



Attachment 1

Enter Loan Number

Please Include Loan Number so your request can be processed timely.

Workable SolutionsSM

Financial Statement
CITIMORTGAGE, INC.

You are asked to supply this financial information so that we may evaluate your situation and determine what, if any, options you have to resolve the current or expected mortgage delinquency. Please complete this form fully and accurately and return it with the following documents for each borrower:

*****ATTACH HERE OR INCLUDE (check items included, copies are ok)*****

- Paystub(s) showing at least one month's income for all Borrowers that are employed
- Proof of Unemployment or Other Benefits or Income (Awards Letter or Bank Statement showing direct deposit)
- Year-to-Date Profit and Loss Statement if Self-Employed or Complete Section VI
- Listing Agreement and Estimated Net Proceeds if your home is currently listed for sale (and Contract if Sold)
- Any additional documentation you feel may support your request

******THESE ITEMS MUST BE INCLUDED TO PROCESS REQUEST******

**** Additional information may be required in order to complete your specific request.**

FAX COMPLETED FORM AND ATTACHMENTS TO ATTN: Loss Mitigation 866-641-4350

PLEASE CALL 1-800-788-4517 IF YOU NEED ASSISTANCE COMPLETING THIS FORM

I. Borrower Information: Please use a pen and print clearly

Borrower Name: _____	Co-Borrower Name: _____
Current mailing address: Street: _____	Current mailing address: Street: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Daytime Phone No: _____	Daytime Phone No: _____
Time to Call during business hours: _____	Time to Call during business hours: _____
Evening Phone No: _____	Evening Phone No: _____
Social Security #: - - - - -	Social Security #: - - - - -

of Dependents: _____ not including Co-Borrower

Are you currently employed? Yes No

Are you currently employed? Yes No



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Employers Name: _____	Employers Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____	State: _____
Telephone # _____	Telephone # _____
Zip: _____	Zip: _____
Your Position: _____	Your Position: _____
Length of employment: _____	Length of employment: _____

II. Liquid Assets

	Description	Estimated Value	Amount Immediately Available for Use
1	Cash, Checking and/or Savings		
2	All Retirement Assets (401K's/Stock/Bonds/Mutual Funds, etc.)		



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11	Other: Explain (ex. Uninsured medical expenses, religious or charitable contributions, vacation, clubs, cigarettes, prescriptions):			
B	Total Expenses. (add lines 1 through 11)			B
V. Monthly Ability to Pay Calculations:				
Borrower/Co-Borrower Net Monthly Income (Block A or C):		Less Total Monthly Expenses: (Block B):	Balance remaining for arrearage payment (A minus B):	
A	\$	B	\$	circle one:
or			=	+ / -
C				
VI. Self Employed Calculations: Name of Business:				
Note: Please use monthly averages for this section. Month and Year Business was Established: _____ / _____				
1	Monthly Gross Receipts (Average for Time Period of _____ to _____)		\$	
2	Less Supplies to Produce Product or Service		-\$	
3	Less Office Rent/Lease, Business Insurances, Legal/Professional Fees		-\$	
4	Less Travel, Entertainment, Advertising, Office Supplies, Salaries to Others, Auto Expenses, Other Business Expenses		-\$	
C	Net Self-Employed Income (Line 1 minus Lines 2-4)		\$	circle one: + / -



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VII. General Questions

Question	Yes	No
Do you occupy this mortgaged property as a primary residence?		
Do you have any other debt or obligation secured by this property? (Example: First Mortgage, other Home Equity, Judgements, Liens)		
Question	Amount	
What is the amount of funds you immediately have available to apply toward your mortgage delinquency?	\$	
In addition to the amount stated above, what amount will you have available in 30 days?	\$	
Briefly explain the reason why you are behind on your mortgage payment (s) or are in imminent danger of default: (if needed, attach separate sheet of paper for explanation)		



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What is your proposal for repaying the amount owed?

VIII. Additional Information:

Credit counseling:

Please note, if you have not received consumer credit counseling, you should contact a HUD approved credit counseling agency for assistance. To contact one of these agencies in your area dial 1-800-569-4287.

Complete Package Required for processing:

Please note that this financial statement must be complete; you must include the required documentation. If you return an incomplete package, we may not be able to process your request for assistance.

Processing Time Frame:

All packages are reviewed in the order in which they are received. The average review period for a new package is 30 days. Please be advised that collection, and or foreclosure activity will continue on your account until such a time that a loan workout has been completed.

If your loan is in Foreclosure, and/or has a foreclosure sale set:

If there is a foreclosure sale scheduled on your property, this package is not a promise to cancel or postpone the foreclosure sale. A complete package must be received at least 5 business days before your foreclosure sale to be considered for a workout.

IX. Acknowledgment and Authorization:

I certify that the financial information stated above is true; and is an accurate account of my financial condition. I grant CitiMortgage, Inc. the authority to confirm the information I have disclosed in this financial statement and to verify that it is accurate.

I consent for CitiMortgage, Inc., the Investor, and Mortgage Insurer to engage in discussions and negotiations with me or my designated representative regarding foreclosure alternative programs. I acknowledge that CitiMortgage, Inc. is under no obligation to agree to an alternative to foreclosure, the decision will be based on my financial information, credit report, and payment history, and ability to meet Investor / Insurer Loss Mitigation Requirements.

Workable SolutionsSM Financial Form

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CitiMortgage, Inc. does business as Citicorp Mortgage in MT and NM

rev 02/20/04



Enter Loan Number _____

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I agree that discussions and negotiations of a possible *Workable Solution* does not constitute a waiver of or defense to CitiMortgage Inc.'s right to commence or continue any foreclosure or other collection action.

Borrower Printed Name _____ Borrower Signature _____ Date _____

Co-Borrower Printed Name _____ Co-Borrower Signature _____ Date _____

X. (OPTIONAL) LETTER OF AUTHORIZATION

On this day I, _____, authorize CitiMortgage, Inc., the investor, and mortgage insurer (if applicable) to engage in discussions and negotiations regarding my mortgage with _____ He/she is my designated representative in the capacity of (*circle one*) listing agent / attorney / relative / third party / other _____.

Borrower Printed Name _____ Borrower Signature _____ Date _____

Co-Borrower Printed Name _____ Co-Borrower Signature _____ Date _____

**RETURN THIS COMPLETED FORM VIA FAX TO ATTN: Loss Mitigation 866-641-4350
OR OVERNIGHT TO: Citibank**

**1000 Technology Dr.
ATTN: Loss Mitigation MS 420
O'Fallon, MO 63368**

CITI MORTGAGE 3RD PARTY AUTHORIZATION

LOAN NUMBER:

PROPERTY:

I/WE AUTHORIZE CITI MORTGAGE, INC. ITS AFFILIATES, EMPLOYEES, OFFICERS, AGENTS AND DIRECTORS FROM ANY CLAIMS THAT MIGHT ARISE IN CONNECTION WITH THIS AUTHORIZATION. THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

SELLER

DATE

SOCIAL SECURITY #

SELLER

DATE

SOCIAL SECURITY #

CITI MORTGAGE 3RD PARTY AUTHORIZATION

LOAN NUMBER:

PROPERTY:

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SELLER

DATE

SOCIAL SECURITY #

SELLER

DATE

SOCIAL SECURITY #

Form **4506-T**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

OMB No. 1545-1872

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

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.

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

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

▶ **Spouse's signature** _____ **Date** _____

Telephone number of taxpayer on line 1a or 2a