

Dear Customer,

In order to review your request for assistance, please **print** and complete the following financial worksheets. Mail, fax, or email your completed worksheet along with the supporting documents listed below to:

**Mortgage Service Center**  
**Attn: Loss Mitigation**  
**PO Box 1945**  
**Bowie, MD 20717**

or

**(Overnight address only)**  
**Mortgage Service Center**  
**300 Prince Georges Boulevard**  
**Upper Marlboro, MD 20774**

**Fax #: (856) 917 2848**

**Email: [HomeownerAssistanceTeam@mortgagefamily.com](mailto:HomeownerAssistanceTeam@mortgagefamily.com)**

- Completed financial disclosure statement with monthly expenditures form for all mortgagors of record that reside in property. (Signed and dated)
- Completed Uniform Borrower's Assistance Form (Signed and dated)
- Hardship affidavit certifying your hardship is true and accurate, outlining your situation in detail. (Signed and dated)
- Complete income tax return for most recent 2 years for all mortgagors listed on loan.
- The last 2 months bank statement (all pages), including all checking, savings, money market, etc.
- Copies of the most recent pay stubs (2 months) for all mortgagors on the loan.
- If applicable - Proof of rental income - Signed lease agreement(s), bank statement(s) showing rental income deposit(s) and/or copies of rental receipts.
- If applicable - We will order a recent appraisal or independent broker price opinion on the subject property.
- Payoff Quote for 1<sup>st</sup> mortgage (Applicable to HELOC/2<sup>nd</sup> Mortgage only)

If the requested documentation is not provided, or is incomplete, the review of your package will be delayed and/or the processing of your request for relief may be suspended. Our offer to review any information that you submit **DOES NOT REPRESENT A GUARANTEE** that relief will be granted by the Mortgage Service Center, the mortgage Loan Investor, the Insurer or the Guarantor of your loan.

**IF YOU HAVE BEEN NOTIFIED THAT FORECLOSURE ACTIVITY HAS BEGUN, SUCH ACTIVITY WILL CONTINUE UNTIL YOUR LOAN IS CURRENT OR UNTIL YOU RECEIVE WRITTEN NOTIFICATION THAT RELIEF HAS BEEN GRANTED**

Please be advised that some mortgage relief programs may have Federal tax implications. Please consult your tax preparer or contact the IRS for additional information.

If you have any questions regarding the completion of the forms or obtaining information, please contact the Loss Mitigation department at 1-800-750-2518 or via email to [HomeownerAssistanceTeam@mortgagefamily.com](mailto:HomeownerAssistanceTeam@mortgagefamily.com)

Thank you.

**Mortgage Service Center**  
**Loss Mitigation Department**

# Request for Workout Option



Mortgage Loan #: \_\_\_\_\_ Property Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (name), am requesting that the Mortgage Service Center review my financial situation to see if I qualify for a Workout Option to avoid foreclosure.

I am having difficulty making my monthly mortgage payment due to financial hardship. The primary reason for this financial hardship is:

*(Please check the entry that best describes your situation. Check only one entry.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Unemployment          | <input type="checkbox"/> Mortgage payment increase    |
| <input type="checkbox"/> Separation or divorce | <input type="checkbox"/> Business failure             |
| <input type="checkbox"/> Death of spouse       | <input type="checkbox"/> Damage to property           |
| <input type="checkbox"/> Job relocation        | <input type="checkbox"/> Medical bills                |
| <input type="checkbox"/> Military service      | <input type="checkbox"/> Illness                      |
| <input type="checkbox"/> Reduced income        | <input type="checkbox"/> Incarceration                |
| <input type="checkbox"/> Excessive debts       | <input type="checkbox"/> Other (please specify) _____ |

Please use the following space to briefly explain your financial hardship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe that my financial hardship is:  temporary  permanent

I would like to participate in a Workout Option:  yes  no

I would like to keep my property:  yes  no

If there are additional liens on this property, please fill out the name or company/firm that is holding the second lien.

\_\_\_\_\_  
Lien Holder's Name

\_\_\_\_\_  
Amount of Lien



**PLEASE SIGN HERE**

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-borrower's Signature

\_\_\_\_\_  
Date

# Borrower's Financial Statement



Loan #:	
Borrower Name:	Social Security #:
Mailing Address:	
Employer:	Position:
Employer Address:	Employer Phone:
Daytime Phone:	Evening Phone:
E-mail Address:	
Number of dependents at this address:	
Co-borrower Name:	Social Security #:
Mailing Address:	
Employer:	Position:
Employer Address:	Employer Phone:
Daytime Phone:	Evening Phone:
E-mail Address:	

### ASSETS/LIABILITIES

DESCRIPTION:	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Primary Residence:			
Other Real Estate:			
Automobile:			
Automobile:			
Checking Account:			
Savings Account:			
IRA/Keough Accts:			
401 (K) Acct:			
Stocks/Bonds/CDs:			
Boats:			
Collections/Art/Etc:			
Personal Items:			

### MONTHLY INCOME DATA

DESCRIPTION:	BORROWER	CO-BORROWER	TOTAL
Gross Pay:			
Overtime:			
Commissions:			
Bonus:			
Child Support:			
Rental Income:			
Other (Specify):			
<b>NET INCOME TOTAL:</b>			

### ACKNOWLEDGEMENT and AUTHORIZATION

ACKNOWLEDGEMENT: I obtained a mortgage loan secured by the above referenced mortgaged property. I have described my current financial condition in 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 Insuror 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.



**PLEASE SIGN HERE**

Borrower's Signature

Date

Co-borrower's Signature

Date

**MONTHLY EXPENDITURES**

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

**TOTAL EXPENSES** \$ -

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

**UNIFORM BORROWER ASSISTANCE FORM**

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

**NOTICE:** In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

**REMINDER:** The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number \_\_\_\_\_ (usually found on your monthly mortgage statement)

Servicer's Name \_\_\_\_\_

I want to:  Keep the Property  Vacate the Property  Sell the Property  Undecided

The property is currently:  My Primary Residence  Second Home  An Investment Property

The property is currently:  Owner Occupied  Renter Occupied  Vacant

**BORROWER****CO-BORROWER**

BORROWER'S NAME

CO-BORROWER'S NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME PHONE NUMBER WITH AREA CODE

HOME PHONE NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

MAILING ADDRESS

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)

EMAIL ADDRESS

Is the property listed for sale?  Yes  No

If yes, what was the listing date? \_\_\_\_\_

If property has been listed for sale, have you received an offer on the property?  Yes  No

Date of offer: \_\_\_\_\_ Amount of Offer: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

For Sale by Owner?  Yes  No

Have you contacted a credit counseling agency for help?

 Yes  No

If yes, complete the counselor contact information below:

Counselor's Name: \_\_\_\_\_

Agency's Name: \_\_\_\_\_

Counselor's Phone Number: \_\_\_\_\_

Counselor's Email Address: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees?  Yes  No

Total Monthly payment amount: \_\_\_\_\_ Name and Address fees are paid to? \_\_\_\_\_

Have you filed for bankruptcy?  Yes  No If yes?  Chapter 7  Chapter 11  Chapter 12  Chapter 13If yes, what is the filing date? \_\_\_\_\_ Has your bankruptcy been discharged?  Yes  No Bankruptcy case Number: \_\_\_\_\_Is any borrower an active duty service member?  Yes  NoHas any borrower been deployed away from his/her primary residence or received a Permanent Change of Station order?  Yes  NoIs any borrower the surviving spouse of a deceased service member who was on active duty at the time of death?  Yes  No

**UNIFORM BORROWER ASSISTANCE FORM**

Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wages		First Mortgage Payment		Checking Account(s)	
Overtime		Second Mortgage Payment		Checking Account(s)	
Child Support / Alimony*		Homeowner's Insurance		Savings / Money Market	
Non-taxable social security/SSDI		Property Taxes		CDs	
Taxable SS benefits or other monthly income from annuities or retirement plans		Credit Cards/ Installment Loan(s) (total minimum payment per month)		Stock / Bonds	
Tips, commission, bonus and self-employed income		Alimony , child support payments*		Other Cash on Hand	
Rents Received		Car Lease Payments		Other Real Estate (estimated value)	
Unemployment Income		HOA/Condo Fees/Property Maintenance		Other _____	
Food Stamps/ Welfare		Mortgage Payments on other properties			
Other _____		Other _____			
Total (Gross Income)		Total Household Expenses and Debt Payments		Total Assets	

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

LienHolder's Name	Balance and Interest Rate	Loan Number	LienHolder's Phone Number

**Required Income Documentation**

**Do you earn a salary or hourly wage?**  
 For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).

**Are you self-employed?**  
 For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.

**Do you have any additional sources of income?** Provide for each borrower; as applicable:

**"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:**

Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).

**Social Security, disability or death benefits, pension, public assistance, or adoption assistance:**

Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and

Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.

**Rental income:**

Copy of the most recent filed federal tax return with all schedules, including Schedule E --Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported, reduced by the monthly debt service on the property, if applicable; or

If rental income is not reported on Schedule E - Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.

**Investment income:**

Copies of the two most recent investment statements or bank statements supporting receipt of this income.

**Alimony, child support, or separation maintenance payments as qualifying income:\***

Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and

Copies of your two most recent bank statements or other third-party documents showing receipt of payment.

**\*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.**

**UNIFORM BORROWER ASSISTANCE FORM**

**HARDSHIP AFFIDAVIT**

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe my situation is:  Short-term (under 6 months)  Medium-term ( 6 - 12 months)  Long- term or Permanent Hardship ( greater than 12 months)

**I am having difficulty making my monthly payment because of the reason set forth below:**  
*(Please check the primary reason and submit required documentation demonstrating your primary hardship)*

<b>If Your Hardship Is:</b>	<b>Then the Required Hardship Documentation is:</b>
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
Reduction in Income: a hardship that has caused 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)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical Bills None of the above shall require providing detailed medical information
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer/ Relocation	<p><b>For active-duty servicemembers:</b> Notice of Permanent Change of Station (PCS) or actual PCS orders.  <b>For employment transfers/new employment:</b></p> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Paystub from new employer; OR <input type="checkbox"/> If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Bankruptcy filing for the business; OR</li> <li><input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR</li> <li><input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul>
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation

# UNIFORM BORROWER ASSISTANCE FORM

## Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party\*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer, or authorized third party\*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The 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.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
  - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
  - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the servicer.
  - c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
  - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The servicer or authorized third party\* will obtain a current credit report on all borrowers obligated on the Note.
9. The servicer or authorized third party\* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This 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, and (e) my payment history and information about my account balances and activity. I understand and consent to the servicer or authorized third party\*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
  - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
  - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request 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\*. By checking this box, I also consent to being contacted by  text messaging.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

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



# Request for Transcript of Tax Return

▶ 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 quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. 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.

<p><b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.</p>	<p><b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)</p>
<p><b>2a</b> If a joint return, enter spouse's name shown on tax return.</p>	<p><b>2b</b> Second social security number or individual taxpayer identification number if joint tax return</p>
<p><b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)</p>	
<p><b>4</b> Previous address shown on the last return filed if different from line 3 (See instructions)</p>	
<p><b>5</b> 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.</p>	

**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
<p>▶ <b>Signature</b> (see instructions)</p> <p>▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)</p> <p>▶ <b>Spouse's signature</b></p>	<p>Date</p> <p>Date</p>

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self help-service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
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**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T 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.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code 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-T 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.; and **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-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.

# Mortgage Service Center Fax Cover Sheet

Fax this form to: (856) 917-2848  
Request for Homeowner Assistance

Loan Number: \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Borrower Phone Number: \_\_\_\_\_

Number of Pages Attached: \_\_\_\_\_