpayer on line 1a or 2a

Signature (see instructions) Date

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

Spouse’s signature Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form 4506-T (Rev. 1-2012)
Section references are to the Internal Revenue Code unless otherwise noted.

**What's New**
The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**General Instructions**
**CAUTION.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**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 addresses, send your request to the address 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 and Form 1099)**

<table>
<thead>
<tr>
<th>State</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 P.F.O. address</td>
<td>RAIVS Team Stop 6716 AUSC Austin, TX 73031</td>
</tr>
<tr>
<td>Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia</td>
<td>816-292-6102</td>
</tr>
</tbody>
</table>

**Chart for all other transcripts**

<table>
<thead>
<tr>
<th>State</th>
<th>Mail or fax to the “Internal Revenue Service” at:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>RAIVS Team P.O. Box 9941 Stop 6734 Ogden, UT 84409</td>
</tr>
<tr>
<td>Connecticut, Delaware, District of Columbia, Georgia, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin</td>
<td>801-620-6922</td>
</tr>
</tbody>
</table>

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required on 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 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.

**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: 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.
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
How should I write a hardship letter to get a mortgage loan modification?

A loan modification hardship letter sample is something most mortgage companies or mortgage loan modification programs will require to even consider you for a mortgage loan modification. Your mortgage loan modification hardship letter is your one chance to explain your predicament and appeal to the mortgage company for another chance.

Your mortgage loan modification hardship letter sample should not be a platform for you to fuss, whine or complain about your situation. Regardless of how you feel, you have to remember, "you catch more flies with sugar than with salt". If you have already made insults or stuck your perverbial foot in your mouth, you may need to "eat some crow", so to speak, in order to get the results you need. Don't make your situation worse by entertaining your lender with non-productive, perverse or child-like bantor. Arguing is the worst thing you can do at this point. Remember, he who holds the gold makes the rules.

Your letter must be honest and represent the facts clearly. It must prove to your lender that your situation was caused through no fault of your own and the fact that you fell behind was temporary. You must also prove that you are now in a position to make your payments on time.

You must also have a legitimate excuse for falling behind... financial problems in itself would not be an adequate excuse. Loss of a job, death in the family or an illness would be an acceptable reason to fall behind on your Mortgage temporarily. Below is a good sample hardship letter that a mortgage company may be looking for in order to complete your request for mortgage loan modification:
Example Hardship Letter:

Name: (Your Name)

Address: (Your Address)

Lender Name: (Your Lender)

Loan #: (your Loan #)

To Whom It May Concern:

I am writing this letter to explain my unfortunate set of circumstances that have caused us to become delinquent on our mortgage. We have done everything in our power to make ends meet but unfortunately we have fallen short and would like you to consider working with us to modify our loan. Our number one goal is to keep our home and we would really appreciate the opportunity to do that.

The main reason that caused us to be late is (insert reason here and don’t be too lengthy and long winded) Soon after being late and our income not being nearly enough, we had fallen further and further behind. Now, it’s to the point where we cannot afford to pay what is owed to (lender). It is our full intention to pay what we owe. But at this time we have exhausted all of our income and resources so we are turning to you for help.

(The approximate date of hardship and we believe that our situation is Temporary or will be Permanent.)

Our situation has got better because (reason here) and we feel that a loan modification would benefit us both. We would appreciate if you can work with us to lower or delinquent amount owed and or payment so we can keep our home and also afford to make amends with your firm.

We truly hope that you will consider working with us and we are anxious to get this settled so we all can move on.

Sincerely and Respectfully,

Borrower’s Signature  Date

Co-Borrower’s Signature  Date
If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506-T-EZ; and (3) all required income documentation identified in Section 4.

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

SECTION 1: BORROWER INFORMATION

BORROWER

CO-BORROWER

Has any borrower filed for bankruptcy? □ Chapter 7 □ Chapter 13
Filing Date: ____________________ Bankruptcy case number: ____________________
Has your bankruptcy been discharged? □ Yes □ No

Is any borrower a servicemember? □ Yes □ No
Have you recently been deployed away from your principal residence or recently received a permanent change of station order? □ Yes □ No

How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? ____________________
Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? □ Yes □ No
Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? □ Yes □ No
If "Yes", how many? ____________________
Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence? □ Yes □ No

SECTION 2: HARDSHIP AFFIDAVIT

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

□ My household income has been reduced. For example: reduced pay or hours, decline in business or self employment earnings, death, disability or divorce of a borrower or co-borrower.

□ My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.

□ My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.

□ My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

□ I am unemployed and (a) I am receiving/unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.

Other:

Explanation (continue on a separate sheet of paper if necessary):
SECTION 3: PRINCIPAL RESIDENCE INFORMATION
(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence  □ Yes  □ No
If “yes”, I want to:  □ Keep the property  □ Sell the property

Property Address: ____________________________ Loan ID. Number: ____________________________

Other mortgages or liens on the property?  □ Yes  □ No  Lien Holder / Servicer Name: ____________________________ Loan ID. Number: ____________________________

Do you have condominium or homeowner association (HOA) fees?  □ Yes  □ No  If “yes”, Monthly Fee $ __________ Are fees paid current?  □ Yes  □ No

Name and address that fees are paid to: ____________________________ Phone Number: ____________________________

Does your mortgage payment include taxes and Insurance?  □ Yes  □ No  If “No”, are the taxes and insurance paid current?  □ Yes  □ No

Annual Homeowner’s Insurance $ ____________________________

Is the property listed for sale?  □ Yes  □ No  If “yes”, Listing Agent’s Name: ____________________________ Phone Number: ____________________________

List date? ____________________________ Have you received a purchase offer?  □ Yes  □ No  Amount of Offer $ ____________________________ Closing Date ____________________________

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: ____________________________ Principal residence servicer phone number: ____________________________

Is the mortgage on your principal residence paid?  □ Yes  □ No  if “no”, number of months your payment is past due (if known): ____________________________

SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

<table>
<thead>
<tr>
<th>Monthly Household Income</th>
<th>Monthly Household Expenses/Debt (*Principal Residence Expense Only)</th>
<th>Household Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Gross wages $</td>
<td>First Mortgage Principal &amp; Interest Payment* $</td>
<td>Checking Account(s) $</td>
</tr>
<tr>
<td>Overtime $</td>
<td>Second Mortgage Principal &amp; Interest Payment* $</td>
<td>Checking Account(s) $</td>
</tr>
<tr>
<td>Self employment Income $</td>
<td>Homeowner’s Insurance* $</td>
<td>Savings / Money Market $</td>
</tr>
<tr>
<td>Unemployment Income $</td>
<td>Property Taxes* $</td>
<td>CDs $</td>
</tr>
<tr>
<td>Untaxed Social Security / SSD $</td>
<td>HOA/Condo Fees* $</td>
<td>Stocks / Bonds $</td>
</tr>
<tr>
<td>Food Stamps/Welfare $</td>
<td>Credit Cards/Installment debt (total min. payment) $</td>
<td>Other Cash on Hand $</td>
</tr>
<tr>
<td>Taxable Social Security or retirement income $</td>
<td>Child Support / Alimony $</td>
<td>$</td>
</tr>
<tr>
<td>Child Support / Alimony** $</td>
<td>Car Payments $</td>
<td>$</td>
</tr>
<tr>
<td>Tips, commissions, bonus and overtime $</td>
<td>Mortgage Payments other properties**** $</td>
<td>$</td>
</tr>
<tr>
<td>Gross Rents Received *** $</td>
<td>Other $</td>
<td>Value of all Real Estate except principal residence $</td>
</tr>
<tr>
<td>Other $</td>
<td></td>
<td>Other $</td>
</tr>
<tr>
<td>Total (Gross income) $</td>
<td>Total Debt/Expenses $</td>
<td>Total Assets $</td>
</tr>
</tbody>
</table>

** Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.
*** Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.
**** Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.
### Required Income Documentation
(Your servicer may request additional documentation to complete your evaluation for MHA)

<table>
<thead>
<tr>
<th>All Borrowers</th>
<th>Include a signed IRS Form 4506-T or 4506-T-EZ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.</td>
</tr>
<tr>
<td>Are you self-employed?</td>
<td>Provide your most recent signed and dated quarterly or year-to-date profit and loss statement.</td>
</tr>
<tr>
<td>Do you receive tips, commissions, bonuses, housing allowance or overtime?</td>
<td>Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).</td>
</tr>
<tr>
<td>Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?</td>
<td>Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).</td>
</tr>
<tr>
<td>Do you receive alimony, child support, or separation maintenance payments?</td>
<td>Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND</td>
</tr>
<tr>
<td></td>
<td>Copies of your two most recent bank statements or deposit advices showing you have received payment.</td>
</tr>
<tr>
<td>Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.</td>
<td></td>
</tr>
<tr>
<td>Do you have income from rental properties that are not your principal residence?</td>
<td>Provide your most recent Federal Tax return with all schedules, including Schedule E.</td>
</tr>
<tr>
<td>If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 5: OTHER PROPERTIES OWNED
(You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described in Section 6 below. Use additional sheets if necessary.)

<table>
<thead>
<tr>
<th>Property #1</th>
<th>Loan ID. Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Address:</td>
<td></td>
</tr>
<tr>
<td>Servicer Name:</td>
<td></td>
</tr>
<tr>
<td>Mortgage Balance $</td>
<td>Current Value $</td>
</tr>
<tr>
<td>Property is:</td>
<td></td>
</tr>
<tr>
<td>Vacant</td>
<td>Second or seasonal home</td>
</tr>
<tr>
<td>Gross Monthly Rent $</td>
<td>Monthly mortgage payment* $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Property #2</th>
<th>Loan ID. Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Address:</td>
<td></td>
</tr>
<tr>
<td>Servicer Name:</td>
<td></td>
</tr>
<tr>
<td>Mortgage Balance $</td>
<td>Current Value $</td>
</tr>
<tr>
<td>Property is:</td>
<td></td>
</tr>
<tr>
<td>Vacant</td>
<td>Second or seasonal home</td>
</tr>
<tr>
<td>Gross Monthly Rent $</td>
<td>Monthly mortgage payment* $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Property #3</th>
<th>Loan ID. Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Address:</td>
<td></td>
</tr>
<tr>
<td>Servicer Name:</td>
<td></td>
</tr>
<tr>
<td>Mortgage Balance $</td>
<td>Current Value $</td>
</tr>
<tr>
<td>Property is:</td>
<td></td>
</tr>
<tr>
<td>Vacant</td>
<td>Second or seasonal home</td>
</tr>
<tr>
<td>Gross Monthly Rent $</td>
<td>Monthly mortgage payment* $</td>
</tr>
</tbody>
</table>

*The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums.*
I am requesting mortgage assistance with a rental property. ☐ Yes ☐ No

I am requesting mortgage assistance with a second or seasonal home. ☐ Yes ☐ No

If “Yes” to either, I want to: ☐ Keep the property ☐ Sell the property

Property Address: _______________________________ Loan ID: Number: __________________

Do you have a second mortgage on the property? ☐ Yes ☐ No
If “Yes”, Servicer Name: ___________________ Loan ID: Number: __________________

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No
If “Yes”, Monthly Fee $ __________ Are HOA fees paid current? ☐ Yes ☐ No

Name and address that fees are paid to: __________________________________________

Does your mortgage payment include taxes and insurance? ☐ Yes ☐ No
If “No”, are the taxes and insurance paid current? ☐ Yes ☐ No

Annual Homeowner’s Insurance $ ___________ Annual Property Taxes $ ___________

If requesting assistance with a rental property, property is currently:

☐ Vacant and available for rent.

☐ Occupied without rent by your legal dependent, parent or grandparent as their principal residence.

☐ Occupied by a tenant as their principal residence.

☐ Other: ____________________________

If rental property is occupied by a tenant: Term of lease / occupancy

__/___/___ — /__/___/___  Gross Monthly Rent: $ __________

MM / DD / YYYY  MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: __________________________________________

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: __________________________________________

Is the property for sale? ☐ Yes ☐ No
If “Yes”, Listing Agent’s Name: ___________________ Phone Number: ____________

List date? ____________ Have you received a purchase offer? ☐ Yes ☐ No
Amount of Offer $ ____________ Closing Date: ____________

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

☐ By checking this box and initialing below, I am requesting a mortgage modification under FHA and other terms and conditions of this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property.

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I 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 secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

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

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their 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 RMA is received by your servicer.

Initials: Borrower _________ Co-borrower _________
SECTION 7: 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 respective 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 certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

SECTION 8: INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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

**BORROWER**
- I do not wish to furnish this information

**Ethnicity:**
- Hispanic or Latino
- Not Hispanic or Latino

**Race:**
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Sex:**
- Female
- Male

**CO-BORROWER**
- I do not wish to furnish this information

**Ethnicity:**
- Hispanic or Latino
- Not Hispanic or Latino

**Race:**
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Sex:**
- Female
- Male

**To be completed by interviewer**

<table>
<thead>
<tr>
<th>This request was taken by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Face-to-face Interview</td>
</tr>
<tr>
<td>☐ Mail</td>
</tr>
<tr>
<td>☐ Telephone</td>
</tr>
<tr>
<td>☐ Internet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interviewer's Name (print or type) &amp; ID Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interviewer's Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interviewer's Phone Number (include area code)</th>
</tr>
</thead>
</table>
1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.

2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.

3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower’s eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower’s eligibility thereafter.

4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.

5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.

6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.

7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.

8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.

9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer’s determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.

10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer’s disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.

11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

<table>
<thead>
<tr>
<th>Borrower Signature</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Date</th>
</tr>
</thead>
</table>

| Co-borrower Signature | Social Security Number | Date of Birth | Date |
HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, please call your servicer. If you have questions about the program that your servicer cannot answer or 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 by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: “Under penalty of perjury, all documents and information I have provided to my Servicer in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct.”

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtarp.gov and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Beware of Foreclosure Rescue Scams. Help is FREE!

- There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can “save” your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.
PROPERTY INSURANCE INFORMATION FORM

Borrower Name:______________________________________________

Co-Borrower Name:___________________________________________

Property Address:____________________________________________

Mortgage Company:___________________________________________

Loan#:_____________________________________________________

Property Insurance Provider:_________________________________

Property Insurance Provider
Contact Phone Number:_______________________________________

Property Insurance Account Number_____________________________
1. Is the property yours?
   a. Primary Residence
   b. Second Home
   c. Investment
2. This property is:
   a. Owner Occupied
   b. Renter Occupied
   c. Vacant
3. Is your property value less than your loan amount?
   a. Yes
   b. No
4. Is Property Damaged?
   a. Yes
   b. No
5. Did you get your current mortgage before January 1, 2009?
   a. Yes
   b. No
6. Is the amount you owe on your first mortgage equal to or less than $729,750?
   a. Yes
   b. No
7. Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?
   a. Yes
   b. No
8. Are you having trouble paying your mortgage?
   a. Yes
   b. No
9. Do you want to keep or sell the property?
   a. Sell (proceed to question 10)
   b. Keep (proceed to question 16)
   c. Vacate (proceed to question 10)
   d. Undecided (proceed to question 10)
10. Is property listed for sale?
   a. Yes (proceed to question 11)
   b. No (proceed to question 16)

11. What was the listing date? (proceed to question 12)

12. For sale by owner?
   a. Yes (proceed to question 14)
   b. No (proceed to question 13)

13. Agent Information
   a. Agent Name:
   b. Agent Phone Number:
   c. Agent Email:

14. Have you received an offer on the property
   a. Yes (proceed to question 15)
   b. No (proceed to question 16)

15. Please provide (proceed to question 16):
   a. Offer date:
   b. Offer amount:

16. Have you received a foreclosure notice from an attorney?
   a. Yes (proceed to question 17)
   b. No (proceed to question 19)

17. Is a foreclosure sale scheduled? (Note, if a foreclosure sale was scheduled but has been stopped by the servicer, this answer should be no)
   a. Yes (proceed to question 18)
   b. No (proceed to question 19)

18. If foreclosure sale scheduled, what is date of scheduled foreclosure sale? (proceed to question 19)

19. Date hardship began?

20. Do you pay a condominium or HOA fee?
   a. Yes (proceed to question 21)
   b. No (proceed to question 22)

21. Condominium or HOA fee paid to:
a. Amount:

b. Paid to:

c. Address:

22. Have you filed for bankruptcy?
   a. Yes (proceed to question 23)
   b. No (proceed to question 27)

23. What is the bankruptcy chapter?
   a. Chapter 7 (proceed to question 24)
   b. Chapter 11 (proceed to question 24)
   c. Chapter 12 (proceed to question 24)
   d. Chapter 13 (proceed to question 24)

24. What is the bankruptcy filed date? (proceed to question 25)

25. Has your bankruptcy been discharged?
   a. Yes (proceed to question 26)
   b. No (proceed to question 26)

26. What is the bankruptcy case number?

27. How many single-family properties other than your principal residence do you
   and/or any co-borrower(s) own individually, jointly, or with others? (if ‘0’, proceed
to question 31, if 1 or more proceed to question 28)

28. Has the mortgage on any other property that you or any co-borrower own had a
   permanent HAMP modification?
   a. Yes (proceed to 29)
   b. No (proceed to question 31)

29. If "Yes", how many? (SHOULD BE EQUAL TO OR LESS THAN NUMBER IN
   QUESTION 27)

30. Are you or any co-borrower currently in or being considered for a HAMP trial
    period plan on a property other than your principal residence?
    a. Yes (proceed to question 31)
    b. No (proceed to question 31)

31. Do you have any outstanding Federal Student Loan debt?
    a. Yes (proceed to question 32)
    b. No (proceed to question 33)
32. Outstanding Amount of Loan? $

33. Do you have any outstanding Private Student Loan debt?
   a. Yes (proceed to question 34)
   b. No (proceed to question 35)

34. Outstanding Amount of Loan? $

35. Does your mortgage payment include taxes and insurance?
   a. Yes (proceed to question 37)
   b. No (proceed to question 36)

36. Are taxes and insurance paid current?
   a. Yes
   b. No

37. Who pays the hazard insurance policy for your property?
   a. I do
   b. Lender does
   c. Paid by condo or HOA

38. Does this loan potentially qualify for either a HARP or FHA Streamlined Refinance Program?
   a. Yes (proceed to question 39)
   b. No (end of questionnaire)

39. Which one?
   a. HARP
   b. FHA
Third Party Authorization Form

Mortgage Lender/Servicer Name  [Account]/[Loan] Number

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above mortgage lender/servicer and its successors and assigns (individually and collectively, "Servicer") and the following third parties:

[Counseling Agency] [Agency Contact Name and Phone Number]

[State HFA Entity] [State HFA Contact Name and Phone Number]

[Other Third Party] [Third Party Contact Name and Phone Number]

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

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

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

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

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

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

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

Borrower  Co-Borrower

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Printed Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
</table>
UNIFORM BORROWER ASSISTANCE FORM

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

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

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

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

<table>
<thead>
<tr>
<th>Loan Number</th>
<th>(usually found on your monthly mortgage statement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Servicer's Name</td>
<td></td>
</tr>
<tr>
<td>I want to:</td>
<td></td>
</tr>
<tr>
<td>☐ Keep the Property</td>
<td>☐ Vacate the Property</td>
</tr>
<tr>
<td>The property is currently:</td>
<td></td>
</tr>
<tr>
<td>☐ My Primary Residence</td>
<td>☐ Second Home</td>
</tr>
<tr>
<td>The property is currently:</td>
<td></td>
</tr>
<tr>
<td>☐ Owner Occupied</td>
<td>☐ Renter Occupied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BORROWER</th>
<th>CO-BORROWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL SECURITY NUMBER</td>
<td>SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>HOME PHONE NUMBER WITH AREA CODE</td>
<td>HOME PHONE NUMBER WITH AREA CODE</td>
</tr>
<tr>
<td>CELL OR WORK NUMBER WITH AREA CODE</td>
<td>CELL OR WORK NUMBER WITH AREA CODE</td>
</tr>
</tbody>
</table>

| MAILING ADDRESS | EMAIL ADDRESS | |
|-----------------|---------------|
| PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) | |
| Is the property listed for sale? | ☐ Yes | ☐ No |
| If yes, what was the listing date? | |
| If property has been listed for sale, have you received an offer on the property? | ☐ Yes | ☐ No |
| Date of offer: | Amount of Offer: $ |
| Agent's Name: | |
| Agent's Phone Number | |
| For Sale by Owner? | ☐ Yes | ☐ No |
| Do you have condominium or homeowner association (HOA) fees? | ☐ Yes | ☐ No |
| Total Monthly payment amount: | Name and Address fees are paid to? | |
| Have you filed for bankruptcy? | ☐ Yes | ☐ No | |
| If yes, what is the filing date? | |
| Has your bankruptcy been discharged? | ☐ Yes | ☐ No | |
| Bankruptcy case Number: | |
| Is any borrower an active duty service member? | ☐ Yes | ☐ No | |
| Has any borrower been deployed away from his/her primary residence or received a Permanent Change of Station order? | ☐ Yes | ☐ No | |
| Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death? | ☐ Yes | ☐ No | |

Fannie Mae/Freddie Mac Form 710 Page 1 of 4 February 2013
### UNIFORM BORROWER ASSISTANCE FORM

<table>
<thead>
<tr>
<th>Monthly Household Income</th>
<th>Monthly Household Expenses and Debt Payments</th>
<th>Household Assets (associated with the property and/or borrower(s) excluding retirement funds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross wages</td>
<td>$</td>
<td>Checking Account(s)</td>
</tr>
<tr>
<td>Overtime</td>
<td>$</td>
<td>Checking Account(s)</td>
</tr>
<tr>
<td>Child Support / Alimony*</td>
<td>$</td>
<td>Savings / Money Market</td>
</tr>
<tr>
<td>Non-taxable social security / SSDI</td>
<td>$</td>
<td>CDs</td>
</tr>
<tr>
<td>Taxable SS benefits or other monthly income from annuities or retirement plans</td>
<td>$</td>
<td>Stock / Bonds</td>
</tr>
<tr>
<td>Tips, commission, bonus and self-employed income</td>
<td>$</td>
<td>Other Cash on Hand</td>
</tr>
<tr>
<td>Rents Received</td>
<td>$</td>
<td>Other Real Estate (estimated value)</td>
</tr>
<tr>
<td>Unemployment Income</td>
<td>$</td>
<td>Other</td>
</tr>
<tr>
<td>Food Stamps / Welfare</td>
<td>$</td>
<td>Other</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>Total Assets</td>
</tr>
<tr>
<td>Total (Gross Income)</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

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

LienHolder's Name Balance and Interest Rate Loan Number LienHolder's Phone Number

**Required Income Documentation**

- **Do you earn a salary or hourly wage?**
- **Are you self-employed?**

- **Do you have any additional sources of income? Provide for each borrower, as applicable:**
  - "Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:
    - Reliable third-party documentation describing the amount and nature of the income (e.g. Paystub, employment contract or printouts documenting tip income).
  - Social Security, disability or death benefits, pension, public assistance, or adoption assistance:
    - Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.
  - Rental income:
    - Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported, reduced by the monthly debt service on the property, if applicable; or
    - If rental income is not reported on Schedule E - Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.
  - Investment income:
    - Copies of the two most recent investment statements or bank statements supporting receipt of this income.
  - Alimony, child support, or separation maintenance payments as qualifying income:
    - Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and
    - Copies of your two most recent bank statements or other third-party documents showing receipt of payment.

*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.
I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe my situation is: ☐ Short-term (under 6 months) ☐ Medium-term (6-12 months) ☐ Long-term or Permanent Hardship (greater than 12 months)

I am having difficulty making my monthly payment because of the reason set forth below:
(Please check the primary reason and submit required documentation demonstrating your primary hardship)

<table>
<thead>
<tr>
<th>If Your Hardship is:</th>
<th>Then the Required Hardship Documentation is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unemployment</td>
<td>☐ No hardship documentation required</td>
</tr>
<tr>
<td>☐ Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)</td>
<td>☐ No hardship documentation required</td>
</tr>
<tr>
<td>☐ Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control</td>
<td>☐ No hardship documentation required</td>
</tr>
<tr>
<td>☐ Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law</td>
<td>☐ Divorce decree signed by the court; OR ☐ Separation agreement signed by the court; OR ☐ Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR ☐ Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</td>
</tr>
<tr>
<td>☐ Death of a borrower or death of either the primary or secondary wage earner in the household</td>
<td>☐ Death certificate; OR ☐ Obituary or newspaper article reporting the death</td>
</tr>
<tr>
<td>☐ Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member</td>
<td>☐ 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 ☐ Medical Bills None of the above shall require providing detailed medical information</td>
</tr>
<tr>
<td>☐ Disaster (natural or man-made) adversely impacting the property or borrower's place of employment</td>
<td>☐ Insurance claim; OR ☐ Federal Emergency Management Agency grant or Small Business Administration loan; OR ☐ Borrower or employer property located in a federally declared disaster area</td>
</tr>
<tr>
<td>☐ Distant employment transfer/ Relocation</td>
<td>For active-duty service members: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfers/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).</td>
</tr>
<tr>
<td>☐ Business Failure</td>
<td>☐ 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 statements for the business account evidencing cessation of business activity; OR ☐ Most recent signed and dated quarterly or year-to-date profit and loss statement</td>
</tr>
<tr>
<td>☐ Other: a hardship that is not covered above</td>
<td>☐ Written explanation describing the details of the hardship and relevant documentation</td>
</tr>
</tbody>
</table>
Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree to the following:

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

Borrower Signature ___________________________ Date __________ Co-Borrower Signature ___________________________ Date __________

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.
# Center for Social and Economic Progress
## Registration Form
### Post Purchase
#### Applicant

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong>&lt;br&gt;Last:</td>
<td>First: MI:</td>
</tr>
<tr>
<td><strong>Address</strong>&lt;br&gt;Street (P.O. Box):</td>
<td>City: State: Zip Code:</td>
</tr>
<tr>
<td><strong>Telephone</strong>&lt;br&gt;Primary #:</td>
<td>Secondary #: Cell #: Fax #:</td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td>Message &amp; data rates may apply</td>
</tr>
<tr>
<td>Text Message Reminder Opt IN&lt;br&gt;YES/NO?</td>
<td>Frequency: max of 2 messages per week  You will always be able to unsubscribe by replying STOP to the text</td>
</tr>
</tbody>
</table>

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**BELOW INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES ONLY**

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>How were you referred to our program?</td>
</tr>
<tr>
<td><strong>Race</strong>:</td>
<td>African American/Black Asian Alaskan Native/American Indian Caucasian/White Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Hispanic or Latino Not Hispanic or Latino</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female Male</td>
</tr>
<tr>
<td><strong>Marital Status</strong>:</td>
<td>Single Married Divorced Widowed</td>
</tr>
<tr>
<td>Household Income:</td>
<td># in Household (include self): # of Dependents:</td>
</tr>
<tr>
<td><strong>Education</strong>:</td>
<td>No High School Diploma HS Diploma GED Diploma Vocational Certificate Some College-Never Completed Associates Degree Bachelors Degree Masters Degree Doctoral</td>
</tr>
<tr>
<td>Employment Status:</td>
<td>Part Time Full Time Self-Employed Currently Seeking Employment Home Maker</td>
</tr>
<tr>
<td>Employer:</td>
<td>Address:</td>
</tr>
<tr>
<td><strong>Position/Title</strong>:</td>
<td>Start Date: End Date:</td>
</tr>
</tbody>
</table>

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**Complete Below Information Only If You Own A Business**

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name:</td>
<td></td>
</tr>
<tr>
<td><strong>Business Address</strong>: (Street /PO Box)</td>
<td>City: St: Zip:</td>
</tr>
<tr>
<td><strong>Business Income</strong>:</td>
<td></td>
</tr>
</tbody>
</table>
## Registration Form

### Post Purchase

**Co-Applicant**

**Page 2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Last:</th>
<th>First:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Street (P.O. Box):</td>
<td>City:</td>
<td>St:</td>
</tr>
<tr>
<td>Telephone</td>
<td>Primary #:</td>
<td>Secondary #:</td>
<td>Cell #:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***BELOW INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES ONLY***

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<th>How were you referred to our program?</th>
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<td>African American/Black</td>
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<tr>
<td>Ethnicity:</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Gender:</td>
<td>Female</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>Single</td>
</tr>
<tr>
<td>Household Income:</td>
<td># in Household (include self):</td>
</tr>
<tr>
<td>Education:</td>
<td>No High School Diploma</td>
</tr>
<tr>
<td>Employment Status:</td>
<td>Part Time</td>
</tr>
</tbody>
</table>

**Complete Below Information Only If You Own A Business**

<table>
<thead>
<tr>
<th>Business Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address: (Street /PO Box)</td>
<td>City:</td>
</tr>
<tr>
<td>Business Income:</td>
<td></td>
</tr>
</tbody>
</table>

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### Center for Social and Economic Progress

**Registration Form**

**Eliminating Racism**

**Empowering Women**

**YWCA**
# Additional Contact

If there is no additional contact please add the word “None” in the “Name” section.

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last:</td>
<td>First:</td>
</tr>
</tbody>
</table>

<table>
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<td>Secondary #:</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell #:</td>
<td>Fax #:</td>
</tr>
</tbody>
</table>

| Email: |  |
I (We) agree to participate in the Homeownership Education Counseling program offered by YWCA Delaware. I (We) understand the program will be tailored to my (our) individual needs and is a suggested plan of action with the intention to avoid Defaulting on my (our) current mortgage.

I (We) understand that the YWCA DELAWARE provides foreclosure mitigation counseling after which I will receive a written plan of action consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I (We) understand the housing counselors may have to discuss with other firms or agencies pertinent information regarding my (our) credit report, financial background, employment status or related family issues with the purpose of helping me (us) prevent mortgage Default.

I (We) give permission for NMFC program administrators and or evaluators to pull my credit report up to two additional times between now and close of my file. I give permission for NFMC Program Administrators and/or their agents to follow up with me within next three years for the purpose of program evaluation.

If I (We) have a legal issue directly related to my foreclosure, delinquency, or short sale, I understand that my housing counselor may refer me for legal assistance with NFMC program funds. If I choose to accept the referral, I give permission for my housing counselor and attorney to share my file as permitted by state law and the Bar’s applicable Rules of Professional Conduct.

I (We) understand the above procedures may be necessary to avoid foreclosure. I (We) understand the information of my present circumstances will be divulged only to assist with preventing foreclosure.

I (We) understand the YWCA Delaware is not a lending institution and can not guarantee foreclosure will not take place. This agreement does not bind Homeownership Education to take any action on my (our) behalf, nor does it relieve me (us) from my (our) obligation to act on my (our) own behalf. I (We) understand Homeownership Education is not representing any creditors, lenders or credit bureau.
I (We) understand it is the policy of Homeownership Education to administer and offer its’ housing services to all individuals regardless of race, color, religion, sex, marital status, national origin, physically challenged or family status; and Homeownership Education encourages and supports affirmative advertising and marketing.

I (We) understand that the YWCA DELAWARE receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) Program and, as such, is required to share some of my personal information for the purposes of program monitoring and compliance.

I (WE) authorize the YWCA DELAWARE to conduct follow-up with me (us) related to NFMC program evaluation.

I (WE) understand the YWCA DELAWARE is also obligated to submit client-level information to the NFMC’s data collection system.

I (WE) understand that I am (WE are) not obligated to participate in other programs that YWCA DELAWARE offers (i.e., financial coaching, home ownership counseling, small business counseling, domestic violence counseling, IDA, or Artisan’s Credit Builder programs).

I (We) understand and agree with the terms contained in the above agreement.

I acknowledge that I have received a copy of the YWCA DELAWARE Privacy Policy.

Client: ______________________________________________        Date: _____________
          (Name)

Client: _______________________________________________        Date: _____________
          (Name)

Counselor: ___________________________________________         Date: _____________
           (Name)
To Whom It May Concern:

I/We have applied for homeownership credit counseling from the YWCA Delaware Homeownership Education program. As part of the counseling process, the counselor may verify information in my/our credit file and any documents required for the counseling process.

1. I/We authorize you to provide any and all information or documentation requested by the counselor. Information or documentation may include but is not limited to: employment history, income, bank accounts, money market, account balances, edit history and/or copies of income tax returns.

2. The YWCA Homeownership Education program may address this authorization to any party named on my/our credit report or application.

3. A copy of this authorization may be accepted as an original.

Applicant’s (Client) Signature: _____________________________ Date: __________
(Name)
Social Security #: _____________________________

Co-Applicant’s (Client) Signature: _____________________________ Date: __________
(Name)
Social Security #: _____________________________

Counselor: _____________________________ Date: __________
(Name)
I/We hereby give the YWCA Delaware Homeownership Education program permission to obtain a consumer credit report for the purpose of evaluating my/our financial readiness to purchase a home as well as provide mortgage and loan counseling.

Client Signature: _____________________________________________       Date: _____________
(Name)

Client Signature: _____________________________________________       Date: _____________
(Name)

Counselor: _____________________________________________         Date: _____________
(Name)
CONFIDENTIALITY/PRIVACY POLICY

Confidentiality is a hallmark of professionalism. Each staff member, Board member and volunteer shall commit to:

- Ensure that all YWCA information which is confidential or privileged not be disclosed outside YWCA Delaware system, or to any employee, Board member or volunteer who has no need for the information, and resolve any doubt in favor of confidentiality.

- Ensure that all privileged information regarding individuals or outside organizations acquired by YWCA staff and Board in the course of their work is treated as confidential and not divulged to others.

We will adhere to all applicable Federal, State, and local laws.

INSTITUTIONAL AND PROFESSIONAL EXCELLENCE

As an organization and as individuals, we pledge to value, maintain and promote diversity. YWCA Delaware is committed to the application of affirmative action as it relates to interaction with staff, Board members, volunteers, clients, members, and the general public. We pledge to respect others and avoid discrimination on the basis of race, color, religion, gender, disability, age, national origin or sexual orientation. We will not tolerate any type of harassment. We pledge to work towards the goals of Affirmative Action.

Client Signature: ____________________________________________________ Date:_______________________
Third Party Authorization and Agreement To Release

Date: ____________________

To: Lender________________________________               Fax Number: ___________________

From: ____________________________________________________________________________

Address: _________________________________________________________________________

Account Number: __________________________________________

Last four digits of social security number: ______________________

I do hereby authorize my lender to release and provide to:

    Marva Wood; Ana Suarez; Carmen Ortiz

with the YWCA Delaware 153 E. Chestnut Hill Rd, Suite 102, Newark, DE 19713.

My financial information contained in my loan account which may include, but not limited to: loan balances, final pay off statement, loan status, payment history, payment activity, and/or property information for the purpose of assisting me/us with our Foreclosure Prevention and Intervention. This authorization is good for 6 months or until my mortgage is modified.

___________________________________________________  ______________________
Borrower’s Signature          Date

___________________________________________________  ______________________
Co-Borrower’s Signature          Date
REFERRAL FOR TRANSLATION SERVICES FORM

The YWCA offer counseling in both English and Spanish. For clients requiring additional non-English speaking services the following list of resources is being made available to you.

Deaf Communications Service Inc.  302-266-6877

Client Signature ___________________________  Date __________________________
Client Signature ___________________________  Date __________________________
Counselor Signature ___________________________  Date __________________________
NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: YWCA, Delaware Inc. is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, and rental. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

### Client and Counselor Roles and Responsibilities

<table>
<thead>
<tr>
<th>Counselor’s Roles and Responsibilities</th>
<th>Client’s Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.</td>
<td>• Completing the steps assigned to you in your Client Action Plan.</td>
</tr>
<tr>
<td>• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.</td>
<td>• Providing accurate information about your income, debts, expenses, credit, and employment.</td>
</tr>
<tr>
<td>• Preparing a household budget that will help you manage your debt, expenses, and savings.</td>
<td>• Attending meetings, returning calls, providing requested paperwork in a timely manner.</td>
</tr>
<tr>
<td>• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.</td>
<td>• Notifying YWCA Delaware Inc. or your counselor when changing housing goal.</td>
</tr>
<tr>
<td>• Neither your counselor nor YWCA, Delaware Inc. employees, agents, or directors may provide legal advice.</td>
<td>• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.</td>
</tr>
<tr>
<td></td>
<td>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</td>
</tr>
</tbody>
</table>

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### Termination of Services

Client Initial: Failure to work cooperatively with your housing counselor and/or YWCA Delaware, Inc. will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

Client Initial:
**Agency Conduct:** No YWCA, Delaware Inc. employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency’s compliance with federal regulations and our commitment to serving the best interests of our clients.

**Agency Relationships:** YWCA Delaware, Inc. has financial affiliation and professional affiliations. As a housing counseling program participant, you are not obligated to use the products and services of YWCA Delaware, Inc. or our industry partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** YWCA Delaware, Inc. has a first-time homebuyer program and utilizes the assistance of industry professionals to facilitate components if the course. However, you are not obligated to participate in this or other YWCA Delaware, Inc. programs and or service while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from other entities. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

**Referrals and Community Resources:** You will be provided a community resource list (211 Brochure) which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance.

**Privacy Policy:** I/we acknowledge that I/we received a copy of YWCA. Delaware’s Privacy Policy.

**Errors and Omissions and Disclaimer of Liability:** I/we agree YWCA Delaware, Inc., its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in YWCA, Delaware Inc. counseling; and I hereby release and waive all claims of action against YWCA Delaware and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**Quality Assurance:** In order to assess client satisfaction and in compliance with grant funding requirements, YWCA, Delaware Inc., or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with YWCA Delaware, Inc. grantors.

**I/we acknowledge that I/we received, reviewed, and agree to YWCA Delaware, Inc. Program Disclosures.**

<table>
<thead>
<tr>
<th>Client Signature</th>
<th>Date</th>
<th>Counselor Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<thead>
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<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YWCA MORTGAGE ASSISTANCE

In order to assist you with your housing needs all documents below must be submitted to the Intake Coordinator. **No incomplete packets will be accepted.** All packets submitted will be processed and then assigned to a housing counselor. Once the complete intake packet is submitted and reviewed you will be contacted by a housing counselor in approximately 48 hours in regards to your next steps.

Complete all required fields

1. **4506-T** – Please complete all required fields.
2. **Dodd-Frank Certification** – Please complete all required fields.
3. **How To Write A Hardship Letter** – Review the sample letter. Draft and sign a hardship letter to your mortgage company regarding your Mortgage Hardship. (The attachment is meant as a guide to assist you with composing your letter).
4. **Making Homes Affordable RMA** - Please complete all required fields.
5. **YWCA Intake Registration** – Please complete all required fields.
6. **Property Insurance Information Form** – Please complete all required fields.
   (Bring a copy of your declaration page if you have one available)
7. **Hope Loan Port Homeowner Questionnaire** – Please complete all required fields.
8. **MHA Third Party Authorization** – Please complete all required fields.
9. **Form-710** – Please complete all required fields.

Please be aware that the YWCA charges a $10 fee for making copies so please makes sure that you bring copies of all of the items that are listed below.

10. **Copies** of your last 2 years Tax Returns *(signed/dated)*.
11. **Copies** of your last 2 years W2’s.
12. **Copies** of all proof of income.
13. **Copy** of most recent bank statement *(all pages)*.
14. **Copies** of 1 month household bills *(ex. electric, gas, water, etc.)*.
15. **Copies** of Correspondences received from the bank if any
16. **Copy** of Mortgage note if you have this (this can generally found in the packet of documents that you signed when you purchased the home or the last time you re-finance the home)

During the intake process it is necessary to obtain your credit report in which you will incur a fee by our 3rd party vendor. You will receive a copy of your report in which your counselor will go over it with you.

For any additional questions please contact Camilla Kyewaah at:

THE ROBSCOTT BLDG.
153 E. Chestnut Hill Rd
Newark, DE 19713
302-224-4060 x 200