CCO Mortgage™

Financial Statement
Borrower Information

Borrower Name: ______________________ Social Security # ______________

Co-Borrower Name: ______________________ Social Security # ______________

Mailing Address: ______________________ ______________ ______ ______
Street Address City State Zip Code

Property Address: ______________________ ______________ ______ ______
Street Address City State Zip Code

Home Telephone: (   ) ______________ Number of Dependents: ______________
(Including Yourself)

Employment Information

Borrower	Co-Borrower
Employer: ______________	Employer: ______________
Address: ______________	Address: ______________
Telephone: ( ) ______________	Telephone: ( ) ______________
Position: ______________	Position: ______________
Number of Years on Job: ______________	Number of Years on Job: ______________

Assets / Liabilities

Description	Estimated Value	Amount Owed	Net Value (Difference)
Primary Residence Address			
Other Real Property Address			
Automobile – Make/Model			
Bank Accounts – Checking			
Bank Accounts – Savings			
IRA / KEOGH Accounts			
401K Savings Plan			
Stocks / Bonds / CDs			
Boat(s)			
Cash Value of Life Insurance			
Collections / Art / Coins / Etc.			
Computers / Electronics			
Other (specify)			
Other (specify)			
Other (specify)			
Net Value			

Monthly Income Data

Description	Borrower Income	Co-Borrower Income	Total
Gross Salary / Wages			
Overtime Pay			
Commissions / Tips			
Bonuses			
Interest / Dividends (Savings, Life Ins, Stocks, Bonds)			
Alimony			
Child Support			
Rental Property Income			
Other (specify)			
Other (specify)			
Taxes: Federal Income Tax			
Taxes: FICA			
Taxes: State Income Tax			
Taxes: Other (specify)			
Other Deductions (specify)			
Net Income			

Monthly Expenses

Description	Monthly Pmt	Balance Due	Months Delinquent
Mortgage Payment (primary residence)			
Mortgage Payment (other)			
Alimony / Child Support			
Child Care			
Auto Loan – 1			
Auto Loan – 2			
Other Loan Payments			
Credit Card Payments (Visa, MC, other)			
Utilities			
Telephone			
Auto Insurance			
Health / Life Insurance			
Church Donations			
Medical (doctor, dentist, drugs, hosp., etc.)			
Gas/Parking/Auto Maintenance			
Food			
Clothes			
Entertainment (movies, cable TV, dinner, etc.)			
Other (specify)			
Total			

Explanation of Hardship

Please provide a brief description of the circumstances related to your hardship.
Attach additional page(s) if more space is needed.

Additional information required:

1. Most Current Years Tax Returns
2. Paystubs (2), Bank Statements (2)
3. Broker's Price Opinion
4. Copy of Fully Executed Sales Contract (pre-foreclosure sale or assumption)
5. Estimate of Closing Costs (pre-foreclosure sale)

Authorization / Certification

I obtained a Mortgage Loan secured by the above referenced mortgaged property. I have described my current financial condition with this Financial Statement form and I certify that all information presented herein as well as all attachments are true, accurate and correct to the best of my knowledge. I understand that all submission of this information in no way obligates my Mortgage Servicer, Investor or Insurer to provide assistance to me.

By signing this Financial Statement, I hereby authorize my Mortgage Servicer and/or Mortgage Insurer to:
1. Order a credit report from any credit-reporting agency.
2. Verify, when deemed necessary, any current or previous employment, bank account, tax returns, or assets.
3. Release any and all information concerning the above.

I also authorize the Investor and/or Mortgage Insurer to contact any listing broker to obtain any information/documentation pertinent to the marketing of the property and agree to cooperation between myself and/or Mortgage Investor in dispensing of the property should a pre-sale be agreed to by all parties.

I therefore agree, that if it is determined that the financial information provided herein has been misrepresented by me, and such misrepresentations have induced action by the Mortgage Servicer, Investor and/or Insurer that would not have been taken, had the true facts been known; I shall be liable for any or all losses or damages suffered by the Mortgage Servicer, Investor and/or Insurer.

Submitted this, the ____________ day of ____________________, 20________

Borrower Name (print)	Borrower Signature
Co-Borrower Name (print)	Co-Borrower Signature

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize you to release any and all information to:
Company: Short Sale Success (including any of its agents and/or assigns)
Individuals: Deborah Priebe or Randy Asbell

regarding the loan for the below referenced property. This authorization shall remain in effect until I specifically notify my mortgage company either verbally or in writing that this authorization is no longer in effect.

Date of last payment made on loan: ____________________ (if applicable)

Borrower Name/Address:	1st Mortgage Company
______________________	______________________
Print Name	
______________________	1st Mortgage Account Number
Street Address	
______________________	______________________
City, State, Zip	

______________________	______________________
Signed	Social Security Number
______________________	__________
Print Name	Date
______________________	______________________
Signed	Social Security Number
______________________	__________
Print Name	Date

Form **4506-T**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

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

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.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number if joint tax return

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

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

5 If the transcript 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. *If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.*

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. 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 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. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

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 2007, filed in 2008, will not be available from the IRS until 2009. 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. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of signature date.*

Telephone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) — Date

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

▶ **Spouse's signature** — Date