

Mortgage Loan #: _____ Property Address: _____

I, _____ am requesting that Mortgage Service Center to review my financial situation to see if I qualify for a Workout Option to avoid Foreclosure. Workout Option to avoid Foreclosure.

I am having difficulty making my monthly payments because of financial difficulties created by: (Please check the one that CLOSEST matches your situation or use the or use the "other field to briefly describe your situation)

- | | | |
|--|---|--|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Reduced Income | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Excessive Debts | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Death of Spouse | <input type="checkbox"/> Payment Increase | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Job Relocation | <input type="checkbox"/> Business Failure | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Military Service | <input type="checkbox"/> Damage to Property | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Explain Hardship: _____
PLEASE SEE HARDSHIP LETTER

I believe that my situation/hardship is:
I would like to participate in a Workout Solution: Temporary Permanent
 Yes No
I would like to keep my property: Yes No

Are there any additional liens on this property to the best of your knowledge. If so, please fill out the name, company or firm that is holding that lien.

Lien Holder's Name Amount of Lien

Borrower's Signature Co-Borrower's Signature

BORROWER'S FINANCIAL STATEMENT

Loan #:			
Borrower Name:			Social Security #:
Mailing Address:			
Employer:			Position:
Employer Address:			Employer Phone:
Daytime Phone:			Evening Phone:
Email Address:			
Number of Dependents at this address:			
Co-Borrower Name:			Social Security #:
Mailing Address:			
Employer:			Position:
Employer Address:			Employer Phone:
Daytime Phone:			Evening Phone:
Email Address:			

ASSETS/LIABILITIES					MONTHLY INCOME DATA			
DESCRIPTION	Estimated Value	Amount Owed	Net Value	DESCRIPTION	Borrower	Co-Bor	Total	
Primary Residence				Gross Pay:				
Other Real Estate				Overtime:				
Automobile:				Commissions:				
Automobile:				Bonus:				
Checking Account:				Child Support:				
Savings Account:				Rental Income:				
IRA/Keough Accts:				Other (Specify):				
401 (k) Acct:								
Stocks/Bonds/CD's:								
Boats:								
Collections/Ad/Etc:								
Personal Items:								

NET INCOME:

ACKNOWLEDGEMENT and AUTHORIZATION

ACKNOWLEDGEMENT

I obtained a Mortgage loan secured by the above referenced mortgage of 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 is true, accurate, and correct to the best of my knowledge. I understand that submission of this information in no way obligates my Lender, Mortgage Servicer, Investor or Insurer to provide assistance to me.

AUTHORIZATION

By signing this Financial Statement, I hereby authorize my lender, Mortgage Servicer, Insurer and their respective agents to order a credit report and verify any and all employment and account information.

Borrower Signature	Date	Co-Borrower Signature	Date
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MONTHLY EXPENDITURES

DESCRIPTION	MONTHLY DUE	BALANCE DUE	DELINQUENT Y /N?
Household Expenses:			
Mortgage Payment			
Other Mortgages			
Alimony / Child Support			
Child Care			
Electric / Gas / Heat			
Water / Sewage			
Telephone / Internet			
Food for Household			
School / Work Lunches			
Clothing / Dry Cleaning			
Cable TV / Satellite			
Total Household Expenses	\$		
Credit Card Expenses:			
VISA			
MASTER CARD			
DEPT STORE CREDIT			
Other Credit Cards			
Total Credit Card Expenses	\$		
Auto Expenses:			
Auto Loan #1			
Auto Loan #2			
Auto Insurance			
Gasoline			
Auto Repairs			
Parking			
Total Auto Expenses	\$		
Personal Loans:			
Personal Loan #1			
Personal Loan #2			
Total Personal Loans	\$		
Ins./Medical Expenses:			
Health Insurance			
Life Insurance			
Doctors / Dentists			
Prescriptions			
Medical bills			
Total Ins/Medical Expenses	\$		
Miscellaneous Expenses:			
Charity / Donations			
Union Dues / Club Dues			
Entertainment			
Sports / Hobbies			
Vacations			
MISC. Expense #1			
MISC. Expense #2			
MISC. Expense #3			
Total Misc Expenses	\$		
TOTAL EXPENSES	\$		

***Please note: DO NOT list bills in the MONTHLY DUE column if they are a "one-time" debt.
 Please NOTE if any of the above bills are deducted from your paycheck.
 Please NOTE any loans which will be paid in full within the next 6 months.

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 _____

Form 4506-T

Request for Transcript of Tax Return

(Rev. January 2008)

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

OMB No. 1545-1872

Department of the Treasury
Internal Revenue Service

▶ **Read the instructions on page 2.**

▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

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.

6 **Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.**
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. 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. 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 2006, filed in 2007, will not be available from the IRS until 2008. 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.

Signature (see instructions)

Telephone number of taxpayer on line 1a or 2a (____) _____

Sign Here

Date

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

Spouse's signature

Date

Servicer: _____

Loan Number: _____

HELP FOR AMERICA'S HOMEOWNERS.



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 _____