

**REQUEST FOR MORTGAGE ASSISTANCE FORM**



**Important:** Please complete Sections A-J. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

**Loan Number:** \_\_\_\_\_ ↗

Section A		BORROWER	
Borrower's Name	ANDREW SHARP		
Social Security Number	556-70-1490	Date of Birth	12/14/58
Home Phone Number With Area Code	650.968.4048		
Cell or Work Number With Area Code	650.906.9448		
Email Address	andy@absharp.com		

CO-BORROWER	
Co-Borrower's Name	
Social Security Number	Date of Birth
Home Phone Number With Area Code	
Cell or Work Number With Area Code	
Email Address	

When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

Is any borrower a Servicemember?  Yes  No

Have you recently been deployed away from your principal residence or recently received a Permanent Change of Station (PCS) order?  Yes  No

If yes, I intend to occupy this property as my primary residence some time in the future.  Yes  No

Is any borrower the surviving spouse of a deceased Servicemember who was on active duty at the time of death?  Yes  No

I want to:  Be reviewed for all mortgage assistance options  
 Only be reviewed for selling the home for less than I owe or releasing my property

The property is my:  Primary Residence  Second Home  Investment

The property is:  Owner Occupied  Renter Occupied  Vacant

Have you previously requested mortgage payment assistance through Chase?  Yes  No

How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? 0

Have you ever had a Home Affordable Modification Program (HAMP) Trial Period Plan or permanent modification on your principal residence?  Yes  No

Have you or any co-borrower had a permanent HAMP modification on any other property you own?  Yes  No If "Yes," how many? \_\_\_\_\_

Are you or any co-borrower currently in or being considered for a HAMP Trial Period Plan on a property other than your principal residence?  Yes  No

**Complete this section ONLY if you are requesting mortgage assistance for a property that is not your principal residence.**

Is the mortgage on your principal residence paid?  Yes  No If "No," number of months your payment is past due (if known): \_\_\_\_\_

**Number of People in Household:** 1

Mailing Address: 212 THOMPSON SQ., MOUNTAIN VIEW, CA 94043

Property Address (if same as mailing address, just write "same"): SAME

Is the property listed for sale?  Yes  No

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

Have you received an offer on the property?  Yes  No

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

Closing Date: \_\_\_\_\_

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

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

For Sale by Owner?  Yes  No

Who pays the real estate tax bill on your property?  
 I do  Lender does  Paid by condo or HOA

Are the taxes current?  Yes  No

Condominium or HOA Fees?  Yes  No \$ \_\_\_\_\_ per month

Are the fees paid current?  Yes  No

Name and address that fees are paid to: \_\_\_\_\_

Have you contacted a credit counseling agency for help?  
 Yes  No

If yes, please complete the following:

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

Agency Name: \_\_\_\_\_

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

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

Who pays the insurance premiums for your property?  
 I do  Lender does  Paid by condo or HOA

Is the policy current?  Yes  No

Name(s) of Insurance Company: \_\_\_\_\_

Insurance Company Phone Number(s): \_\_\_\_\_

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**Section B**

**REQUIRED DOCUMENTATION/HARDSHIP AFFIDAVIT**

Describe your hardship: UNEMPLOYED, LIVING OFF MY SAVINGS

Date situation began is: 9/2012

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

**I am having difficulty making my monthly payment because of reasons set forth below:**  
 (Please check all that apply and submit required documentation demonstrating your hardship. If your mortgage loan is insured or guaranteed by the Federal Housing Administration (FHA), U.S. Department of Veterans Affairs (VA) or Rural Housing Service (RHS), hardship documentation is not required but you must submit all financial documentation that supports your request for assistance.)

<input checked="" type="checkbox"/> Unemployment	<ul style="list-style-type: none"> <li>▪ A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits</li> </ul>
<input type="checkbox"/> Underemployment	<ul style="list-style-type: none"> <li>▪ No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<ul style="list-style-type: none"> <li>▪ No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>
<input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<ul style="list-style-type: none"> <li>▪ Divorce decree signed by the court OR</li> <li>▪ Separation agreement signed by the court OR</li> <li>▪ Current credit report evidencing divorce, separation, or non-occupying Borrower has a different address OR</li> <li>▪ Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul>
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household or dependent family member	<ul style="list-style-type: none"> <li>▪ Death certificate OR</li> <li>▪ Obituary or newspaper article reporting the death</li> </ul>
<input checked="" type="checkbox"/> Long-term or permanent disability; serious illness of a borrower/ co-borrower or dependent family member	<ul style="list-style-type: none"> <li>Do not provide medical records or any details of your illness or disability</li> <li>▪ Written statement from you or other documentation verifying disability or illness OR</li> <li>▪ Proof of monthly insurance benefits or government assistance (with expiration date, if applicable)</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<ul style="list-style-type: none"> <li>▪ Insurance claim OR</li> <li>▪ Federal Emergency Management Agency grant or Small Business Administration loan OR</li> <li>▪ Borrower or employer property located in a federally declared disaster area</li> </ul>
<input type="checkbox"/> Distant employment transfer	<ul style="list-style-type: none"> <li>▪ Proof of transfer OR</li> <li>▪ Military Permanent Change of Station (PCS)</li> </ul>
<input type="checkbox"/> Excessive obligations	<ul style="list-style-type: none"> <li>▪ No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>
<input type="checkbox"/> Business failure	<ul style="list-style-type: none"> <li>▪ Tax return from the previous year (including all schedules) AND</li> <li>▪ Proof of business failure supported by one of the following:                             <ul style="list-style-type: none"> <li>▪ Bankruptcy filing for the business; or</li> <li>▪ Two months recent bank statements for the business account evidencing cessation of business activity; or</li> <li>▪ Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul> </li> </ul>
<input type="checkbox"/> Payment increase	<ul style="list-style-type: none"> <li>▪ No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>
<input type="checkbox"/> Other _____	

**If you have income from rental properties that are not your principal residence, you must provide a copy of the current lease agreement with bank statements showing deposit of rent checks.**

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**Section C** **ADDITIONAL LIENS/MORTGAGES OR JUDGMENTS**  
 Complete if applicable.

**Check this box if this section does not apply to you.** Continue to Section D.

Lien Holder's Name/Service	Balance	Phone Number	Reference Number/Loan Number

A lien is a legal claim on property to secure a loan or debt until paid off. It is put in place by contract or court order.

**Section D** **BANKRUPTCY**  
 Complete if applicable.

**Check this box if this section does not apply to you.** Continue to Section E.

**Have you filed for bankruptcy?**     Yes     No    If yes:     Chapter 7     Chapter 13    Filing Date: \_\_\_\_\_

**Has your bankruptcy been discharged?**     Yes     No    Bankruptcy case number: \_\_\_\_\_

**Section E** **INCOME/EXPENSES FOR HOUSEHOLD**

**EMPLOYMENT INFORMATION**

Borrower Monthly Income: \$ <u>0</u> I am: <input type="checkbox"/> Employed by a Company Company #1 Name: _____ Company #1 Address: _____ Employment Start Date: _____ Company #2 Name: _____ Company #2 Address: _____ Employment Start Date: _____ I am: <input type="checkbox"/> Self-Employed    Percent of Ownership _____ % I am: <input type="checkbox"/> Independent Contractor	Co-Borrower Monthly Income: \$ _____ I am: <input type="checkbox"/> Employed by a Company Company #1 Name: _____ Company #1 Address: _____ Employment Start Date: _____ Company #2 Name: _____ Company #2 Address: _____ Employment Start Date: _____ I am: <input type="checkbox"/> Self-Employed    Percent of Ownership _____ % I am: <input type="checkbox"/> Independent Contractor
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Self-employed people earn income directly from their own business, trade, or profession. They don't collect a salary or wages from an employer. Independent contractors typically provide goods or services to a company under the terms of a contract. They set their own hours and are paid on a freelance basis.

**OTHER INCOME/EXPENSES**

Is there a person not on the mortgage note who lives in the residence and contributes financially to the household?     Yes     No

If yes, complete the following:

First and Last Name: \_\_\_\_\_

Monthly amount contributed to the household (not including the amount contributed to the Mortgage): \$ \_\_\_\_\_

Monthly amount contributed to the Mortgage: \$ \_\_\_\_\_

Are there living expenses for this person?     Yes     No

If yes, monthly amount of expenses: \$ \_\_\_\_\_

List any one-time payments you received that appear on your most recent tax return. (Examples: one-time pension disbursements, tax refunds, bonuses, insurance distributions)	Payment Type: _____	Amount: \$ _____
	Payment Type: _____	Amount: \$ _____
	Payment Type: _____	Amount: \$ _____



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HOUSEHOLD INCOME	
Monthly Gross Wages	\$
Monthly Self-Employment Income	\$
Monthly Overtime	\$
Monthly Unemployment Income	\$
Monthly Tips, Commissions, Bonus	\$
Monthly Non-Taxable Social Security/SSDI	\$
Monthly Taxable Social Security Benefits or Other Monthly Income from Annuities or Retirement Plans	\$
Monthly Child Support/Alimony <sup>2</sup>	\$
Monthly Gross Rents Received <sup>3</sup>	\$
Monthly Food Stamps/Welfare	\$
Monthly Other _____	\$
<b>Total Monthly Income</b>	\$ 0

HOUSEHOLD EXPENSES/DEBT	
Monthly First Mortgage Principal and Interest Payment <sup>1</sup>	\$ 2500.00
Monthly Second Mortgage Principal and Interest Payment <sup>1</sup>	\$
Monthly Homeowners' Insurance <sup>1</sup>	\$ inc.
Monthly Property Taxes <sup>1</sup>	\$ inc.
Monthly HOA/Condo Fees/Co-OP Fees/Property Maintenance <sup>1</sup>	\$ N/A
Monthly Mortgage Payments on Other Properties <sup>4</sup>	\$ N/A
Monthly Credit Cards/Installment Loan(s) (total minimum payment)	\$ 400.00
Monthly Child Support/Alimony Payments	\$ N/A
Monthly Auto Lease/Payment	\$ N/A
Monthly Other <del>utilities; gas; electricity</del>	\$ <del>345.00</del>
<b>Total Monthly Expenses/Debt</b>	\$ 3381.00

~~AUTO INSURANCE~~ 136.76  
 Total: \$2900

HOUSEHOLD ASSETS associated with the property and/or borrower(s) excluding retirement funds	
Checking Account(s)	\$ 300.00
Checking Account(s)	\$
Savings/Money Market	\$ 50.00
CDs	\$
Stocks/Bonds	\$
Other Cash on Hand	\$
Other Real Estate (estimated value)	\$
Other _____	\$
<b>Total Assets</b>	\$

<sup>1</sup> The amount of the monthly payment made to your lender - including, if applicable, monthly principal, interest, real property taxes and insurance premiums.  
<sup>2</sup> 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.  
<sup>3</sup> Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section H.  
<sup>4</sup> Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section H.  
<sup>5</sup> Non-borrower household income is defined as someone living in the home who is not on the original note, but whose income has been relied upon to support the mortgage payment.

ADDITIONAL LIVING EXPENSES				
	Borrower	Co-Borrower	Non-Borrower <sup>5</sup>	Total
Tuition/School	\$			
Child Care (daycare, babysitting)	\$			
Automobile Expenses (insurance/maintenance/gas)	\$ 136 + 80			
Food	\$ 150			
Life Insurance Premium	\$			
Medical	\$ 170			
Utilities	\$ <del>345</del> 214			
Clothing	\$			
Cable, Internet, Phone	\$ <del>200</del> 348			
<b>Total Living Expenses</b>	\$ 948			

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## Section F

### 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.

**If you have been convicted of one of the mortgage or real estate crimes listed above within the last 10 years, you must cross out this section. You will be considered for other mortgage assistance options that are not a part of the Making Home Affordable Program.**

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

## Section G

### OTHER PROPERTIES OWNED

**Check this box if this section does not apply to you.** Continue to Section H.

For the amount of the monthly payment, include, if applicable, monthly principal, interest, real property taxes and insurance premiums. You must provide information about all properties that you or the co-borrower own, other than your principal residence and any other property for which you are seeking mortgage assistance listed in section H. Use additional sheets if necessary.

#### PROPERTY #1

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Property is:  Vacant  Second or Seasonal Home  Rented

Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_

#### PROPERTY #2

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Property is:  Vacant  Second or Seasonal Home  Rented

Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_

#### PROPERTY #3

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Property is:  Vacant  Second or Seasonal Home  Rented

Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_

#### PROPERTY #4

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Property is:  Vacant  Second or Seasonal Home  Rented

Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_

#### PROPERTY #5

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_

Property is:  Vacant  Second or Seasonal Home  Rented

Current Value: \$ \_\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_ Monthly Mortgage Payment: \$ \_\_\_\_\_

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

## Section H

### OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED

Complete this section ONLY if you are requesting mortgage assistance for a property that is not your principal residence.

**Check this box if this section does not apply to you.** Continue to the Rental Property Certification section below.

I am requesting mortgage assistance for a rental property.  Yes  No

I am requesting mortgage assistance for a second or seasonal home.  Yes  No

I am requesting mortgage assistance for a home that is no longer my primary residence due to an out of area job transfer or foreign service assignment. I intend to occupy this property as my primary residence sometime in the future.  Yes  No

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Provider of your first mortgage (if not Chase): \_\_\_\_\_

Do you have a second mortgage on the property?  Yes  No If "Yes," Servicer Name: \_\_\_\_\_ Loan Number: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Do you have condominium or homeowners association (HOA) fees?  Yes  No If "Yes," Monthly Fee: \$ \_\_\_\_\_ Are HOA fees paid current?  Yes  No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance?  Yes  No If "No," are the taxes and insurance paid current?  Yes  No

Annual homeowners insurance: \$ \_\_\_\_\_ Annual Property Taxes: \$ \_\_\_\_\_

If requesting assistance for a rental property, property is currently:  
 Vacant and available for rent.  
 Occupied without rent by your legal dependent, parent or grandparent as their principal residence.  
 Occupied by a tenant as their principal residence.  
 Other \_\_\_\_\_

If rental property is occupied by tenant: Term of lease/occupancy \_\_\_\_/\_\_\_\_/\_\_\_\_ – \_\_\_\_/\_\_\_\_/\_\_\_\_ Gross Monthly Rent: \$ \_\_\_\_\_  
MM DD YYYY MM DD YYYY

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If you have a non-rent-paying occupant, describe your relationship to them and the duration of their occupancy: \_\_\_\_\_

Is the property for sale?  Yes  No If "Yes," Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List Date? \_\_\_\_\_ Have you received a purchase offer?  Yes  No Amount of Offer? \_\_\_\_\_ Closing Date: \_\_\_\_\_

## RENTAL PROPERTY CERTIFICATION

You must complete this certification if you are requesting a mortgage modification with respect to a rental property.

**Check this box if this section does not apply to you.** Continue to Section I.

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such a five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

**Notwithstanding the foregoing conditions, I may at any time sell the property, occupy it as my personal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.**

This certification is effective on the earlier of the dates listed below or the date the Request for Mortgage Assistance form is received by your servicer.

By checking this box and initialing below, I am requesting a mortgage modification under the Making Home Affordable Program with respect to the rental property described in this section and I hereby certify under penalty of perjury that each of the statements above are true and correct with respect to that property.

Initials: Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

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## Section I

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

<b>Borrower:</b> <input type="checkbox"/> I do not wish to furnish this information	<b>Co-Borrower:</b> <input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Sex:</b> <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male

## HOMEOWNERS HOTLINE

**If you have questions about this document or the general modification process, please call your Servicer. If you have questions about government programs that your Servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 888-995-HOPE (4673). The Hotline can help answer questions about the program and offers free HUD-certified counseling services in English and Spanish.**

**888-995-HOPE™**  
Homeowner's HOPE™ Hotline

## NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your Servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding the occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document, you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse mismanagement or misrepresentation affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



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## Section J

## ACKNOWLEDGMENT AND AGREEMENT

***In making this request for consideration, I certify under penalty of perjury:***

1. I understand the Servicer may pull a current credit report on all borrowers obligated on the Note.
2. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
3. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Loan Documents, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that the Servicer is providing the information about the mortgage relief program at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
4. I understand that if the Servicer offers me a Trial Period Plan and I fail to accept or complete the trial plan for any reason, including, for example, declining the trial plan offer, failing to accept the trial plan offer, failing to make trial plan payments in a timely manner or failing to accept a final modification at the end of the trial period, I may permanently lose eligibility for a modification under the Making Home Affordable Program and any other modification program offered by the Servicer.
5. If I am eligible for a Trial Period Plan, Repayment Plan or Forbearance Plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a Trial Period Plan, Repayment Plan or Forbearance Plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the Trial Period Plan, Repayment Plan or Forbearance Plan.
6. I agree that when the Servicer accepts and posts a payment during the term of any Repayment Plan, Trial Period Plan or Forbearance Plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
7. I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
8. If I qualify for and enter into a Repayment Plan, Forbearance Plan or Trial Period Plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
9. I consent to being contacted concerning this request for mortgage assistance at any email address or cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
10. That all of the information in this document is truthful and the hardship(s) identified on page 2 is/are the reason that I need to request a modification of the terms of my mortgage loan, a short sale or a deed-in-lieu of foreclosure.
11. I understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage or their agents may investigate the accuracy of my statements and may require me to provide additional supporting documentation. I also understand that knowingly submitting false information may violate federal and other applicable laws.
12. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under the Making Home Affordable Program (MHA), the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
13. The property that I am requesting mortgage assistance for is able to be lived in, and it has not been or is not at risk of being condemned. There has been no change in the ownership of the property since I signed the documents for the mortgage that I want to modify.
14. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner. I understand that time is of the essence.
15. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document or other documentation submitted in connection with this request.
16. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, Social Security number, credit score, income, payment history, government monitoring information and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any mortgage relief or foreclosure alternative that I receive by the Servicer to (a) the U.S. Department of the Treasury; (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or Servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with any other mortgage relief program; and (e) any HUD-certified housing counselor.
17. I understand that if the Servicer estimates the current value of my home as part of a review for mortgage assistance, I will receive a copy of that appraisal or valuation.
18. If I or someone on my behalf has submitted a Fair Debt Collection Practices Act Cease and Desist notice to my Servicer, I hereby withdraw such notice and understand that the Servicer must contact me through the loan modification process or to find other alternatives to foreclosure.



**REQUEST FOR MORTGAGE ASSISTANCE FORM**

**Important:** Please complete Sections A–J. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

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

By signing this document, I/we certify that all the information is truthful. I/We understand that knowingly submitting false information may constitute fraud.

Andrew Sherr  
Borrower Signature

3/31/2015  
Date

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

\_\_\_\_\_  
Date

**YOUR REQUEST FOR MORTGAGE ASSISTANCE FORM IS COMPLETE IF YOU'VE:**

- ✓ Written your loan number at the top of each page
- ✓ Completed Sections A–J
- ✓ Checked to make sure each section is complete and accurate
- ✓ Signed your name(s) in the box above

**TO BE COMPLETED BY INTERVIEWER**

<b>This request was taken by:</b>  <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet  <b>Loan Number</b> _____	Interviewer's Name (print or type) & I.D. Number	Name/Address of Interviewer's Employer	
	Interviewer's Signature		Date
	Interviewer's Phone Number (include area code)	Servicer/Interviewer's Email Address	
	Interviewer's Fax Number		





Section references are to the Internal Revenue Code unless otherwise noted.

**What's New**

The IRS has created a page on IRS.gov for information about Form 4506T-EZ at <http://www.irs.gov/form4506>. Information about any recent developments affecting Form 4506T-EZ (such as legislation enacted after we released it) will be posted on that page.

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

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**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.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

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

**If you filed an individual return and lived in:**

**Mail or fax to the "Internal Revenue Service" at:**

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, Florida, Georgia, 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 64108  
 816-292-6102

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

**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. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 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 4506T-EZ simpler, we would be happy to hear from you. You can write to:

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.

**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.

**Signature and date.** Form 4506T-EZ 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 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.