

1. Loan Information

Servicer's Loan Number _____
 Property Address _____
 Are there other liens on the property? Yes No
 If there are liens, who holds them? (list institutions) _____

Circumstances that led to your payment troubles _____
 City _____ State _____ Zip _____
 Is your home listed for sale? Yes No
 Jim Navarro 702-351-3443
 Agent's Name Agent's Number _____

2. Borrower Information

Name _____
 Mailing Address (if different from property address) _____
 Total number of persons living with Borrower _____
 Home phone _____ - _____ - _____
 Employer _____

SSN _____ - _____ - _____
 City _____ State _____ Zip _____
 Number of dependents living with Borrower _____
 Work phone _____ - _____ - _____
 Occupation _____

3. Co-Borrower Information

Name _____
 Mailing Address (if different from property address) _____
 Total number of persons living with Co-Borrower _____
 Home phone _____ - _____ - _____
 Employer _____

SSN _____ - _____ - _____
 City _____ State _____ Zip _____
 Number of dependents living with Co-Borrower _____
 Work phone _____ - _____ - _____
 Occupation _____

4. Borrower Monthly Income

Gross Wages: \$ _____
 Unemployment Income: \$ _____
 Child Support / Alimony: \$ _____
 Disability Income: \$ _____
 Rental Income (include rental agreement): \$ _____
 Other (Describe): \$ _____
Less: Federal & State Tax, FICA: - \$ _____
Less: Other Deductions (401K, etc.): - \$ _____
TOTAL \$ _____

5. Co-Borrower Monthly Income

Gross Wages: \$ _____
 Unemployment Income: \$ _____
 Child Support / Alimony: \$ _____
 Disability Income: \$ _____
 Rental Income (include rental agreement): \$ _____
 Other (Describe): \$ _____
Less: Federal & State Tax, FICA: - \$ _____
Less: Other Deductions (401K, etc.): - \$ _____
TOTAL \$ _____

6. Monthly Expenses — All Borrowers

Mortgage Payment: \$
 Other Mortgages / Liens / Rents: \$
 Auto Loan(s): \$
 Auto Maintenance / Gas / Insurance: \$
 Credit Cards and Installment Loans: \$
 Health Insurance (Non-payroll deducted): \$
 Medical (Non-payroll deducted): \$
 Food: \$
 Child Care / Child Support / Alimony: \$
 Life Insurance: \$
 Water / Sewer / Utilities / Phone: \$
 Spending Money: \$
 Other (Describe): \$
TOTAL \$

7. Assets and Liabilities — All Borrowers

Checking Account(s): \$
 Savings / Money Market: \$
 Stocks / Bonds / CD(s): \$
 IRA / Keogh Account(s): \$
 401K / ESOP Account(s): \$
 Home: \$
 Other Real Estate: \$
 Cars With No Liens: \$
 Other (Describe): \$
TOTAL \$

8. Signature

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report and to contact my real estate agent and/or credit counseling representative (if applicable). By signing below, I (we) advise you that if I (we) should hereafter agree to a repayment plan for my (our) mortgage loan, reinstate my (our) mortgage loan, or pay off my (our) loan in full then, by doing so and without the necessity of any further action on my (our) part, I (we) hereby expressly withdraw this request for a loan workout. In that event, I (we) hereby direct you to take no further action to process this request for a workout.

Borrower's Signature

Date

Co-Borrower's Signature

Date

Please sign and date this form after you've completed it and fax to us at 904-261-2337. Be sure to include copies of your two most recent pay stubs, and bank statements of your checking and/or savings account. If you are self-employed, attach a copy of the past six month's profit and loss statement.



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

Street Address

1st Mortgage Account Number

City, State, Zip

Signed

Social Security Number

Print Name

Date

Signed

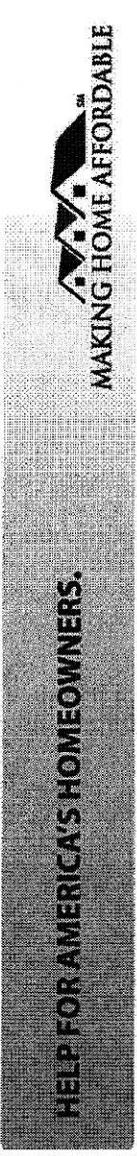
Social Security Number

Print Name

Date

Servicer: _____

Loan Number: _____



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature	_____	Date	_____
Co-Borrower Signature	_____	Date	_____
Co-Borrower Signature	_____	Date	_____
Co-Borrower Signature	_____	Date	_____

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 _____

Sign Here 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