

## Mortgage Assistance Application Checklist

Important: All documents listed on this form are required.

Documents indicated with an asterisk \* will be required if applicable.

We will be unable to review your request for assistance until all required documents are received. Use the checklist below prior to submission to ensure all documents are included with submission.

**Copies of all Core Documents Listed Below**

- Completed, signed and dated Mortgage Assistance Application
- Signed and Dated hardship letter
- Signed and Dated 4506T-EZ and most recent, signed, dated and completed tax returns

\*Only if required by investor.

- Last 2 months bank statements for all accounts, Checking, Savings, CD, etc. (ALL PAGES)

\*Transaction history is unacceptable, actual statements are needed

- Copies of Bills and Receipts for all Additional Living Expenses Section 6b

\*Bills and receipts for additional living expenses must be submitted to be included in review

- Copy of Previous Year W-2 form

**Hardship Information and Copies of documentation Section 3 (refer to your specific hardship for document details)**

**Proof of Income Section 4**

**\*Pre-foreclosure Sale Information if Applicable**

**\*Third Party Authorization if Applicable** (available for download via your online account or by request)

**\*Non-Borrower Authorization Form if Applicable** (available for download via your online account or by request)

To submit your completed application, you may use one of the methods below:

- Email: LossMitigation@servicingdivision.com
- Fax: 888-292-5541
- Mail: 3138 E. Elwood Street, Phoenix, AZ 85034
- Upload via portal at mwf.servicingdivision.com or via mobile app

We are here to help. If you have any questions, please reach out to us at 877-841-0497.

## Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation: email: LossMitigation@servicingdivision.com. We will contact you within five business days, or fewer according to applicable state law to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact LossMitigation@servicingdivision.com or 877-841-0497.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or [www.hud.gov/counseling](http://www.hud.gov/counseling)
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or [www.consumerfinance.gov/mortgagehelp](http://www.consumerfinance.gov/mortgagehelp)

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

## 1. Borrower Information

Borrower's name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth: mm/dd/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Best time to call \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Best time to call \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing address (if different from property address): \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single  Widowed

Employer Name: \_\_\_\_\_

Hire Date: mm/dd/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Borrower's name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth: mm/dd/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Best time to call \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Best time to call \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing address (if different from property address): \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single  Widowed

Employer Name: \_\_\_\_\_

Hire Date: mm/dd/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Number in Household: \_\_\_\_\_

Preferred contact method (choose all that apply):  Cell phone  Home phone  Work phone

Email  Text (checking this box indicates your consent for text messaging)

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death?  Yes  No

## 2. Property Information

The property is currently:  A primary residence  A second home  An investment property

The property is currently:  Owner Occupied  Renter Occupied  Vacant

I want to:  Keep the property  Sell the property  Transfer ownership of the  Undecided  
property to my servicer

Is the property listed for sale?  Yes  No

– If yes, provide the listing agent's name and phone number or indicate "for sale by owner" if applicable:

Is the property subject to condominium or homeowners' association (HOA) fees?  Yes  No

– If yes, indicate monthly dues: \_\_\_\_\_

### 3. Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) \_\_\_\_\_ and is believed to be:

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months) Resolved as of (date) \_\_\_\_\_
- Resolved as of (date) \_\_\_\_\_

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)		REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment		<ul style="list-style-type: none"> <li>Termination letter, unemployment award letter etc.</li> </ul>
<input type="checkbox"/> 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)		<ul style="list-style-type: none"> <li>Not required</li> </ul>
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)		<ul style="list-style-type: none"> <li>Not required</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment		<ul style="list-style-type: none"> <li>Include signed dated hardship letter indicating property or place of employment has been affected by disaster</li> </ul>
<input type="checkbox"/> Divorce or legal separation		<ul style="list-style-type: none"> <li>Final divorce decree or final separation agreement and recorded quick claim deed if applicable</li> </ul>
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member		<ul style="list-style-type: none"> <li>Written statement from the borrower, or other documentation verifying disability or illness <b>Note:</b> Detailed medical information is not required, and information from a medical provider is not required</li> </ul>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner		<ul style="list-style-type: none"> <li>Death certificate OR Obituary or newspaper article reporting the death</li> </ul>
<input type="checkbox"/> Distant employment transfer/relocation		<ul style="list-style-type: none"> <li>For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer.</li> <li>For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)</li> </ul>

### 4. Income Information

TYPE OF INCOME (CHECK ALL THAT APPLY)		REQUIRED INCOME DOCUMENTATION
<input type="checkbox"/> Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> <li>Most recent 30 days of paystubs including year to date earnings</li> </ul>

TYPE OF INCOME (CHECK ALL THAT APPLY)		REQUIRED INCOME DOCUMENTATION
<input type="checkbox"/> Self-employment income	\$	<ul style="list-style-type: none"> <li>• Most recent signed and dated quarterly or year-to-date profit/loss statement</li> <li>• Most recent executed tax return</li> </ul>
<input type="checkbox"/> Unemployment income	\$	<ul style="list-style-type: none"> <li>• Termination letter, unemployment award letter etc.</li> </ul>
<input type="checkbox"/> Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> <li>• Award letters or other documentation showing the amount and frequency of the benefits <b>OR</b></li> <li>• Two most recent bank statements showing deposit amounts</li> </ul>
<input type="checkbox"/> Rental income (rents Received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> <li>• Current lease agreement <b>AND</b></li> <li>• Two most recent bank statements showing deposit amounts</li> </ul>
<input type="checkbox"/> Investment or insurance income	\$	<ul style="list-style-type: none"> <li>• Two most recent investment statements <b>OR</b></li> <li>• Two most recent bank statements showing deposit amounts</li> </ul>
<input type="checkbox"/> Other sources of income not listed above (Note: only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> <li>• Copy of divorce decree/court order <b>AND</b></li> <li>• Two most recent bank statements showing deposit amounts</li> </ul>

Assets	
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Checking Accounts cash on hand	\$

**Current Borrower Monthly Expenses**

A. Liabilities	
First Mortgage Payment	\$
Second Mortgage Payment	\$
Car Lease / Payment 1	\$
Car Lease / Payment 2	\$
Credit Cards (total minimum payment per month)	\$
Installment Loan(s) (Please Specify): _____	\$

**A. Additional Living Expenses (Must include proof of expenses, bills and receipts to be included in review)**

Groceries and dining out	\$
Electricity, heating oil, natural gas	\$
Water, Sewer & Garbage	\$
Vehicle Insurance	\$
Vehicle Maintenance & Parking	\$
Cellular & Home Phone(s)	\$
Cable, Satellite & Internet	\$
Vehicle Gas, Maintenance, Parking	\$
Tuition/School	\$
Life Insurance	\$
Condo / HOA Fees	\$
Alimony, Child Support Payments	\$
Childcare / Daycare	\$
Other (Please Specify): ____	\$
<b>Total Expenses:</b>	\$

## 1. Required Pre-foreclosure Sale Information

**Listing Agreement**

- Listing agreement must be signed and dated by the listing agent and seller. It must be valid and not expired at the time the contract is signed. The property must be listed on MLS.

**Pre-foreclosure Sale Contract**

- The purchase contract must be signed and dated by all parties and must include verbiage that the closing will occur within 45 days or more of lender Pre-foreclosure sale approval.
- Add other documents as needed depending on condition.

**Pre-foreclosure Sale Affidavit**

- The Pre-foreclosure sale affidavit must be signed and dated by all parties including buyer(s), seller(s), buyer's agent, and seller's agent.

**Pre-foreclosure Sale or Deed in Lieu**

- Include 3 months all bank and investment statements
- If self-employed, most recent quarterly P&L must be completed by a CPA

## 2. Bankruptcy, SCRA and Credit Counseling

- Bankruptcy
- Has any borrower filed for bankruptcy?  Yes  No
- Chapter 7  Chapter 11  Chapter 12  Chapter 13
- Filing date: \_\_\_\_\_ Case Number: \_\_\_\_\_
- SCRA
- Has your bankruptcy been discharged?  Yes  No
  - Is any Borrower an active duty service member?  Yes  No
  - Is any Borrower receiving hostile pay?  Yes  No
  - Have you recently been deployed away from your principal residence or recently received a permanent change of station order?  Yes  No
  - Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death?  Yes  No
- Credit Counseling
- Have you contacted a credit counseling agency for help?  Yes  No
- Counselors Name: \_\_\_\_\_
- Agency's Name: \_\_\_\_\_
- Counselors Phone Number: \_\_\_\_\_
- Counselors Email Address: \_\_\_\_\_
- Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or other permanent modification?  Yes  No
  - Has any property that you or any Co-Borrower own had a permanent HAMP modification  Yes  No

### 3. Borrower Certification and Agreement

1. I certify and acknowledge that all the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party\* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted about my request.
4. I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,\* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. 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, (e) my payment history and information about my account balances and activity, and (f) my tax return and the information contained therein.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application 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.

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

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your completed application, together with the required documentation in one of the following ways:**

- **Email:**      **LossMitigation@servicingdivision.com**
- **FAX:**        **888-292-5541**
- **Mail:**        **3138 E. Elwood Street**  
                    **Phoenix, AZ 85034**
- **Upload via portal at [mwf.servicingdivision.com](http://mwf.servicingdivision.com) or via mobile app**

**We are here to help. If you have any questions, please reach out to us at 877-841-0497**

**We will contact you within five business days, or fewer according to applicable state law to acknowledge receipt and let you know if you need to send additional information or documents.**

**We will use the information you provided to help us identify the assistance you may be eligible to receive.**





## Third Party Authorization Form

**NOTE: This page must be completed if you are giving your loan servicer permission to talk about your mortgage with anyone other than the person(s) listed on the note.**

- This third-party authorization allows you, the borrower(s), to authorize the third party designated below to discuss, assist with, or if applicable, negotiate a workout arrangement regarding your mortgage loan. This includes retention/liquidation options.
- Without this properly executed permission, we will only release information to those persons who appear on the actual mortgage note.
- It is your responsibility to designate the person(s)/companies that have your permission and the timeframe or specific circumstances involved.
- Information contained in this document will be entered in the our mortgage processing system and the document will be retained with the file and imaged. We recommend you keep a copy for your records.
- Please note that those persons receiving authorization to speak with our representatives can only receive information and are not permitted to make changes to the account.

### Authorization to Release Information:

I/We hereby authorize my loan servicer to release to those persons/companies shown below all information they may require for the purpose of discussing my loan, credit, retention option, transfer, sale and/or foreclosure of the property, including public and non-public information about my finances and my mortgage.

_____ Loan Number	_____ Property Address	_____ City, State, Zip Code
_____ Borrower Print Name	_____ Borrower Signature	_____ Date
_____ Co-Borrower Print Name	_____ Co-Borrower Signature	_____ Date

**Permission is granted to:** (check the appropriate box and list company and/or individual's name and contact information below)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Spouse/Partner    | <input type="checkbox"/> Housing Counseling Agency | <input type="checkbox"/> Realtor/Realty Company |
| <input type="checkbox"/> Attorney's Office | <input type="checkbox"/> Third Party Negotiator    | <input type="checkbox"/> Other: _____           |

_____ Company Name	_____ Individual Name(s)	
_____ Mailing Address	_____ Email Address	_____ Phone Number
If applicable:	_____ State License #/Issuing State	_____ HUD HCS#

### Timeframe permission granted:

- Life of Loan or  For the specific time of: (MM/YYYY to MM/YYYY) \_\_\_\_\_

*Important: If you do not designate a specific time frame above, the authorization will automatically expire one year from the date signed.*

# Short Form Request for Individual Tax Return Transcript

<sup>a</sup> **Request may not be processed if the form is incomplete or illegible.**  
**For more information about Form 4506T-EZ, visit [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).**

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use Get Transcript to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

<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 or individual taxpayer identification number on tax return</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>

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**5** Customer file number (if applicable) (see instructions)

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**6 Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ.** See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

<p>Signature (see instructions)</p>	<p>Date</p>	<p>Phone number of taxpayer on line 1a or 2a</p>
<p>Spouse's signature</p>	<p>Date</p>	

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

## Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez). The filing location for the Form 4506T-EZ has changed. Please see the **Where to File** section for your new mailing location.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record. If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

**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. 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.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Automated transcript request.** 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 "Get Transcript of Your Tax Records" under "Tools" 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:

Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, 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

Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin

Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

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

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
855-587-9604

RAIVS Team  
Stop 6705 S-2  
Kansas City, MO  
64999  
855-821-0094

RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT  
84409  
855-298-1145

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. 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.

*You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked*

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 Forms and Publications Division  
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.

## Specific Instructions

**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 5.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

NON-BORROWER CONTRIBUTOR CREDIT REPORT AUTHORIZATION

**\*Only complete if you wish a Non-borrower occupant income to be considered for review.**

Loan: # \_\_\_\_\_

Borrower Name (s) (please Print) \_\_\_\_\_

I authorize \_\_\_\_\_, to obtain a consumer credit report.

The Servicer will use the consumer credit report to confirm my residency address and determine whether my income is eligible to support a loan modification. Upon request, The Servicer will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report.

I understand the credit inquiries have the potential to impact my credit score.

\_\_\_\_\_  
Non-Borrower Contributor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Non-Borrower Contributor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number