



P.O. BOX 5001  
Westfield, IN 46074  
Phone 1-800-561-4567  
Fax 1-800-486-5134

## THIRD-PARTY AUTHORIZATION FORM

This Borrower Authorization form will allow Carrington Mortgage, LLC ("Carrington") or its authorized representatives to share information about your mortgage with third parties.

For your convenience, an authorization may be added online at [www.CarringtonMortgage.com](http://www.CarringtonMortgage.com).

1. Sign in to your account by clicking on the Customer Login button;
2. Click on "Third Party Authorization" located in the "Customer Request" menu.
3. Click on "New Request" and begin the submission process.

You may also contact our Customer Service Department at 1-800-561-4567, Monday through Friday from 8:00 AM to 8:00 PM, Eastern Standard Time and provide a verbal authorization for the requested third party.

As an alternative option, you may complete the enclosed Third-Party Authorization form. Once completed, please fax the form to 1-800-486-4567 Attention: Loan Administration Support Department, or mail to the address listed below:

Carrington Mortgage Services, LLC  
Attention: Loan Administration Support Department  
P.O. Box 5001  
Westfield, IN 46074

Please allow for 30 business days processing time upon receipt of requests received by fax or mail. For questions or assistance placing a Third-Party Authorization on the account using the website, please call 1-800-561-4567 to reach our Customer Service Department, Monday through Friday from 8:00 AM to 8:00 PM, Eastern Standard Time.

### THIRD-PARTY AUTHORIZATION FORM

This Third-Party Authorization form will allow Carrington Mortgage Services, LLC ("Carrington") or its authorized representatives to share information about your mortgage with third parties. Please mail this completed form to the address above or fax to 1-800-486-5134, Attention: Loan Administration Support.

#### Borrower Information

Loan Number: \_\_\_\_\_ Borrower Name(s): \_\_\_\_\_  
Date: \_\_\_\_\_ Property Address: \_\_\_\_\_

#### Authorized Third Party/Parties

I/We, hereby authorize Carrington Mortgage Services, LLC ("Carrington") to release, furnish, provide, exchange and request information related to my/our loan to:

Company Name: Short Sale Success / Elegant Properties, LLC

Third Party Name: (1) Deborah Priebe (2) \_\_\_\_\_

Phone Number: (1) 702-990-4373 (2) \_\_\_\_\_

Email Address: (1) debpriebe@sss-llc.com (2) \_\_\_\_\_

Mailing Address: (1) 170 S. Green Valley # 200 (2) \_\_\_\_\_  
Henderson, NV 89012

And, I (We) acknowledge that information released by Carrington may include, but may not be limited to, information relating to my loan amount and payment transactions history, and/or the provision of copies of my loan documents, which may contain non-public information relating to me and the Co-Borrower.

#### Expiration of Authorization

Authorization Start Date: \_\_\_\_\_ Authorization End Date: \_\_\_\_\_

If applicable, please specify a period of time for which the authorization is valid. If no expiration date is provided, this authorization will remain valid until revoked. **You may revoke this authorization at any time by providing notice to Carrington.** You may remove an authorized third party by logging in to your account online at [www.CarringtonMortgage.com](http://www.CarringtonMortgage.com) or verbally by calling 1-800-561-4567, Monday through Friday 8:00 AM to 8:00 PM, Eastern Standard Time. Alternatively, you may mail or fax your request to revoke authorization to P.O. Box 5001, Westfield, IN 46074, Attention: Loan Administration Support or fax to 1-800-486-5134, Attention: Loan Administration Support.

#### Borrower(s) Signature

I/We hereby requite and perpetually hold Carrington Mortgage harmless from any and all actions and causes of actions, suits, claims, attorney's fees, or demands against Carrington Mortgage Services, which I/we and/or my/our heirs may have resulting from Carrington discussing, or declining to discuss, my/our account with the above-named requester or person identifying himself or herself to be that requester, or resulting from providing, or declining to provide, any documents or other information concerning the account to the requester.

Mortgagor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Co-Mortgagor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

# MORTGAGE ASSISTANCE

## APPLICATION FORM

If you are having difficulty making your mortgage payments, please complete and submit this application along with the required documentation detailed within this form.

You can submit completed applications and supporting documentation securely by logging into your account at [www.CarringtonMortgage.com](http://www.CarringtonMortgage.com) and selecting "Mortgage Assistance" on the left menu. If you prefer to mail or fax your application and supporting documentation, please use the mailing address or fax number at the bottom of this form.

We will acknowledge receipt of your application within five business days by mail. All information provided will be used to help us identify any mortgage assistance you may be eligible to receive.

**For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, please contact one of the following federal government agencies:**

- ▶ The U.S. Department of Housing and Urban Development (HUD) at 800-569-4287 or [www.hud.gov/counseling](http://www.hud.gov/counseling)
- ▶ The Consumer Financial Protection Bureau (CFPB) at 855-411-2372 or [www.consumerfinance.gov/mortgagehelp](http://www.consumerfinance.gov/mortgagehelp)

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

### HOMEOWNER INFORMATION

**LOAN #:** \_\_\_\_\_

**BORROWER:** \_\_\_\_\_  NAME CHANGED SINCE ORIGATION

SOCIAL SECURITY #: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_  CELL  HOME  WORK  OTHER

ALTERNATE PHONE: \_\_\_\_\_  CELL  HOME  WORK  OTHER

**CO-BORROWER:** \_\_\_\_\_  NAME CHANGED SINCE ORIGATION

SOCIAL SECURITY #: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_  CELL  HOME  WORK  OTHER

ALTERNATE PHONE: \_\_\_\_\_  CELL  HOME  WORK  OTHER

**ADDITIONAL APPLICANT\*:** \_\_\_\_\_  NAME CHANGED SINCE ORIGATION

SOCIAL SECURITY #: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_  CELL  HOME  WORK  OTHER

ALTERNATE PHONE: \_\_\_\_\_  CELL  HOME  WORK  OTHER

\*FHA and USDA insured loans will require additional applicants that apply and are approved for a loan modification and/or partial claim to be financially liable for the debt before the workout option becomes effective and may be required to sign a loan assumption agreement.

**Is any borrower on active military duty (including National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death?**

YES  NO

## PROPERTY INFORMATION

**PROPERTY ADDRESS:** \_\_\_\_\_ **# OF PEOPLE IN HOUSEHOLD:** \_\_\_\_\_

**MAILING ADDRESS** (If different from property address): \_\_\_\_\_

**PROPERTY IS CURRENTLY:**  A PRIMARY RESIDENCE  A SECONDARY HOME  AN INVESTMENT PROPERTY

**PROPERTY IS** (Select all that apply):  OWNER OCCUPIED  RENTER OCCUPIED  VACANT

**I WANT TO:**  KEEP PROPERTY  SELL PROPERTY  TRANSFER OWNERSHIP OF PROPERTY TO MY SERVICER  UNDECIDED

**IS PROPERTY LISTED FOR SALE?**  YES  NO *If yes, provide listing agent's name & phone or "For sale by owner" if applicable:*

**IS PROPERTY SUBJECT TO CONDOMINIUM OR HOMEOWNERS' ASSOCIATION (HOA) FEES?**

YES  NO *If yes, indicate frequency (select one) and amount of dues: \$ \_\_\_\_\_*  MONTHLY  QUARTERLY  YEARLY

## HARDSHIP INFORMATION

**The hardship causing mortgage payment challenges began on** \_\_\_\_\_ *(approx. DD/MM/YR)*  
**and is believed to be:**

SHORT-TERM (Up to 6 Months)  LONG-TERM/PERMANENT (More than 6 Months)  RESOLVED (as of DD/MM/YR) \_\_\_\_\_

TYPE OF HARDSHIP (Check all that apply)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> COVID-19	Not required
<input type="checkbox"/> Unemployment ▶ Date of unemployment: _____ ▶ Actively looking for employment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Not required
<input type="checkbox"/> Reduction in income: a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	Not required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, etc.)	▶ Hardship letter outlining the type of increase, timing, amount, and if the increase in expenses will continue into the foreseeable future.
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	Not required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	▶ Letter of Explanation from the borrower, or other documentation verifying disability or illness. <b>Note:</b> Detailed medical information is not required. Information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	▶ Court approved divorce decree or final separation agreement <b>AND</b> recorded quitclaim deed (warranty deed for TX properties)
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, similar domestic partnership under applicable law	▶ Recorded quitclaim deed (special warranty deed for TX properties) <b>OR</b> legally binding agreement evidencing that the non-occupying borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	▶ Death certificate <b>OR</b> obituary/newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	▶ For active duty service members: Permanent Change of Station orders or letter of intent from detailing office ▶ For employment transfers/new employment: Copy of signed offer letter from employer showing transfer to new location <b>AND</b> documentation reflecting amount of any relocation assistance provided
<input type="checkbox"/> Other (hardship that is not covered above)	▶ Hardship letter outlining the details of the hardship and relevant documentation

# MONTHLY HOUSEHOLD INCOME

Carefully review the income documentation requirements and fill in the "amount" fields for all income types that apply to your situation.

INCOME TYPE	AMOUNT	REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) income, salaries and overtime pay, commissions, tips and bonuses	\$ _____ (borrower) \$ _____ (co-borrower) \$ _____ (add'l applicant)	<ul style="list-style-type: none"> <li>▶ Paystub: most recent consecutive 30 days (Paystubs must include company name, pay period and year to date earnings)</li> <li>▶ Employment start date: _____</li> </ul>
Self-employment income	\$ _____ (borrower) \$ _____ (co-borrower) \$ _____ (add'l applicant)	<ul style="list-style-type: none"> <li>▶ Most recent signed and dated quarterly or year-to-date profit/loss statement (sample provided at <a href="http://www.CarringtonMortgage.com/mortgageassistance">www.CarringtonMortgage.com/mortgageassistance</a>)</li> <li><b>AND ONE OF THE FOLLOWING:</b></li> <li>▶ Most recent complete and signed business tax return <b>including all schedules</b></li> <li>▶ Most recent complete and signed individual federal tax return</li> <li>▶ Completed return including all schedules and signed Form 4506-C if tax returns not available</li> </ul>
Unemployment benefit income	\$ _____ (borrower) \$ _____ (co-borrower) \$ _____ (add'l applicant)	<ul style="list-style-type: none"> <li>▶ Most recent benefit/award letter or statement</li> </ul>
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance and other public assistance	\$ _____ (borrower) \$ _____ (co-borrower) \$ _____ (add'l applicant)	<ul style="list-style-type: none"> <li>▶ Two most recent bank statements showing deposits (include all pages)</li> <li><b>AND</b></li> <li>▶ Award letter or other documentation showing the amount, duration and frequency of the benefits</li> </ul>
Non-taxable Social Security or disability income	\$ _____ (borrower) \$ _____ (co-borrower) \$ _____ (add'l applicant)	<ul style="list-style-type: none"> <li>▶ Two most recent bank statements showing deposits (include all pages)</li> <li><b>AND</b></li> <li>▶ Award letter or other documentation showing the amount, duration and frequency of the benefits</li> </ul>
Rental income (rents received, less expenses other than mortgage expense)	\$ _____ (borrower) \$ _____ (co-borrower) \$ _____ (add'l applicant)	<ul style="list-style-type: none"> <li>▶ Two most recent bank statements demonstrating receipt of rent</li> <li>▶ Current lease agreements for all properties</li> <li>▶ Mortgage statements for all non-Carrington service loans</li> <li>▶ Most recent filed and signed Federal Tax Return including Scheduled E</li> </ul>
Investment or insurance income	\$ _____ (borrower) \$ _____ (co-borrower) \$ _____ (add'l applicant)	<ul style="list-style-type: none"> <li>▶ Two most recent investment statements</li> <li>▶ Two most recent bank statements supporting receipt of the income</li> </ul>
Other sources of income not listed above (Note: only include alimony, child support, or separate maintenance income if you choose to have it considered in repaying this loan)	\$ _____ (borrower) \$ _____ (co-borrower) \$ _____ (add'l applicant)	<ul style="list-style-type: none"> <li>▶ Two most recent bank statements showing receipt of income</li> <li>▶ Other documentation showing the amount and frequency of the income</li> </ul>

**PLEASE INDICATE IF YOU RECEIVE INCOME OVER LESS THAN A 12 MONTH PERIOD:**

For example: I am a teacher receiving income over 9 months instead of 12 months or I am a seasonal employee receiving income over a particular period that is less than 12 months.

**I receive income over the full 12 months:**

BORROWER:  YES  NO      CO-BORROWER:  YES  NO      ADDITIONAL APPLICANT:  YES  NO

**If no, how many months do you receive income? (1-11)** \_\_\_\_\_

## HOUSEHOLD ASSETS

List all household assets. Exclude retirement funds (e.g. 401(k) or Individual Retirement Account (IRA)) and college savings accounts (e.g., 529 plan):

ASSET TYPE	TOTAL AMOUNT
Checking/Savings account(s) and cash on hand	\$
Money Market Funds and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other (List items below)	\$
_____	

## MONTHLY HOUSEHOLD LIVING EXPENSES

List average monthly household expenses:

EXPENSE TYPE	TOTAL AMOUNT
Utilities (including electric, water, gas, cell, cable, etc.)	\$
Food (including groceries, household supplies, pet expenses, etc.)	\$
Auto (including gas, insurance, repairs, tolls, etc.)	\$
Tuition / Child Care	\$
Child Support / Alimony	\$
Medical	\$
Miscellaneous Recurring Expenses (List items below)	\$
_____	

# MORTGAGE ASSISTANCE APPLICATION TERMS OF AGREEMENT

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party\* communications.
3. I acknowledge and agree that my 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.
4. I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower. I further consent to the servicer obtaining and using tax return and tax transcript information to determine or confirm my eligibility for mortgage assistance.
5. 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.
6. 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.
7. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
8. I further consent to the disclosure by my servicer, authorized third party,\* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to Other Loan Participants that deal with my first lien or subordinate lien (if applicable) mortgage loan(s). The term Other Loan Participants includes Fannie Mae, Freddie Mac, or any actual or potential investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, and their respective successors and assigns. This consent is given for purposes of servicer and Other Loan Participants determining or confirming my eligibility for mortgage assistance, for the marketing, selling, securitizing, auditing, insuring and servicing of the loan, and for any other purpose permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, (e) my payment history and information about my account balances and activity, and (f) my tax return and any related tax transcript information.
9. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
10. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.\*

*\*An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.*

## REQUIRED SIGNATURE SECTION FOR ALL APPLICANTS

*All applicants must sign and date this form.*

### **BORROWER SIGNATURE:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

### **CO-BORROWER SIGNATURE:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

### **ADDITIONAL APPLICANT SIGNATURE:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

## SHORT SALE REQUESTS

In addition to the required information outlined in this application, short sale requests may require the following additional documents:

### DOCUMENTATION REQUIRED

- ▶ **Third-Party Authorization** — Required only if you want Carrington to discuss your request with a third party acting on your behalf, such as a real estate agent or attorney.
- ▶ **Contact Information** — If the property is currently listed for sale or vacant, please provide us with the contact name and phone number so we can access the property and perform an appraisal if necessary. **NOTE:** All utilities must be on for an appraisal to be completed.
- ▶ **Listing Agreement** — Provide a copy of the current listing agreement with your agent/broker.
- ▶ **Purchase Contract** — Provide a copy of the purchase contract signed by the buyer and seller. Contract must include language that the sale is contingent upon approval from Carrington.
- ▶ **Closing Disclosure** — Provide a copy of the seller's closing costs. The figures in these statements must be accurate as our approval will be based, in part, on this information.
- ▶ **Buyer Pre-Qualification or Pre-Approval Letter** — Provide a copy of the buyer's pre-approval letter.

## DEED IN LIEU OF FORECLOSURE REQUESTS

In addition to the required information outlined in this application, Deed in Lieu requests may require the following additional document:

### DOCUMENTATION REQUIRED

- ▶ **Listing Agreement** — Provide a copy of recent listing agreement that documents your recent attempt to sell the property.

## SUBMITTING YOUR MORTGAGE ASSISTANCE APPLICATION

Please use one of the options below to submit your Mortgage Assistance Application and required documentation:

### ONLINE

- ▶ Login to your [www.CarringtonMortgage.com](http://www.CarringtonMortgage.com) account
- ▶ Select "Mortgage Assistance" on the left menu
- ▶ Select the "Document Upload" tab and upload your application and supporting documentation as detailed in this form.

### MAIL

- ▶ Mail completed applications and supporting documentation to:  
Carrington Mortgage Services, LLC  
Attn: Loss Mitigation  
1600 South Douglass Road, Suites 110 & 200-A  
Anaheim, CA 92806

### FAX

- ▶ Fax completed applications and supporting documentation to 1-877-267-1331



**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 (if joint return and transcripts are requested for both taxpayers)</b>		
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 (see instructions)</b>			<b>2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)</b>		
<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 (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</b>					
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 (see instructions)</b>					
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>Equifax Workforce Solutions LLC</b>		ii. IVES participant ID number <b>300005</b>	iii. SOR mailbox ID <b>Equifax01</b>		
iv. Street address (including apt., room, or suite no.) <b>11432 Lackland Rd</b>		v. City <b>St. Louis</b>	vi. State <b>MO</b>	vii. ZIP code <b>63146</b>	
<b>5b. Customer file number (if applicable) (see instructions)</b>			<b>5c. Unique identifier (if applicable) (see instructions)</b>		
<b>5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))</b>					
i. Client name <b>Carrington Mortgage Services</b>				ii. Telephone number <b>800-561-4567</b>	
iii. Street address (including apt., room, or suite no.) <b>1600 S Douglass Rd, Ste 100 200-a</b>		iv. City <b>Anaheim</b>	v. State <b>CA</b>	vi. ZIP code <b>92806</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					
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 (W-2, 1098-E, 1099-G, etc.)</b> <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>12 / 31 / 2021</b>		<b>12 / 31 / 2022</b>		/ /	
<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"/> 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>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 "9999999999".

**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.

# STATEMENT OF INFORMATION

**COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU.**

In searching your title we may encounter judgments, bankruptcies, divorces, and/or income tax liens against persons with the same or similar names to yours. Such matters cloud the title to your property unless eliminated. The information you provide, and your spouse if you are married, can promptly eliminate all matters not directly affecting you or the property being searched, avoid any delay in your transaction, and provide you with the most efficient service possible.

**CONFIDENTIAL INFORMATION STATEMENT TO BE USED IN CONNECTION WITH ORDER NO:**

**THE STREET ADDRESS** of the property in this transaction is: (IF NONE LEAVE BLANK)

ADDRESS

CITY

**NAME**

**SPOUSE'S NAME**

FIRST MIDDLE LAST

FIRST MIDDLE LAST

BIRTHPLACE BIRTH DATE

BIRTHPLACE BIRTH DATE

I HAVE LIVED AT THIS ADDRESS SINCE LAST 4 DIGITS OF SSN

I HAVE LIVED AT THIS ADDRESS SINCE LAST 4 DIGITS OF SSN

DRIVER'S LICENSE NO.

DRIVER'S LICENSE NO.

MARRIED ON AT

MAIDEN NAME

HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME?  YES  NO

HAS SPOUSE EVER BEEN KNOWN BY ANOTHER NAME?  YES  NO

IF YES, INDICATE NAME:

IF YES, INDICATE NAME:

**RESIDENCE(S) FOR LAST 10 YEARS**

U.S. RESIDENCE SINCE :

NUMBER AND STREET CITY FROM TO

NUMBER AND STREET CITY FROM TO

NUMBER AND STREET CITY FROM TO

**OCCUPATION(S) FOR LAST 10 YEARS**

HUSBAND

PRESENT OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

PRIOR OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

WIFE

PRESENT OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

PRIOR OCCUPATION FIRM NAME ADDRESS NO. OF YEARS

**FORMER MARRIAGES**

IF NO FORMER MARRIAGES, WRITE "NONE".

NAME OF FORMER HUSBAND

IF DECEASED: DATE WHERE

NAME OF FORMER WIFE

IF DECEASED: DATE WHERE

**FINANCIAL INFORMATION**

HAVE YOU EVER FILED BANKRUPTCY?  YES  NO IF YES, PLEASE INDICATE COUNTY:

IS ANY PORTION OF THE NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION?  YES  NO

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:**

HUSBAND'S SIGNATURE: DATE:

WIFE'S SIGNATURE: DATE:

HOME PHONE: BUSINESS PHONE: SPOUSE'S BUSINESS PHONE: