

## Third Party Authorization Form

Loan Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, the "Borrower" or "I"), authorize Bank of America, N.A., its affiliates, agents and employees (collectively, "Bank of America" or the "Servicer") and the following third party(ies):

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(individually or collectively, "Third Party") to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, income, government monitoring information, loan assistance application status, account balances, program eligibility, and payment activity of the Borrower. I also authorize Bank of America to discuss and negotiate the terms for loan assistance options (which may include a loan modification, short sale, deed in lieu or other form of mortgage relief), with my Third Party, via phone, mail and secure e-mail through a Bank of America portal or encrypted email.

Bank of America also has no responsibility or liability for any act or omission of the Third Party, including what the Third Party does with such information. The decision to select a Third Party to assist in negotiating my loan assistance options is voluntary; Borrower understands that Borrower can negotiate the terms for loan assistance options directly with Bank of America without Third Party assistance.

**Borrower:**

**Co-Borrower:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Request for Mortgage Assistance

If you're experiencing a financial hardship and need help, please complete all the sections of this form. Once you've completed this form, return the following to your loan servicer to be considered for foreclosure prevention options:

- Your Request for Mortgage Assistance (RMA) signed
- IRS Form 4506-C completed and signed
- All required income documentation identified in Section 4

By signing and dating this form, you guarantee and certify that all of the information you've provided is accurate and true.

## Section 1: Borrower Information

Property Address:			Lender Name & Address:
Address (additional):			
City:	State:	Zip Code:	Mortgage Loan Number:
<b>Borrower:</b>	Name:		Home Phone: (    )
SSN:	Date of Birth:		Email Address:
Mailing Address (If different from above):			Cell Phone: (    )
Address (additional):			Work Phone: (    )
City:	State:	Zip Code:	Other: (    )
<b>Co-Borrower:</b>	Name:		Home Phone: (    )
SSN:	Date of Birth:		Email Address:
Mailing Address (If different from above):			Cell Phone: (    )
Address (additional):			Work Phone: (    )
City:	State:	Zip Code:	Other: (    )

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

Has any borrower filed for bankruptcy? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13	Is any borrower a servicemember <input type="checkbox"/> Yes <input type="checkbox"/> No
Filing Date: _____ Bankruptcy Case Number: _____	Have you recently been deployed away from your principal residence or recently received a permanent change of station order? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> 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? _____	

**Section 2: Hardship Affidavit**

*Reason for Delinquency*

I am requesting review for loan assistance or a foreclosure alternative program.  
 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. Example: Unemployment, underemployment, reduced pay or hours, decline in business 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, and other debts.
<input type="checkbox"/> My expenses have increased. 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 (1) I am receiving/will receive unemployment benefits or (2) my unemployment benefits ended less than 6 months ago.	<input type="checkbox"/> Other (Please provide a detailed explanation):

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


**Section 3: Principal Residence Information**

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence  Yes  No  
 If "yes"  Keep the property  Sell the property

Property Address: \_\_\_\_\_ Loan ID Number: \_\_\_\_\_

Other mortgages or liens on the property?  Yes  No Lien Holder / Servicer Name: \_\_\_\_\_ Loan ID Number: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees?  Yes  No If "Yes," Monthly Fee \$\_\_\_\_\_ Are fees paid current?  Yes  No

Name and address that fees are paid to: \_\_\_\_\_

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 Expense/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 the Section titled "Other Properties Owned."**  
**\*\*\*\*Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in the Section titled "Other Properties Owned."**

**Required Income Documentation**

(Your servicer may request additional documentation to complete your evaluation)

All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-C.
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date _____ Co-Borrower Hire Date _____	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, please provide the two most recent pay stub(s) that reflect all year-to-date income (including bonus, tips and/or commission, if applicable).
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> A complete signed individual income tax return, including all applicable schedules and forms.  <b>AND</b> <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date Profit and Loss Statement that reflects activity for the most recent three months.  <b>OR</b> Bank statements for the business account for the last two months to document continuation of business activity.
<input type="checkbox"/> Do you receive income from any other source(s)? (i.e. investments, room rental income, or any additional household contributions)	<input type="checkbox"/> Documentation describing the nature of the income, such as investment income statement, room rental agreement, or non-borrower income.  <b>OR</b> <input type="checkbox"/> Evidence of one month receipt of income from investments or room rental (i.e. bank statements)

<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> A copy of the benefits statement or letter from the provider that states the amount and frequency of the benefit.  <b>OR</b> <input type="checkbox"/> Evidence of one month receipt of income from this source (i.e. bank statements).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> A copy of the divorce decree, separation agreement or other written agreement filed with the court that states the amount and period of time the payment will be received and proof that the income will continue for at least 12 months.  <b>AND</b> <input type="checkbox"/> Evidence of one month receipt of income from this source (i.e. bank statements).  <b>Notice:</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.
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> The current rental agreement(s) and evidence of one month receipt of rental income (i.e. bank statements).

**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 5 below. Use additional sheets if necessary.)

**Other Property #1**

Property Address: \_\_\_\_\_ Loan ID Number: \_\_\_\_\_  
 Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Property is:  Vacant  Second or seasonal home  Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

**Other Property #2**

Property Address: \_\_\_\_\_ Loan ID Number: \_\_\_\_\_  
 Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Property is:  Vacant  Second or seasonal home  Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

**Other Property #3**

Property Address: \_\_\_\_\_ Loan ID Number: \_\_\_\_\_  
 Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Property is:  Vacant  Second or seasonal home  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.

**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 ID Number: \_\_\_\_\_

Do you have a second mortgage on the property?  Yes  No If "Yes," Servicer Name: \_\_\_\_\_ Loan ID Number: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees?  Yes  No If "Yes," Monthly Fee \$ \_\_\_\_\_

Are HOA fees paid current?  Yes  No

Name and address that fees are paid to: \_\_\_\_\_

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

Annual Homeowner's Insurance \$ \_\_\_\_\_ Annual Property Taxes \$ \_\_\_\_\_

If requesting assistance with a rental property, property is currently:  Vacant and available for rent.  
 Occupied without rent by your legal dependent, parent or grandparent as their principal residence.  
 Occupied by a tenant as their principal residence.  
 Other \_\_\_\_\_

If rental property is occupied by a tenant: Term of lease / occupancy \_\_\_\_ / \_\_\_\_ / \_\_\_\_ -- \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gross Monthly Rent \$ \_\_\_\_\_

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 Initialling below, I am requesting a mortgage modification with respect to the rental property described in this Section # 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, 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 6: Acknowledgement and Agreement**

1. All of the information in the Request for Mortgage Assistance (RMA) is truthful.
2. The Servicer, applicable federal and state government entities, the owner, insurer, and guarantor of my mortgage loan, and 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 or other applicable law.
3. I authorize the Servicer, and its agents and assigns, to obtain, assemble and/or use a current consumer report on me, and to investigate my eligibility for assistance and the accuracy of my statements and any documents that I provide in connection with my RMA. These consumer reports may include, without limitation, a credit report, and may be assembled and used at any point during and after the application process to assess each borrower's eligibility. I further authorize the Servicer and Other Loan Participants to obtain, use and share tax return and tax transcript information for purposes of determining or confirming my eligibility for mortgage assistance, verifying data, maintaining, managing, auditing, monitoring, servicing, enforcing, selling, insuring and securitizing my loan, or for any other purpose permitted by applicable law. The term Servicer includes Servicer's affiliates, agents, service providers, and any of their respective successors and assigns. The term Other Loan Participants includes any actual or potential owners of the loan, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties, and any of their respective successors and assigns.
4. If I have intentionally defaulted on my existing mortgage or engaged in fraud, or if any statement or information in the documents that I provide is deemed materially false and that I was ineligible for assistance, the Servicer or its agents, may terminate my participation, including any right to future benefits and incentives that otherwise would have been available and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives that I 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 timely to all Servicer communications.  
**Time is of the essence.**
7. If I am eligible for assistance and accept the terms of a notice, plan, or agreement, I agree that the terms of this Acknowledgment and Agreement are fully incorporated into such notice, plan, or agreement by reference. My first timely payment, if required, after my Servicer's notification of my eligibility or prequalification for assistance may, at my Servicer's option, serve as my acceptance of the terms set forth in that notice, plan, or agreement.
8. My Servicer will collect and record personal information that I submit during the evaluation process, such as my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity.
9. I consent to being contacted about this RMA at any e-mail address or telephone number I have provided to the Servicer, including text messages and telephone calls.
10. 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.
11. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.



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

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

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date

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

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

### LOAN COUNSELING IS AVAILABLE

If you'd like, a counselor approved by the U.S. Department of Housing and Urban Development (HUD) can review your financial situation, and may be able to suggest other options. You can contact them by visiting <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or calling 800.569.4287, or for hearing impaired, (TDD) 800.877.8339.

### NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the retention 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 may subject you to criminal prosecution and civil liability. 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 retention program, including the documents and information regarding my eligibility for the program, are true and correct."

#### **Beware of Foreclosure Rescue Scams. Help is FREE!**

- There is never a fee to get assistance or information about the retention 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.

**IVES Request for Transcript of Tax Return**

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

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

For more information about Form 4506-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> (if joint return and transcripts are requested for both taxpayers)			
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name	
<b>1b. First taxpayer identification number</b> (see instructions)			<b>2b. Spouse's taxpayer identification number</b> (if joint return and transcripts are requested for both taxpayers)			
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>			
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name	
<b>3. Current address</b> (including apt., room, or suite no.), city, state, and ZIP code (see instructions)						
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code	
<b>4. Previous address shown on the last return filed if different from line 3</b> (see instructions)						
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code	
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>						
i. IVES participant name <b>Bank of America c/o CoreLogic Credco</b>		ii. IVES participant ID number <b>Participant #302617</b>		iii. SOR mailbox ID <b>CLGX4506T</b>		
iv. Street address (including apt., room, or suite no.): <b>40 Pacifica #900</b>			v. City: <b>Irvine</b>	vi. State: <b>CA</b>	vii. ZIP code: <b>92618</b>	
<b>5b. Customer file number</b> (if applicable) (see instructions)			<b>5c. Unique identifier</b> (if applicable) (see instructions)			
<b>5d. Client name, telephone number, and address</b> (this field cannot be blank or not applicable (NA))						
i. Client name <b>HRM Home Retention</b>				ii. Telephone number <b>800.669.6650</b>		
iii. Street address (including apt., room, or suite no.) <b>6860 Argonne St, Unit A</b>			iv. City <b>Denver</b>	v. State <b>CO</b>	vi. ZIP code <b>80249</b>	
<b>Caution:</b> This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)						
<b>6. Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts. 1040						
a. Return Transcript <input checked="" type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>		
<b>7. Wage and Income transcript</b> (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>						
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.						
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers.						
Line 1a <input type="checkbox"/>		Line 2a <input type="checkbox"/>				
<b>8. Year or period requested.</b> Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)						
/ / / /						
<b>Caution:</b> Do not sign this form unless all applicable lines have been completed.						
<b>Signature of taxpayer(s).</b> I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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-C on behalf of the taxpayer. <b>Note:</b> This form must be received by IRS within 120 days of the signature date.						
<input type="checkbox"/> <b>Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.</b>						
<b>Sign Here</b>	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a		
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed			
	Print/Type name					
	Title (if line 1a above is a corporation, partnership, estate, or trust)					
	Spouse's signature (required if listed on Line 2a)				Date	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed			
Print/Type name						

# Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-C and its instructions, go to [www.irs.gov](http://www.irs.gov) and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

**What's New.** Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

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

**Designated Recipient Notification.** Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

**Note:** If you are unsure of which type of transcript you need, check with the party requesting your tax information.

**Where to file.** The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

## Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

## Specific Instructions

**Line 1a/2a** (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b** (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c** (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "999999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

**Line 6a.** Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

**Line 6b.** 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. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

**Line 6c.** Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

**Line 7.** The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

**Line 8.** Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

**Signature and date.** Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

**Authorized Representative:** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

**Electronic Signature:** Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**Corporations Generally.** Form 4506-C 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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

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

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

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

federal law enforcement and intelligence agencies to combat terrorism.

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

The time needed to complete and file Form 4506-C 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.
- 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-C

simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
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.

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## Monthly Expenses Worksheet

FAMILY EXPENSES	MONTHLY PAYMENT
Alimony/Child Support	\$
Auto Maintenance/Gas	\$
Child/Elder Care	\$
Church/Club	\$
Education	\$
Food	\$
Medical/Dental	\$
Pets	\$
Spending Money	\$
Other ( Please Specify)	\$
HOME EXPENSES	MONTHLY PAYMENT
HOA Dues	\$
Taxes and Insurance	\$
Rent	\$
Other ( Please Specify)	\$
INSURANCE	MONTHLY PAYMENT
Auto Insurance	\$
Health Insurance (not deducted from salary)	\$
Life Insurance	\$
Other ( Please Specify)	\$
UTILITIES	MONTHLY PAYMENT
Cable TV	\$
Electricity	\$
Natural Gas	\$
Phone/Internet	\$
Sewer	\$
Other ( Please Specify)	\$
WORK	MONTHLY PAYMENT
Dry Cleaning	\$
Parking	\$
Union Dues	\$
Other ( Please Specify)	\$
ADDITIONAL MONTHLY EXPENSES	MONTHLY PAYMENT
Car Payment	\$
Other line of credit (please specify)	\$
Other line of credit (please specify)	\$
Other line of credit (please specify)	\$
Other ( Please Specify)	\$
Other ( Please Specify)	\$
<b>TOTAL OF ALL MONTHLY EXPENSES</b>	<b>\$</b>

Borrower's Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Borrower's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Borrower Election Form



Loan Number: \_\_\_\_\_ Property Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City \_\_\_\_\_ State  
 \_\_\_\_\_  
ZIP

The undersigned Borrower(s) hereby acknowledges that I have been advised by Bank of America, N.A. (Bank) of the availability of loss mitigation options in addition to short sales, including loan modifications that may provide a more affordable payment and allow me to keep my house ("Property") rather than sell it.

**I confirm my choice to proceed directly to a short sale evaluation and not be evaluated for a loan modification at this time.**

In connection with my choice I also acknowledge and confirm:

1. My original request to the Bank was for an evaluation for a short sale;
2. I choose to exit the Property for personal reasons based on the benefits that I will obtain from a sale of the Property;
3. The Bank has provided me with information on loan counseling available in my area, and I have had the opportunity to consult with professional advisors to assist me in my decision;
4. I may change my mind and request a full evaluation for loan modifications prior to the Bank issuing its short sale approval, but I will be responsible for resolving any contractual obligations that may have arisen with respect to the Property, including listing agreements with agents and offers to purchase the Property;
5. The Bank has fully explained my options, has provided me a list of documents and information necessary for a full evaluation and has not tried to influence my decision in any way;
6. If I am not approved for, or am unable to complete, a short sale on the Property, this election will not prevent me from applying for additional home loan assistance;
7. If I change my mind, or am not approved and later reapply for assistance, my eligibility will be determined by my circumstances at the time I apply, and approvals are not guaranteed.

<p> _____  <small>Borrower's Signature</small></p> <p>_____ <small>Date</small></p> <p>_____ <small>Borrower's Printed Name</small></p> <p>_____ <small>Co-Borrower's Signature</small></p> <p>_____ <small>Date</small></p> <p>_____ <small>Co-Borrower's Printed Name</small></p> <p>_____ <small>Borrower's Signature</small></p> <p>_____ <small>Date</small></p> <p>_____ <small>Borrower's Printed Name</small></p> <p>_____ <small>Co-Borrower's Signature</small></p> <p>_____ <small>Date</small></p> <p>_____ <small>Co-Borrower's Printed Name</small></p>	<p>_____ <small>Co-Borrower's Signature</small></p> <p>_____ <small>Date</small></p> <p>_____ <small>Co-Borrower's Printed Name</small></p> <p>_____ <small>Co-Borrower's Signature</small></p> <p>_____ <small>Date</small></p> <p>_____ <small>Co-Borrower's Printed Name</small></p> <p>_____ <small>Co-Borrower's Signature</small></p> <p>_____ <small>Date</small></p> <p>_____ <small>Co-Borrower's Printed Name</small></p>
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