



Dear Member(s),

We understand that you may be experiencing a temporary or permanent financial problem that has led or may lead to the default of your mortgage. We are concerned with this serious situation and would like to work with you to avoid foreclosure.

There are several programs created specifically to help someone who is facing difficulties with their mortgage loan. We may be able to assist you through the following workout options:

- Temporary Forbearance
- Repayment Plan
- Loan Modification
- Pre-Foreclosure Sale
- Deed-in-Lieu of Foreclosure

Although not all options are right for everyone, we would like to work with you to find a program that is right for you.

In order for us to evaluate your situation, please provide the documentation listed on the Documentation Checklist enclosed

Please continue making your payments to the best of your ability while your case is being evaluated by our Loss Mitigation team.

If you have any questions, please contact a Loss Mitigation Department at 1-800-454-0356. ***We are here to assist you with this process and want to help during this difficult time.***

Sincerely,

LOSS MITIGATION DEPARTMENT

The FEDERAL FAIR DEPT COLLECTION PRACTICES ACT requires that we inform you we are attempting to collect a debt and that any information obtained will be used for that purpose

Mortgage Center, LLC
PO Box 2171
Southfield, MI 48037
Toll Free 800-454-0356 Fax 844-724-2211

REQUIRED DOCUMENTATION CHECK LIST



- ☐ Completed Request for Modification (RMA)
- ☐ Completed Hardship Affidavit (enclosed)
- ☐ Completed Financial Worksheet (enclosed)
- ☐ Two most recent Bank Statements (all borrowers)
- ☐ Signed Authorization Form (enclosed)
- ☐ Divorce decree (if applicable)
- ☐ Last two Property Tax Bills (summer and winter)
- ☐ Homeowner's Insurance Policy Declaration page
- ☐ Flood Insurance Policy Declaration page (if applicable)
- ☐ Amount and proof of Homeowner's or CONDOMINIUM ASSOCIATION fees & dues (if applicable)
- ☐ Two recent utility bills

For each borrower who is salaried employee:

- ☐ Copy of the two most recent filed tax returns with all schedules; and W2
- ☐ Copy of the two consecutive most recent pay stubs indicating year-to-date earnings

For each borrower who is self-employed:

- ☐ Copy of the two most recent filed federal tax returns with all schedules, and
- ☐ Copy of the most recent quarterly or year-to-date profit/loss statement

For each borrower who has income such as social security, disability or death benefits, pension, public assistance, or unemployment:

- ☐ Copy of the two most recent federal tax returns with all schedules and copies of two most recent bank statements
- ☐ Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit.

For each borrower who is relying on alimony or child support as qualifying income:

- ☐ Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be received.
- ☐ Proof of full, regular and timely payments; for example deposit slips, bank statements, court verification or filed federal tax return with all schedules

For all borrowers who has rental income:

- ☐ Copies of most recent two years filed federal tax returns with all schedules, including Schedule E- Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent

If you have other types of income, cannot locate required documents, or have questions about the documentation required, please contact us at 800-454-0356

Please keep a copy of all documents for your records. Don't send original income documentation as copies are acceptable

BORROWER'S CERTIFICATION & AUTHORIZATION

Certification

The undersigned certify the following:

1. I/We have applied for a mortgage loan from Mortgage Center LLC, herein referred to as the "Lender". In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and the source of the downpayment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor have I/we omitted any pertinent information.
2. I/We understand and agree that the Lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or financial institution.
3. I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

1. I/We have applied for a mortgage loan from, Mortgage Center LLC, herein referred to as "Lender". As part of the application process, the Lender may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide the Lender and to any investor to whom the Lender may sell my/our mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar balances; credit history; and copies of income tax returns.
3. The Lender or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to the Lender or the investor that purchased the mortgage is appreciated.

Borrower	Date
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SSN

Borrower	Date
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SSN

NOTICE TO BORROWERS: This notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another government agency or department without your consent except as required or permitted by law.

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need a copy

1	1a Name shown on tax return. If a joint return, enter the name shown first.	1	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2	2a If a joint return, enter spouse's name shown on tax return.	2	2b Second social security number or individual taxpayer identification number if joint tax return
3	3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)		
4	4 Previous address shown on the last return filed if different from line 3 (see instructions)		
5	5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.		

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6	6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶		
	a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days. b Account Transcript, which contains information on the financial status of the account, such as payments made on assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to item and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days. c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days.		
	7 Verification of Nonfiling , which is proof from the IRS that you did not file a return for the year. Current year request after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days.		
	8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript of these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for purposes other than verification, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days.		

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9	9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.		
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of 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 4506-T. See instructions.

Phone number of taxpayer on line 17 or 2a

10 Sign Here	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date

Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of 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 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
Signature (see instructions) Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature Date	

Sign Here

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

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 a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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

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

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
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	Internal Revenue Service 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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
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	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, 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	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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 addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

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

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

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

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.

Making Home Affordable Program Request For Mortgage Assistance (RMA)



If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about **all** of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

SECTION 1: BORROWER INFORMATION

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS		MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")	
EMAIL ADDRESS		EMAIL ADDRESS	

Has any borrower filed for bankruptcy? ☐ Chapter 7 ☐ Chapter 13	Is any borrower a servicemember? ☐ Yes ☐ No
Filing Date: _____ Bankruptcy case number: _____	Have you recently been deployed away from your principal residence or recently received a permanent change of station order? ☐ Yes ☐ No
Has your bankruptcy been discharged? ☐ 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? _____

Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? ☐ Yes ☐ No

Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? ☐ 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

SECTION 2: HARDSHIP AFFIDAVIT

I (We) am/are requesting review under MHA.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

☐ My household income has been reduced. For example: reduced pay or hours, decline in business or self employment earnings, death, disability or divorce of a borrower or co-borrower.	☐ My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
☐ My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	☐ My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
☐ I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other: _____

Explanation (continue on a separate sheet of paper if necessary):

Please skip this section. Once you have completed this form, proceed to the Hardship Affidavit included in this package.

SECTION 3: PRINCIPAL RESIDENCE INFORMATION

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence ☐ Yes ☐ No

If "yes", I want to: ☐ Keep the property ☐ Sell the property

Property Address: _____ Loan I.D. Number: _____

Other mortgages or liens on the property? ☐ Yes ☐ No Lien Holder / Servicer Name: _____ Loan I.D. Number: _____

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No If "Yes", Monthly Fee \$ _____ Are 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 Homeowner's Insurance \$ _____

Is the property listed 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: _____

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

Principal residence servicer name: _____ Principal residence servicer phone number: _____

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

SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Skip this section and proceed to the next section,
"Required Income Documentation"

Required Income Documentation

(Your servicer may request additional documentation to complete your evaluation for MHA)

All Borrowers	☐ Include a signed IRS Form 4506-T or 4506T-EZ
☐ Do you earn a wage? Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	☐ For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
☐ Are you self-employed?	☐ Provide your most recent signed and dated quarterly or year-to date profit and loss statement.
☐ Do you receive tips, commissions, bonuses, housing allowance or overtime?	☐ Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
☐ Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	☐ Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
☐ Do you receive alimony, child support, or separation maintenance payments?	☐ Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND ☐ Copies of your two most recent bank statements or deposit advices showing you have received payment. Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.
☐ Do you have income from rental properties that are not your principal residence?	☐ Provide your most recent Federal Tax return with all schedules, including Schedule E. ☐ If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

SECTION 5: OTHER PROPERTIES OWNED

(You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described in Section 6 below. Use additional sheets if necessary.)

Other Property #1

Property Address: _____ Loan I.D. Number: _____

Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____

Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #2

Property Address: _____ Loan I.D. Number: _____

Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____

Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #3

Property Address: _____ Loan I.D. Number: _____

Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____

Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

SECTION 6: OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED(Complete this section **ONLY** if you are requesting mortgage assistance with a property that is not your principal residence.)I am requesting mortgage assistance with a rental property. ☐ Yes ☐ NoI am requesting mortgage assistance with a second or seasonal home. ☐ Yes ☐ NoIf "Yes" to either, I want to: ☐ Keep the property ☐ Sell the property

Property Address: _____ Loan I.D. Number: _____

Do you have a second mortgage on the property ☐ Yes ☐ No If "Yes", Servicer Name: _____ Loan I.D. Number: _____Do you have condominium or homeowner 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 Homeowner's Insurance \$ _____ Annual Property Taxes \$ _____

If requesting assistance with 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 a tenant: Term of lease / occupancy ____ / ____ / ____ - ____ / ____ / ____ Gross Monthly Rent \$ _____
MM / DD / YYYY MM / DD / YYYYIf rental property is vacant, describe efforts to rent property: _____
_____If applicable, describe relationship of and duration of non-rent paying occupant of rental property: _____
_____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.)

☐ By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

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 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 certifications, I may at any time sell the property, occupy it as my principal 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 date listed below or the date the RMA is received by your servicer.

Initials: Borrower _____ Co-borrower _____

SECTION 7: 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 respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

SECTION 8: 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.**

BORROWER ☐ I do not wish to furnish this information	CO-BORROWER ☐ I do not wish to furnish this information
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White Sex: ☐ Female ☐ Male	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White Sex: ☐ Female ☐ Male

To be completed by interviewer		Name/Address of Interviewer's Employer						
This request was taken by: ☐ Face-to-face Interview ☐ Mail ☐ Telephone ☐ Internet	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="height: 30px;">Interviewer's Name (print or type) & ID Number</td> </tr> <tr> <td style="width: 50%; height: 30px;">Interviewer's Signature</td> <td style="width: 50%; height: 30px;">Date</td> </tr> <tr> <td colspan="2" style="height: 30px;">Interviewer's Phone Number (include area code)</td> </tr> </table>	Interviewer's Name (print or type) & ID Number		Interviewer's Signature	Date	Interviewer's Phone Number (include area code)		
Interviewer's Name (print or type) & ID Number								
Interviewer's Signature	Date							
Interviewer's Phone Number (include area code)								

SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. 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 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.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Borrower Signature

Social Security Number

Date of Birth

Date

Co-borrower Signature

Social Security Number

Date of Birth

Date

HOMEOWNER'S HOTLINE

*If you have questions about this document or the Making Home Affordable Program, please call your servicer.
If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673).*

The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



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 your occupancy of your property, 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 my Servicer 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 misrepresentations 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.sigtar.gov and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Beware of Foreclosure Rescue Scams. Help is FREE!

- **There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.**
- **Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.**
- **Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.**
- **Never make your mortgage payments to anyone other than your mortgage company without their approval.**



LOAN NUMBER: _____
Borrower: _____
Co-borrower: _____

RESOLVED	LONG TERM	SHORT TERM	PERMANENT
1. RESOLVED 2. LONG TERM 3. SHORT TERM 4. PERMANENT			

[illegible]

A 3rd party is assisting me and I request that Mortgage Center works with this individual or agency to help find a resolution to my hardship. Mortgage Center is authorized to discuss with and provide my personal loan status, account details, and any necessary documentation to the third party named below

Contact Telephone Number

Borrower	Date	Co-borrower	Date
			11/9/2011

Making Home Affordable Program Non-Owner Occupant Certification



You are the occupant of a property that is being sold or transferred in conjunction with the U.S. Department of the Treasury's Home Affordable Foreclosure Alternative (HAFA) Program. Because you will be required to vacate the property as a condition of the sale or transfer, you may be eligible to receive \$3,000 in relocation assistance. If you wish to be considered for this assistance, you must complete and sign this form and return it to the owner of the property (Owner).

OCCUPANT INFORMATION

OCCUPANT'S NAME

CO-OCCUPANT'S NAME

PROPERTY ADDRESS (include city, state and zip)

I certify that I currently occupy the property described above (the Property) as a principal residence and, to the best of my knowledge, I am required to vacate the Property as a condition of the pending sale or transfer.

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 (MHA), 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 certify that I 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 understand that the servicer of the mortgage loan secured by the Property (the Servicer), the U.S. Department of the Treasury (Treasury), or their respective 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 have not been convicted of such crimes. I also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this form is received by the Servicer.

ACKNOWLEDGEMENT AND AGREEMENT

1. I authorize and give permission to the Servicer, Treasury, and their respective agents, to assemble and use a current consumer report to investigate my eligibility for HAFA relocation assistance, the accuracy of my statements and any documentation that I may provide in connection with requesting HAFA relocation assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point to assess my eligibility.
2. I understand that if I have 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 relocation assistance under HAFA, the Servicer, Treasury, or their respective agents may seek remedies available at law and in equity, such as recouping any assistance I previously received.
3. I understand that the Servicer will collect and record personal information that I submit, including, but not limited to, my name, address, social security number and date of birth. I understand and consent to the Servicer's disclosure of my personal information and the terms of any assistance I may receive under MHA to Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services the mortgage loan(s) secured by the Property, and to any HUD-certified housing counselor assisting Owner.
4. I understand that the Owner may, but is not required to, request relocation assistance on my behalf, and I authorize the Owner to submit this Certification to the Servicer in connection with any such request, along with any other documentation that the Servicer may require.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

▶ _____ Occupant Signature	_____ Social Security Number	_____ Date of Birth	_____ Date
▶ _____ Co-Occupant Signature	_____ Social Security Number	_____ Date of Birth	_____ Date

NOTICE TO OCCUPANTS

Be advised that by signing this document you understand that any documents and information you submit 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 your occupancy in the Property, 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 in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for relocation assistance under HAFA, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations 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.sigtarp.gov and provide them with your name, the Owner's name, the property address and reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



FINANCIAL WORKSHEET

Please make sure to fill in all applicable information

MC LOAN NUMBER:

Borrower	Co-Borrower
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HOUSEHOLD INFORMATION

Total number of persons living in the property: Number of Dependents:

Borrower's Employer	How long?	Co-Borrower's Employer	How long?
Paid weekly bi-weekly monthly bi-monthly		Paid weekly bi-weekly monthly bi-monthly	
Gross Monthly Wages	\$	Gross Monthly Wages	\$
Unemployment Income	\$	Unemployment Income	\$
Child support/Alimony Income	\$	Child Support/Alimony Income	\$
Rents Received	\$	Rents Received	\$
Other: (specify)	\$	Other: (specify)	\$
(Less payroll taxes)	(\$)	(Less payroll taxes)	(\$)
(Less other deductions)	(\$)	(Less other deductions)	(\$)
NET MONTHLY INCOME		NET MONTHLY INCOME	

MONTHLY EXPENSES (all borrowers)		ASSETS & LIABILITIES (all borrowers)		
2 nd mortgage(s)	\$	Checking account balance	Value \$	Owed \$
Rent/other lien(s)		Savings/Money market balance	\$	\$
Auto Loan Payments	\$	Other properties	\$	\$
Auto Maintenance (ins, fuel)	\$	Boat/RVs	\$	\$
Credit Cards	\$	Autos: # _____	\$	\$
Personal/Installment Loans	\$	401(K)/ESOP accounts	\$	\$
Child Care/Support/Alimony	\$	Stocks/Bonds/CDs	\$	\$
Food / Groceries	\$	Other (specify)	\$	\$
Utilities (gas, electric, phone, trash)	\$	Other (specify)	\$	\$
Property Taxes if not escrowed	\$	Other (specify)	\$	\$
Homeowners insurance is not escrowed	\$	Other (specify)	\$	\$
Homeowners or Condominium Association Dues	\$	Other (specify)	\$	\$
Medical	\$	Other (specify)	\$	\$
Other:	\$	Other (specify)	\$	\$
Other:	\$	Other (specify)	\$	\$
TOTAL MONTHLY EXPENSES	\$	Other (specify)	\$	\$

I agree that the financial information provided is an accurate statement of my financial status. I understand and acknowledge that any action taken by the lender of my mortgage loan, including ordering a credit report, on my behalf will be made in strict reliance on the financial information provided.

Borrower

Date

Co-Borrower

Date



GENERAL AUTHORIZATION

Date: _____

To whom it may concern:

Please accept this letter or a photocopy of this letter as my/our authorization to release any employment, income, deposit/asset, credit or payoff information to Mortgage Center LLC, its successors and/or its assigns.

YOU ARE AUTHORIZED TO RELEASE ANY RELATED INFORMATION AND YOU ARE SPECIFICALLY AUTHORIZED TO ACCEPT A COPY OF THIS LETTER AS IF IT WERE THE ORIGINAL.

Please promptly complete and return the attached request to Mortgage Center LLC. Your assistance is appreciated and it will help expedite my/our mortgage transaction. Thank you very much.

Sincerely,

Signature

Date

Signature

Date



Here at Mortgage Center, our goal is to help our members retain their property. You have taken the first step to helping us, help you by requesting this Loss Mitigation package. Please make sure that all information is thoroughly completed and all requested documentation is included with the returned package. It is imperative that we have up-to-date contact information as this is a time sensitive process. It is critical that we are able to communicate with you quickly. To help in this process, please provide the following:

Current Mailing Address	City	State	Zip
Email	Cell	Other Phone	
Best Time To Be Contacted	Preferred Method Of Contact		

By providing your most current information, our Member Solutions Representatives will be able to update you quickly regarding the status of your Loss Mitigation file. The Representatives who may be handling your file are:

- Amber Bullen
- Keely Stevens
- LaNedra Johnson
- Larry Lee
- Melissa Frank

If you have questions or need assistance completing the package, you can reach either of the Representatives by calling 800-353-4449 ext. 5419.

Thank you,

Member Solutions