



# Homeownership Preservation

## Application for Foreclosure Prevention Services

### **Miami-Dade Location**

**300 N.W. 12th Avenue Miami, Florida 33128**  
**TEL 305-751-5511 \* 1101 FAX 305-751-3899 nhssf.org**

### **Broward Location**

**2880 W. Oakland Park Blvd, Suite 115, Ft. Lauderdale, Florida 33311**  
**TEL 954-564-4037 \* 1101 FAX 305-751-3899 nhssf.org**

Neighborhood Housing Services of South Florida  
is a chartered member of the  
NeighborWorks Network<sup>®</sup>  
of housing service providers.



# Required Documents

Below are 2 lists of forms and documents you must submit in order to have a **COMPLETE** file. The list on the left are forms we have provided for you in this packet. The list on the right are documents you will need to collect. Please return this packet and all required forms and documents to our offices within **two (2) weeks**. Time is an important factor in finding a resolution to your situation.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Client Intake Form</b>   | <input type="checkbox"/> <b>**Credit Report Fee (\$19.90 single, \$39.80 joint)</b>   |
| <input type="checkbox"/> <b>Making Home Affordable</b><br>Request for Mod and Affidavit (RMA)<br>All Borrowers Must Sign | Acceptable Method of Payment:<br>Check or Money Order. Make payable to: <b>NHSSF</b>  |
| <input type="checkbox"/> <b>Financial Statement</b>  | <input type="checkbox"/> <b>*Copy of Government Issued ID</b><br>Driver's License, Passport, Military ID, Social Security Card  |
| <input type="checkbox"/> <b>Disclosure and Choice Authorization</b><br><i>ALL BORROWERS MUST SIGN</i>                    | <input type="checkbox"/> <b>Hardship Letter</b><br>(your story, in your words)  |
| <input type="checkbox"/> <b>Florida FCP Disclosure</b><br><i>ALL BORROWERS MUST SIGN</i>                                 | <input type="checkbox"/> <b>Utility Bill (electricity, water, etc)</b>  |
| <input type="checkbox"/> <b>Authorization To Release Information</b>   | <input type="checkbox"/> <b>Copy of Mortgage Documents</b><br>Qualifying Documents: <i>(please submit ALL of the following)</i><br>- Most recent Mortgage Statement<br>- Mortgage Promissory Note<br>- Homeowner's Insurance Policy<br>- Homeowner's Association Dues Statement (if applicable)   |
| <input type="checkbox"/> <b>Privacy Disclosure</b>   | <input type="checkbox"/> <b>*Proof of Income</b><br><i>Submit the following documents according to source(s) of income:</i><br>- Pay Stubs from past 30 days<br>- Year-to-Date Profit & Loss Statement (if self-employed)<br>- Unemployment Stubs from past 30 days (if applicable)<br>- Award Letter for: (any of the following if applicable to you) <ul style="list-style-type: none"><li>● Social Security</li><li>● Child Support</li><li>● Pension</li><li>● Retirement</li><li>● Public Assistance (Child Benefits, Food Stamps, etc.)</li></ul> |
| <input type="checkbox"/> <b>Assistance Agreement</b>   |   |
| <input type="checkbox"/> <b>Dodd-Frank Certification</b>   |   |
| <input type="checkbox"/> <b>4506-T</b>   |   |

**Please return all forms and supporting documents to:**

**Miami-Dade Office**  
Mail: 300 NW 12th Ave.  
Miami, FL 33128  
Email: jenniferu@nhssf.org  
Fax: 305-751-3899 Attn: Jennifer x1135

**- OR -**

**Broward Office**  
Mail: 2880 W. Oakland Park Blvd. Suite 115  
Ft. Lauderdale, FL 33311  
Email: jenniferu@nhssf.org  
Fax: 305-751-3899 Attn: Jennifer x1135

- |  |
|--|
| <input type="checkbox"/> <b>Two (2) most recent IRS Federal Income Tax Returns</b> (SIGNED and DATED by all taxpayers listed on tax return)<br>ALL forms, schedules, W-2s, 1099s, worksheets, etc. |
| <input type="checkbox"/> <b>Two (2) most recent bank statements</b><br>ALL pages for all accounts (Checking, Savings, CDs, Money Market, and any retirement accounts)                              |

*\* Copies of ID, Proof of Income, and Tax Information must be submitted for anyone listed as Borrower, Co-Borrower*  
*\*\* Credit report fee is \$18.40 per applicant, \$36.80 per couple. For groups of three or more, add \$18.00 for each additional person.*



PERSONAL PROFILE INTAKE FORM

CUSTOMER INFORMATION

Borrower: First MI Last Social Security Number Birth date

Co-Borrower: First MI Last Social Security Number Birth date

Street Address

City State Zip code

Home Phone: ( ) - Work Phone: ( ) - Ext.

Mobile Phone: ( ) - Email:

Who referred you to NHSSF?

Race (Choose one):

- White, Not Hispanic Hispanic American Indian/Alaskan Native
Black, Not Hispanic Hispanic Black Asian/Pacific Islander
Other Multiple Race/Not Hispanic Other Multiple Race/Hispanic Other:

Household Size? # of people in household employed? # of children Are you head of household? Yes No

Primary Language Spoken: Do you speak English fluently? : Yes No Foreign Born: Yes No

Are you currently active in the Military? Yes No Are you a Veteran? Yes No Are you disabled? Yes No

Highest Level of Education (circle one): Elementary School Middle School High School/GED College Graduate School

Marital Status (Circle one): Single Married Partnered Divorced Widowed

EMPLOYMENT / INCOME INFO: Yearly Family or Household Income: \$

Table with 2 columns: Borrower/Co-Borrower info, Job Title, Yearly Income, How Many Years with Company?

LOAN / HOME INFORMATION

Table with 2 columns: Lender-1st Mortgage, Lender-2nd Mortgage (if applies): Account #, Monthly Payment, Home Type, List all names that appear on the property Title, Number of Years at This Address, Appraised Value of Property, How much money do you have in savings?, Have you received a NOTICE OF FORECLOSURE SALE?

AUTHORIZATION

NHSSF has permission to use and document this information in order to assist me with my home ownership preservation needs:

Borrower Signature Date

Co-Borrower 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 4506T-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**

BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)
HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS	
EMAIL ADDRESS	

**CO-BORROWER**

CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)
HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")	
EMAIL ADDRESS	

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):

<input type="checkbox"/> 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.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other: _____

Explanation (continue on a separate sheet of paper if necessary):

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### 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 I.D. Number: \_\_\_\_\_

Other mortgages or liens on the property?  Yes  No Lien Holder / Servicer Name: \_\_\_\_\_ Loan I.D. 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: \_\_\_\_\_

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

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

\*\* 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)

All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	<input type="checkbox"/> 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.
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> 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).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	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).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> 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  <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment.  <b>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.</b>
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E.  <input type="checkbox"/> 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.

### 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.)

Other Property #1
Property Address: _____ Loan I.D. Number: _____ Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____ Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____
Other Property #2
Property Address: _____ Loan I.D. Number: _____ Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____ Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____
Other Property #3
Property Address: _____ Loan I.D. Number: _____ Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____ Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

\* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

**SECTION 6: OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED**

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

**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 I.D. Number: \_\_\_\_\_

Do you have a second mortgage on the property  Yes  No If "Yes", Servicer Name: \_\_\_\_\_ Loan I.D. 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 MHA with respect to the rental property described in 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 <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 <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

### To be completed by interviewer

*Name/Address of Interviewer's Employer*

This request was taken by: <input type="checkbox"/> Face-to-face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	<i>Interviewer's Name (print or type) &amp; ID Number</i>	
	<i>Interviewer's Signature</i> <span style="float: right;"><i>Date</i></span>	
	<i>Interviewer's Phone Number (include area code)</i>	



SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

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.

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

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
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

Return your completed, signed and dated form to your mortgage servicer/company. If you're unsure of where to send the form, visit the Making Home Affordable website, [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov). Find your mortgage company information by clicking: Get Answers >> Contact My Mortgage Company.

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), or [www.sig tarp.gov](http://www.sig tarp.gov) and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation.

### **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.**
- **If you think you've been scammed, visit [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov). Click on Get Answers >> Avoid Scams/File a Complaint.**





## Writing a Hardship Letter

In most cases the lender/servicer requires a showing of some hardship before a workout will be considered. The purpose of the letter should be to appeal to the lender/servicer by explaining actual financial hardships you or your family is experiencing. The letter should be signed by you, the homeowner, and be in your own words, though an attorney may assist in the preparation.

The letter should contain the following parts:

- Name and address of lender/servicer
- RE: Your name (homeowner); address; and LOAN NUMBER
- **Paragraph 1:** Explain the workout option you are seeking
- **Paragraph 2:** Explain the specific financial problems and hardships you are experiencing, listing how and when the problems began. Examples include loss of job, reduced income, medical bills, death of a family member, business failure, illness, divorce or separation, too much debt, monthly mortgage payment increase, or any other reason that is placing your family in a difficult financial situation.
- **Paragraph 3:** Explain your current income (e.g. yearly salary, how much you earn monthly, how often you are paid, how many hours you work, hourly pay rate, etc). Also, include how long you have been at your present job.
- **Paragraph 4:** Explain the plan you have for resolving the mortgage problem.
- **Paragraph 5:** Close the letter with your contact information, including full address, phone number, and email address.
- **SIGN** and **DATE** your hardship letter.



## Disclosure and Choice Notice

### Disclosure of Types of Services and Client Authorization

Neighborhood Housing Services of South Florida, Inc. (NHSSF) offers the following services to its customers:

- Homebuyer Preparation: NHSSF provides education classes and counseling for customers wishing to become homeowners.
- Mortgage Lending: Helping home customers obtain affordable financing to purchase a home. Such financing is available from a number of sources including NHSSF itself, local government and local banks.
- Real Estate Sales: NHSSF has a wholly owned subsidiary Homeownership Realty LLC, a licensed real estate brokerage firm. This company can help NHSSF customers find a home to purchase (or help them sell their home).
- Housing Development: NHSSF develops, sells and may rent affordable single family homes, townhouses, and condominium units. It may do this through other third parties or other joint venture partners.
- Neighborhood Revitalization: NHSSF provides homebuyer classes, leadership development classes, financial fitness workshops, hurricane preparedness and fair housing workshops and an annual volunteer event to paint, landscape and make minor repairs to residences in Brownsville.
- Foreclosure Prevention: NHSSF provides counseling and aid to prepare modification proposals to the lender for customers who are delinquent or in imminent danger of becoming delinquent on their home mortgage loan.

An NHSSF customer may elect to use one or more of these offered services. Customers using one service are not obligated to use any of the others.

With your signature below you agree to allow NHSSF to share your information among its various departments and affiliated businesses. NHSSF may be required to share information collected with government agencies and other institutions that provide NHSSF funding for our programs. Every precaution will be taken to insure the protection of your information.

#### **FLORIDA FCP Program Disclosure**

1. I authorize NHSSF to submit client-level information to the Florida Housing Finance Corporation for the Foreclosure Counseling Program.
2. I authorize the Florida Housing Finance Corporation to open files to be reviewed for program monitoring and compliance purposes.
3. I authorize the Florida Housing Finance Corporation to conduct follow-up with me related to program evaluation.

Neighborhood Housing Services of South Florida, Inc. takes its customers' financial privacy very seriously. We restrict access to non-public personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your non-public personal information.

Borrower Name:	Co-Borrower Name:
Property Address:	City, State, Zip:
Mortgage Company Name:	Loan Number:

#### **Acknowledgment of Receipt**

Borrower Signature:		Co-Borrower Signature:	
Print Name:	Date:	Print Name:	Date:





## FLORIDA FORECLOSURE COUNSELING PROGRAM PRIVACY POLICY AND PRACTICES

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

### Information We Collect

We collect personal information about you to support our housing counseling program from the following sources:

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

### Information We Disclose

We may disclose the following kinds of personal information about you for the sole purpose of assisting you with your housing need and for program compliance and audit checks:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

### Who We Disclose To

We are required to provide information about you to the Florida Housing Finance Corporation as the funding agency for the Foreclosure Counseling Program and its authorized agents for purposes of data reporting, program compliance and audit purposes.

### Confidentiality and Security

We restrict access to your personal information to employees who need that information to help them provide services to you, including making loan decisions, aiding you in obtaining loans from others, and financial and foreclosure counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

### Monitoring for possible fraud

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective and secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for clients to use if they suspect inappropriate activities occurring. The system can be accessed at: <https://apps.floridahousing.org/StandAlone/OIGWAForm/>.



## FORECLOSURE COUNSELING PROGRAM DISCLOSURE

### Purpose of Housing Counseling

I/We understand that the purpose of the Foreclosure Counseling Program is to provide counseling and education to help customers address financial problems that put them at risk of losing their home. The counselor will analyze my/our financial and credit situation, identify problems preventing me/us from making my/our housing payments, and develop a plan to resolve those problems. The counselor will also provide assistance with debt-load management and preparation of a manageable monthly budget plan. I/We further understand that it is not be the counselor's responsibility to fix the problem for me/us but rather to provide guidance and education to empower me/us to pursue a loan modification or other resolution from my/our lender.

### Loan Modification Assistance

As part of participation in the foreclosure counseling program, I/we understand that the counselor will help identify programs that best fit my/our needs. I/we understand that with my/our permission, my/our information will be submitted to my/our lender for consideration of a modification or other resolution options. I/We understand that the counselor will monitor my/our progress to ensure the process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive a loan modification or any other resolution from my/our lender.

### Financial Management Education Classes

I/We understand that as part of the foreclosure counseling program, I/we will be required to complete financial management education classes.

### Customer's Responsibility

I/We understand that it is my/our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

I/We have read and understand our rights and responsibilities detailed on this form.

---

Applicant's Signature

---

Co-Applicant's Signature

---

Date

---

Date



## Authorization to Release Information

<b>To (Atencion):</b>	_____
<b>Regarding Acct.#(# de Cuenta):</b>	_____
<b>Borrower's Name (Prestatario):</b>	_____
<b>Co-Borrower's Name (Co-Prestatario):</b>	_____
<b>Address (Direccion):</b>	_____

Dear Sir or Madam:

I, the undersigned, am currently working with Neighborhood Housing Services of South Florida (NHSSF). I hereby authorize you to release any and all information concerning my financial situation and account details to NHSSF at their request. I further authorize you to discuss my personal information with any counselor employed by NHSSF. You may release additional information regarding my situation and/or account details without further authorization from me. This release also includes submitting client level information to the data collection system for the NFMC grant, opening files to be reviewed for program monitoring and compliance purposes, and conducting follow-up with me related to program evaluation.

Estimado Señor/Señora:

Presentemente NHSSF (Neighborhood Housing Services of South Florida) me esta proveyendo asistencia para resolver mi situación financiera. Yo autorizo la entrega de cualquier información financiera requerida por NHSSF. De antemano autorizo que se discuta mi información personal con cualquier empleado de NHSSF. Usted esta autorizado a entregar cualquier información adicional referente a mi situación sin la necesidad de autorización adicional de mi parte. Esta autorización para liberar información también incluye autorización para someter información del cliente al sistema de datos, revisión de los archivos para propósitos de seguimiento y regulación, y seguimiento de la evaluación del programa bajo el otorgamiento de fondos NFMC (National Foreclosure Mitigation Counseling).

<b>Borrower (Prestatario)</b>
Print Name: <small>First &amp; Last</small>
Sign Name:
SS#:
Date <small>MMDDYYYY</small>

<b>Co-Borrower (Co-Prestatario)</b>
Print Name: <small>First &amp; Last</small>
Sign Name:
SS#:
Date <small>MMDDYYYY</small>



## Privacy Policy

Neighborhood Housing Services of South Florida, Inc. takes its clients’ financial privacy very seriously. During the course of counseling (includes foreclosure prevention counseling), processing your loan application and servicing your mortgage loan, we accumulate non-public personal financial information from you and from other sources about your income, your assets, and your credit history in order to allow a lender to make an informed decision about granting you credit. We restrict access to non-public personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your non-public personal information.

We collect non-public personal information about you from the following sources: (i) information we receive from you on applications or other forms; (ii) information about your transactions with us, our affiliates, or others; and (iii) information we receive from a consumer reporting agency.

We may disclose the following kinds of non-public personal information about you: (i) information we receive from you on applications or other forms, such as your name, address, social security number, assets and income; (ii) information about your transactions with us, our affiliates, or others, such as your payment history or loan balance; and (iii) information we receive from a consumer reporting agency, such as your creditworthiness, credit score, or credit history.

We may disclose non-public personal information about you to the following types of third parties:

- (i) mortgage lenders **to which we refer your file for approval**
- (ii) consumer reporting agencies
- (iii) others, such as non-profit organizations
- (iv) government agencies

If you prefer that we not disclose non-public personal information about you to non-affiliated third parties, except as permitted by law, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to non-affiliated third parties, you may call us at (305) 751-5511.

Non-affiliated third parties are entities that are not owned nor controlled, in whole or in part, nor are they a subsidiary of, Neighborhood Housing Services of South Florida, Inc. However, these third party entities are essential to NHS’ ability to provide homeownership services to you.

### Acknowledgment of Receipt

Borrower Signature:		Co-Borrower Signature:	
Print Name:	Date:	Print Name:	Date:







## Assistance Agreement – Foreclosure Prevention Modification

### Service Terms:

This agreement is entered into by and between the undersigned (CLIENT) and Neighborhood Housing Services of South Florida, Inc. (NHSSF), a HUD approved non-profit counseling agency. The address for NHSSF is **300 NW 12th Avenue, Miami, FL 33128**.

CLIENT is a homeowner that has requested NHSSF to provide assistance in preventing a threatened foreclosure. This assistance may include help in obtaining a mortgage modification. NHSSF agrees to provide CLIENT with the following services:

- Information, including an overview of the foreclosure process and possible foreclosure prevention strategies including an explanation of possible options available to avoid foreclosure;
- Screening to determine possible eligibility in the “Making Home Affordable” program;
- Gathering and reviewing all of the documents that might be required in order for **CLIENT** to avoid foreclosure or obtain a modification of the mortgage;
- Review budget and other documents provided by **CLIENT** to insure compliance with the lender's foreclosure avoidance or modification program;
- Feedback on the client's proposed hardship letter (if relevant) and other documents that **CLIENT** has provided;
- Obtaining credit report to verify the budget provided by client to be included in a submission to the lender;
  - a. I understand that the credit check will appear on my credit report as an inquiry.
  - b. The Credit Bureau Repositories [Transunion, Experian, Equifax] will NOT allow a copy of this report to be given to me personally, but I/we may request a copy from the repositories.
  - c. NHSSF does not guarantee the accuracy of the information reported on the credit report nor the analysis done by the counselor.
  - d. I/We agree that any disputes regarding the accuracy or completeness of said information will be directed to the source Repository (Transunion, Experian, Equifax).
- Submission of all required documents to the lender for purposes of requesting a loan modification or other foreclosure prevention alternatives;
- Follow-up with lender to obtain a response to the **CLIENT'S** request for assistance and then assisting client in communications with the lender so as increase the chances of a favorable outcome;
- Provide **CLIENT** with budget and financial counseling to provide the **CLIENT** with budget tools for personal use; and
- Review lender's decisions, provide assistance in completing of loan modification process, and completion of other documents to achieve foreclosure avoidance outcome if one is offered by lender.

### Amount To Be Paid By Client:

The services of NHSSF are provided without charge to the CLIENT, however, CLIENT may be asked to pay for certain third party services, such as the cost of obtaining a credit report. This agreement shall take effect only after both parties have signed all necessary documents.

### Notice to Client – Right of Cancellation:

- You may cancel this agreement for loan modification services without any penalty or obligation.
- NHSSF is prohibited by law from accepting any money, property, or other form of payment from you other than the credit report fee until all promised services have been completed. If for any reason you have paid NHSSF before cancellation, your payment must be returned to you within ten (10) business days after NHSSF receives your cancellation notice. Including the credit report fee if the credit report has not been ordered. Once the credit report is ordered the credit report fee will be **non-refundable**.
- To cancel this agreement, a signed notice of cancellation should be mailed or delivered to NHSSF at 300 NW 12th Avenue, Miami, FL 33128.
- **IMPORTANT:** It is recommended that you contact your mortgage lender or mortgage servicer before signing this agreement. your lender or servicer may be willing to negotiate a payment plan or a restructuring with you free of charge.

### Client – Acknowledgment

Borrower Signature:		Co-Borrower Signature:	
Print Name:	Date:	Print Name:	Date:

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

### Neighborhood Housing Services of South Florida - Acknowledgment

Certified Counselor Signature:	Print Name:	Date:
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## 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 receive 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.

Borrower	Co-Borrower
<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: <b>(a)</b> felony larceny, theft, fraud or forgery, <b>(b)</b> money laundering or <b>(c)</b> tax evasion	<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: <b>(a)</b> felony larceny, theft, fraud or forgery, <b>(b)</b> money laundering or <b>(c)</b> tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that 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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



Form **4506-T**

**Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. 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.

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

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

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

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

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

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

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

## General Instructions

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

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

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

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

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	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
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	816-292-6102

### Chart for all other transcripts

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

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

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

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

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

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

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

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

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

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 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, 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 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



## Writing a Hardship Letter

In most cases the lender/servicer requires a showing of some hardship before a workout will be considered. The purpose of the letter should be to appeal to the lender/servicer by explaining actual financial hardships you or your family is experiencing. The letter should be signed by you, the homeowner, and be in your own words, though an attorney may assist in the preparation.

The letter should contain the following parts:

- Name and address of lender/servicer
- RE: Your name (homeowner); address; and LOAN NUMBER
- **Paragraph 1:** Explain the workout option you are seeking
- **Paragraph 2:** Explain the specific financial problems and hardships you are experiencing, listing how and when the problems began. Examples include loss of job, reduced income, medical bills, death of a family member, business failure, illness, divorce or separation, too much debt, monthly mortgage payment increase, or any other reason that is placing your family in a difficult financial situation.
- **Paragraph 3:** Explain your current income (e.g. yearly salary, how much you earn monthly, how often you are paid, how many hours you work, hourly pay rate, etc). Also, include how long you have been at your present job.
- **Paragraph 4:** Explain the plan you have for resolving the mortgage problem.
- **Paragraph 5:** Close the letter with your contact information, including full address, phone number, and email address.
- **SIGN** and **DATE** your hardship letter.