

FAX COVER SHEET (This page should be returned to us with your **completed** financial analysis form)
****PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE****

To: Loss Mitigation	
From: _____	Account Number(s) _____
Fax to: 1-866-709-4744	or mail to: Loss Mitigation 233 Gibraltar Road Suite 600 Horsham PA 19044

ALL of the following information must be completed and returned to determine eligibility:

- Financial Analysis Form/Information for Government Monitoring Purposes
- A signed and dated copy of the Acknowledgement/Agreement
- A signed and dated copy of IRS Form 4506T-EZ (Request for Transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers. This form is required even if you have not filed or are not required to file tax returns.
- Documentation confirming occupancy – a recent utility bill in your name at the property address.
- Documentation verifying expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. (if applicable)
- Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.

TYPE OF INCOME	DOCUMENTATION REQUIRED
Paid by an employer or short term disability	<input type="checkbox"/> Copy of two most recent pay stubs from your employer including year to date information. Pay stubs cannot be more than 90 days old.
Self employed or receive a 1099 form	<input type="checkbox"/> Copy of most recent quarterly or year-to-date Profit and Loss statement See Exhibit A for a sample of a 3 Month Self Employment Income Statement (Profit and Loss Form)
Child support or alimony*	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of child support or alimony. Bank statements cannot be over 90 days old.
Social Security, disability, death benefits, or pension	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of benefit income. Bank statements cannot be over 90 days old.
Other earned income (i.e. bonus, commission, housing allowance, and/or tips)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (i.e. an employment contract and/or printouts documenting tips) and indicating the income is not a one time payout.
Rental income from an investment property	<input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. AND <input type="checkbox"/> Current lease agreement for the subject property. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old. See Exhibit B for a sample of an Investment Property Schedule .
Rental income from room rental of the primary residence	<input type="checkbox"/> Copy of current lease agreement. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Unemployment	<input type="checkbox"/> Copy of a benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Benefit must continue for at least 9 months to be considered. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Other income (investment, interest, dividends, etc.)	<input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Income not specified above	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.

*You are not required to disclose Child Support, Alimony, or Separation Maintenance income, unless you choose to have it considered.

If you want to sell this property, please also include:

- Copy of the listing agreement
- Copy of the sales contract, if available
- Copy of the estimated Settlement Statement (HUD1), if available
- Signed Third Party Authorization Form

Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.

FINANCIAL ANALYSIS FORM

Account Number _____

BORROWER		CO-BORROWER	
Borrower's Name		Co-Borrower's Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Home Phone Number With Area Code		Home Phone Number With Area Code	
Cell or Work Number With Area Code		Cell or Work Number With Area Code	
Email Address		Email Address	
Mailing Address			
Property Address (If Same As Mailing Address, Write Same)			
I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		The property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant If Owner Occupied, include a recent utility bill in your name at the property address. If Renter Occupied, include a copy of the current lease agreement.			
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Agent's Name: _____ Agent's Phone Number: _____ Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer _____ Amount of Offer \$ _____		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property? Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fee <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No Paid to: _____		Who pays the hazard insurance policy for your property? Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of People in the Household _____			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Case Number _____			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers. Lien Holder's Name/Serviceur Balance Contact Number Loan Number			

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

INCOME/EXPENSES FOR HOUSEHOLD						
1 - Monthly Household Income			2 - Household Assets		3 - Monthly Household Expenses/Debt	
	Borrower 1	Borrower 2	Estimated Value of this property	\$	First Mortgage Payment	\$
Gross Salary/Wages	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Estimated Value of Other Real Estate Owned	\$	Alimony Payment	\$
	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1 st & 15 th /15 th & 30 th <input type="checkbox"/> Per Job	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1 st & 15 th /15 th & 30 th <input type="checkbox"/> Per Job	Checking Account(s) Balance	\$	Child Support Payment	\$
Gross salary/wages = total monthly income before any tax withholding or employer deductions.	Employment Start Date: _____	Employment Start Date: _____	Saving Account(s)/Money Market Balance	\$	Dependent Care Payment	\$
			Life Insurance Cash Value	\$	Liens/Rents	\$
			IRA/Keogh Account(s) Balance	\$	Other Mortgages	\$
			401K/ESOP Account(s) Balance	\$	Personal Loans/Student Loans	\$
			Stocks/Bonds/CDs Balance	\$	Auto Loans	\$
Self employed	\$	\$	Other Investments	\$	Auto Expenses	\$
Overtime	\$	\$			Auto Insurance	\$
Child Support Income/Alimony Income*	\$	\$			Medical Expenses	\$
Social Security/SSDI	\$	\$			Medical Insurance	\$
Other monthly income from pensions, annuities or retirement plans	\$	\$			HOA/Condo Fees	\$
Tips, commissions, and/or bonus income	\$	\$			Credit Card(s) / Installment Loans	\$
Rental income from investment property	\$	\$			Food/Household Supplies	\$
Rental income from room rent of primary residence	\$	\$			Spending Money	\$
Unemployment Income					Utilities/Water/Sewer/Phone(s)/Cable	\$
Food Stamps/Welfare	\$	\$			Donations	\$
Other (investment, income, royalties, interest, dividends, etc.)	\$	\$			Property Taxes (If not escrowed and included in your current mortgage payment)	\$
					Insurance - Hazard, wind, flood etc (If not escrowed and included in your current mortgage payment)	\$
					Other _____	\$
Total Income (Gross)	\$	\$	Total Assets	\$	Total Debt/Expenses	\$

**** ALL INCOME MUST BE DOCUMENTED ****

Include combined expenses from the borrower and co-borrower (if any).

If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.

*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

HARDSHIP AFFIDAVIT

I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):

<input type="checkbox"/> Borrower Death	<input type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Adjustment
<input type="checkbox"/> Illness of Borrower	<input type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)
<input type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a costly repair that needs to be made)	<input type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying
<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)
<input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	
<input type="checkbox"/> Other			

Explanation (Required): _____

If additional space is needed for Explanation, please include an additional page.

ACKNOWLEDGEMENT AND AGREEMENT

Account Number _____

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

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ration after the modification would be greater than or equal to 55%.
- 8 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 I/we agree that to be considered for the Making Home Affordable program all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date. If the property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.
- 14 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
- 15 My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
 My/Our property is not owner occupied.

Borrower Signature

Date

Co-Borrower Signature

Date



Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

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

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling **1-877-SIG-2009** (toll-free), 202-622-4559 (fax), or www.sigtarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Short Form Request for Individual Tax Return Transcript

Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

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

4 Previous address shown on the last return filed if different from line 3

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

Third party name GMAC Mortgage	Telephone number 888-850-4622
-----------------------------------	----------------------------------

Address (including apt., room, or suite no.), city, state, and ZIP code
Attn: Loss Mitigation, 233 Gibraltar Rd, Suite 600, Horsham, PA 19044

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

2008
2009

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

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

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

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

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

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.

Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the “Internal Revenue Service” at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

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

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

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

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

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

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

Exhibit A - 3 Month Self Employment Income Statement (Profit and Loss Form)

This form may be used if you are self-employed or a 1099 wage earner only.

BORROWER'S NAME _____ **Account Number** _____

For each borrower who is self employed a Profit and Loss Statement is required for each business. If borrower has more than one business, we require a Profit and Loss Form for each business. The example document may be used to supply the required information.

Month and Year must be indicated. Use most recent consecutive months.	Month 1		Month 2		Month 3	
	Month	Year	Month	Year	Month	Year
Sales	\$		\$		\$	
Cost of Goods Sold	\$		\$		\$	
Gross Profit	\$		\$		\$	
Operating Expenses						
Advertising	\$		\$		\$	
Amortization	\$		\$		\$	
Auto Expenses	\$		\$		\$	
Bank Charges	\$		\$		\$	
Depreciation	\$		\$		\$	
Dues & Subscriptions	\$		\$		\$	
Employee Benefits	\$		\$		\$	
Insurance	\$		\$		\$	
Interest	\$		\$		\$	
Office Expenses	\$		\$		\$	
Payroll Taxes	\$		\$		\$	
Rent	\$		\$		\$	
Repairs & Maintenance	\$		\$		\$	
Salaries & Wages	\$		\$		\$	
Supplies	\$		\$		\$	
Taxes & Licenses	\$		\$		\$	
Telephone	\$		\$		\$	
Utilities	\$		\$		\$	
Other	\$		\$		\$	
Total Operating Expenses	\$		\$		\$	
Net Profit Before Taxes	\$		\$		\$	
Income Taxes	\$		\$		\$	
Net Profit After Taxes	\$		\$		\$	

Exhibit B – Investment Property Schedule

BORROWER'S NAME _____ **Account Number** _____

For each borrower who receives rental income from an investment property an Investment Property Schedule is required. If additional space is needed, please include an additional page.

Property Number	Property Street Address	Property City, State, and Zip Code	Number of Units (1, 2, 3, 4, or 5+)	Status Circle All That Apply R – Rented V – Vacant PS – Pending Sale F – In Foreclosure	Gross Monthly Rental Income	Monthly Mortgage Payment (excluding taxes and insurance)	Monthly Insurance and Taxes	Monthly HOA/Condo Dues (if applicable)
Primary Residence				R V PS F	\$	\$	\$	\$
2				R V PS F	\$	\$	\$	\$
3				R V PS F	\$	\$	\$	\$
4				R V PS F	\$	\$	\$	\$
5				R V PS F	\$	\$	\$	\$
6				R V PS F	\$	\$	\$	\$
7				R V PS F	\$	\$	\$	\$
8				R V PS F	\$	\$	\$	\$
9				R V PS F	\$	\$	\$	\$
10				R V PS F	\$	\$	\$	\$
Totals					\$	\$	\$	\$

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.

Account Number: _____ Name: _____
Property Address: _____



Before you sign this authorization, please be aware that...

- 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.
- ONLY use HUD certified counseling agencies: Call **1.800.CALL.FHA** to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

_____ of _____ in his/her capacity as
 Name Company Name

 Relationship (if applicable) Phone Number Email Address

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The **authorization needs to be in the name of an individual (not a company)** and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

 Borrower Printed Name Borrower Signature Date

 Co-Borrower Printed Name Co-Borrower Signature Date



Important Tips/Reminders

- The enclosed package encompasses requirements for all available programs, including the Government’s Making Home Affordable program. For information and eligibility requirements under the Making Home Affordable program, visit www.makinghomeaffordable.gov website. **Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.**
- **Please continue to make your monthly payment.** If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access www.hud.gov or call 800-225-5342 for more information regarding credit counselors.
- You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.
- All modifications require an escrow account for the payment of taxes and insurance. If your loan does not currently include an escrow account for the payment of taxes and insurance, one will be added.
- While being reviewed for a workout (other than the Making Home Affordable program), a fee to validate the value of the property may be assessed at your expense (approximate cost \$100 - \$150).
- As a condition of the modification, you may be required to enroll in an electronic payment program.

Frequently Asked Questions

How long will it take to process my modification request and determine if I qualify for the program?

- We will review your request as quickly as possible. Once the package is returned to our office, Loss Mitigation will contact you within **10** business days advising the package was received and notifying you if additional information is required.
- Within **30** days from the date a complete package is received, you will be notified whether the modification option is available to you.
- If you aren’t eligible for a modification, the reason for denial will be provided.
- Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

I pay my car insurance on a semi-annually or annual basis. How should I list that?

Please make sure that the amount of the expense is broken down to a monthly premium amount.

Example: If the car insurance is \$500 for 6 months to determine the monthly premium divide \$500 by 6 months (\$83.33).

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

Please complete the following:

- Line(s)**
- 1a – 4:** List information as shown on your tax return
 - 5:** Write the name, address, and telephone number shown on your monthly mortgage statement
 - 6:** Write the year of the most-recent tax return you filed (Should be 2008 in most cases)

Be sure to sign the form where indicated.

The 4506T-EZ form states, “Caution: If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filed in line 6. Completing these steps helps to protect your privacy.” What do I enter for those items?

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



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