

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
- *Non-Borrower Authorization Form if Applicable

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

- Email: lossmitigation@servicingdivision.com
- Fax: (888) 292-5541
- Mail: 500 South Broad Street, Suite 100A,
Meriden, CT. 06450
- Upload via portal at Mwf.servicingdivision.com

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

Information on Avoiding Foreclosure

Learn more About Options to Avoid Foreclosure

The variety of options summarized below may help you keep your home. For example, you may be eligible to modify your mortgage, lowering your monthly payment to make it more affordable. Contact us to determine if you qualify.

Depending on your circumstances, staying in your home may not be possible. In this case, a Pre-foreclosure sale or deed-in-lieu of foreclosure may be a better choice than foreclosure – see the table below for more information.

Don't delay, as failure to take action may result in foreclosure proceedings being initiated on your mortgage.

OPTIONS TO STAY IN YOUR HOME	OVERVIEW	BENEFIT
Reinstatement	Pay the total amount you owe, in a lump sum payment and by a specific date. This may follow a forbearance plan as described below.	Allows you to avoid foreclosure by bringing your mortgage current if you can show you have funds that will become available at a specific date in the future.
Repayment Plan	Pay back your past-due payments together with your regular payments over an extended period.	Allows you time to catch up on late payments without having to come up with a lump sum.
Forbearance Plan	Make reduced mortgage payments or no mortgage payments for a specific period of time.	Gives you time to improve your financial situation and possibly qualify for a better option than would be available right now.
Modification	Receive modified mortgage terms to make it more affordable or manageable after successfully making payments during a "trial period" (e.g., completing a three-month trial period plan) that requires payment of the approximate amount of the modified payment.	Permanently modifies your mortgage so that your payments or terms are more manageable as a permanent solution to a long-term or permanent hardship.

OPTIONS TO LEAVE YOUR HOME	OVERVIEW	BENEFIT
Pre-foreclosure sale	Sell your home and pay off a portion of your mortgage balance when you owe more on the home than it is worth.	Allows you to transition out of your home without going through foreclosure. In some cases, relocation assistance may be available.
Deed-in-Lieu of Foreclosure	Transfer the ownership of your property to us.	Allows you to transition out of your home without going through foreclosure. In some cases, relocation assistance may be available.

We Want to Help

Take action to gain peace of mind and control of your housing situation. Call us at (877) 841-0497 and we'll talk about available options and help you understand the forms and documents we need from you to determine if you qualify for an option to avoid foreclosure.

Frequently Asked Questions

1. Will It Cost Money to Get Help?

There should never be a fee from your lender or qualified counselor to obtain assistance or information about foreclosure prevention options. However, foreclosure prevention has become a target for scam artists. Be wary of companies or individuals offering to help you for a fee, and never send a mortgage payment to any company other than the one listed on your monthly mortgage statement or one designated to receive your payments under a state assistance program.

2. What is Foreclosure?

Forfeiture of your home through a legal process where your mortgage company repossesses the property and you will have to move. This process may involve an eviction, you may remain liable for your first lien mortgage debt and it may be as long as seven years before you are eligible for another Fannie Mae or Freddie Mac loan.

3. What are the consequences of foreclosure?

You must move or you will be evicted from the property. It may be as long as seven years before you are eligible for another mortgage. You and any additional borrower listed on the mortgage may experience negative credit implications.

Frequently Asked Questions

4. Will the Foreclosure Process Begin If I Do Not Respond to My Lender's Notices Regarding Missed Payments?

If you do not respond to your lender's notices to you regarding past due payments, your lender may refer your loan to foreclosure in accordance with your mortgage loan documents and applicable law.

5. Should I Still Contact My Lender if I Have Waited Too Long and My Property Has Been Referred to an Attorney for Foreclosure?

Yes, the sooner the better!

6. What if My Property is Scheduled for a Foreclosure Sale in the Future?

If your lender receives a complete Mortgage Assistance Application and the supporting documents it requires with only 37 or fewer calendar days before a scheduled foreclosure sale, there is no guarantee it can evaluate you for a foreclosure alternative in time to stop the foreclosure sale. Even if the lender is able to approve you for a foreclosure alternative prior to a sale, a court with jurisdiction over the foreclosure proceeding (if any) or public official charged with carrying out the sale may not halt the scheduled sale.

7. Will My Property be Sold at a Foreclosure Sale If I Accept a Foreclosure Alternative?

No. The property will not be sold at a foreclosure sale if you accept an offer for an alternative to foreclosure and comply with all requirements.

8. What if I acquired an ownership interest in the property, such as through death, divorce, or legal separation?

You should contact us as soon as possible. We are here to help you adjust to these events and provide you with information on where to send the mortgage payments. Please contact us to obtain a list of documentation that is needed to confirm your identity and ownership interest in the property, and to discuss next steps.

Beware Of Foreclosure Rescue Scams!

Scam artists have stolen millions of dollars from distressed homeowners by promising immediate relief from foreclosure, or demanding cash for counseling services when HUD-approved counseling agencies provide the same services for FREE. If you receive an offer, information or advice that sounds too good to be true, it probably is. Don't let them take advantage of you, your situation, your house or your money.

Remember, help is FREE.

How to Spot a Scam – beware of a company or person who:

- ❑ Asks for a fee in advance to work with your lender to modify, refinance or reinstate your mortgage.
- ❑ Guarantees they can stop a foreclosure or get your loan modified.
- ❑ Advises you to stop paying your mortgage company and pay them instead.
- ❑ Pressures you to sign over the deed to your home or sign any paperwork that you haven't had a chance to read, and you don't fully understand.
- ❑ Claims to offer "government-approved" or "official government" loan modifications.
- ❑ Asks you to release personal financial information online or over the phone and you have not been working with this person and/or do not know them.

How to Report a Scam – do one of the following:

- ❑ Go to www.preventloanscams.org and fill out the Loan Modification Scam Prevention Network's (LMSPN) complaint form online and get more information on how to fight back. Note: you can also fill out this form and send to the fax number/e-mail/address (your choice!) on the back of the form.
- ❑ Call (888) 995-HOPE (4673) and tell the counselor about your situation and that you believe you got scammed or know of a scam.

Loan number: _____

Frequently Asked Questions

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 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
- The Consumer Financial Protection Bureau (CFPB) at (855)411-2372 or 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 _____

Alternate 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 Undecided

I want to: Keep the property Sell the property Transfer ownership of the 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) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> • Termination letter, unemployment award letter etc.
<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"> • Not required
<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"> • Not required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower’s place of employment	<ul style="list-style-type: none"> • Include signed dated hardship letter indicating property or place of employment has been affected by disaster
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> • Final divorce decree or final separation agreement and recorded quick claim deed if applicable
<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"> • Written statement from the borrower, or other documentation verifying disability or illness <p>Note: Detailed medical information is not required, and information from a medical provider is not required</p>

<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> • Death certificate OR Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> • For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. • 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)

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"> • Most recent 30 days of paystubs including year to date earnings
<input type="checkbox"/> Self-employment income	\$	<ul style="list-style-type: none"> • Most recent signed and dated quarterly or year-to-date profit/loss statement • Most recent executed tax return
<input type="checkbox"/> Unemployment income	\$	<ul style="list-style-type: none"> • Termination letter, unemployment award letter etc.
<input type="checkbox"/> Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> • Award letters or other documentation showing the amount and frequency of the benefits OR • Two most recent bank statements showing deposit amounts

- | | | |
|--|----|--|
| <input type="checkbox"/> Rental income (rents received, less expenses other than mortgage expense) | \$ | <ul style="list-style-type: none"> • Current lease agreement AND • Two most recent bank statements showing deposit amounts |
| <input type="checkbox"/> Investment or insurance income | \$ | <ul style="list-style-type: none"> • Two most recent investment statements OR • Two most recent bank statements showing deposit amounts |
| <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"> • Copy of divorce decree/court order AND • Two most recent bank statements showing deposit amounts |

5. Assets

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

6. Current Borrower Monthly Expenses 6a. 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): _____	\$

6b. 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): _____	\$
Total Expenses:	\$

7. Required Pre-foreclosure Sale Information

- | | |
|--------------------------------------|---|
| Listing Agreement | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• Include 3 months all bank and investment statements• If self-employed, most recent quarterly P&L must be completed by a CPA |

8. Bankruptcy, SCRA and Credit Counseling

- | | |
|------------|---|
| Bankruptcy | <ul style="list-style-type: none">• Has any borrower filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13• Filing date: _____ Case Number: _____• Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SCRA | <ul style="list-style-type: none">• Is any Borrower an active duty service member? <input type="checkbox"/> Yes <input type="checkbox"/> No• Is any Borrower receiving hostile pay? <input type="checkbox"/> Yes <input type="checkbox"/> No• Have you recently been deployed away from your principal residence or recently received a permanent change of station order? <input type="checkbox"/> Yes <input type="checkbox"/> No• Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Credit Counseling	<p>Have you contacted a credit counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Counselors Name: _____</p> <p>Agency's Name: _____</p> <p>Counselors Phone Number: _____</p> <p>Counselors Email Address: _____</p>
<p>• Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or other permanent modification? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>• Has any property that you or any Co-Borrower own had a permanent HAMP modification <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

9. 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, and (e) my payment history and information about my account balances and activity.
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: 500 South Broad Street Suite 100A, Meriden, CT. 06450
- Upload via portal at Mwf.servicingdivision.com

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 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 Mountain West Financial 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 with Mountain West Financial. This includes retention/liquidation options.
- Without this properly executed permission, Mountain West Financial 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 Mountain West Financial 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 Mountain West Financial representatives can only receive information and are not permitted to make changes to the account.

Authorization to Release Information:

I/We hereby authorize Mountain West Financial 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)

- Spouse/Partner Housing Counseling Agency Realtor/Realty Company
 Attorney's Office Third Party Negotiator 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

Department of the Treasury
Internal Revenue Service

^a Request may not be processed if the form is incomplete or illegible.
^a For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first. J	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

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

Signature (see instructions) _____ Date _____

Spouse's signature _____ Date _____

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.

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 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 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, 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

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

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

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

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

RAIVS Team
Stop 37106
Fresno, CA 93888
(855) 800-8105

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

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

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 "9999999999" on the transcript.

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.

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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.

(June 2019)

Department of the Treasury
Internal Revenue Service

a Request may not be processed if the form is incomplete or illegible.
a For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our online service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.

Jane Doe

1b First social security number

Lines 3 and 4: Do not abbreviate city name.

2a If a joint return, enter spouse's name shown on tax return.

John Doe

2b Second social security taxpayer identification

Only complete line 4 if needed.

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

123 Sample Street Richmond, VA 23220

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

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

Line 5: Leave this line Blank.

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

2017

2018

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate a 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.

Line 6: Only the last two years you have filed with the IRS.

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 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.

Sign Here

Jane D

Signature (see instructions)

3/21/2019

Date

Phone number of taxpayer on line 1a or 2a

John D

Spouse's signature

3/21/2019

Date

Signatory attestation box MUST be checked

Hand sign form. IRS will not accept digital signatures

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.

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 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 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, 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

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

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

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

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

RAIVS Team
Stop 37106
Fresno, CA 93888
(855) 800-8105

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

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

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.

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NON-BORROWER CONTRIBUTOR CREDIT REPORT AUTHORIZATION

***Only complete if you wish 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.

_____ Date _____

Non-Borrower Contributor Signature

_____ / ____ / _____

Printed Name Social Security Number

X _____ Date _____

Non-Borrower Contributor Signature

_____ / ____ / _____

Printed Name Social Security Number

Taxpayer Consent Form

Borrower

Loan Number	
MIN	

Date	
Lender	
Borrower(s)	
Property Address	

I/We understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from my/our loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

X _____

Borrower Signature

Date: _____

500 S. Broad St Ste 100A Meriden, CT 06450