

June 2012

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# **WASHINGTON FORECLOSURE MEDIATION TOOLKIT**

*Compiled by:*

*Seattle-King County Asset Building Collaborative  
Foreclosure Prevention Team*

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# INTRODUCTION

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The vast majority of foreclosures in Washington State occur through a non-judicial process. That means that the foreclosing loan servicer (an entity hired by the bank) need only serve and record a couple of notices, wait a few weeks and then proceed with the trustee's sale. Unlike states where banks must file a lawsuit to proceed with foreclosure, Washington offers no court oversight. In order to dispute foreclosure or compel the bank to consider alternatives, the homeowner has to file an affirmative lawsuit, which is beyond the means for most homeowners with limited resources.

In response to this growing frustration, Washington state passed the Foreclosure Fairness Act (FFA) in 2011, permitting homeowners to request mediation with their bank and try to reach an agreement that avoids foreclosure, if possible, without going to court. A mediation hearing may result in a modification agreement if the homeowner has sufficient income, allowing the bank to benefit and the homeowner to stay in the home. If modification is not possible, homeowners can discuss other loss mitigation alternatives, such as a deed in lieu of foreclosure or a short sale.

Under the FFA, only an attorney licensed to practice in Washington or a HUD-certified housing counselor can request mediation on behalf of a homeowner, although homeowners can represent themselves at the mediation hearing. In addition, homeowners also have a right to request a meeting with their bank soon after default, before mediation is necessary. The right to both the meeting and mediation are triggered during specific times in the foreclosure process.

This *Toolkit* is intended to help homeowners understand and benefit from the rights provided by the FFA. Where homeowners are not represented by an attorney or housing counselor, this Toolkit will help homeowners represent themselves. The process is complex, but these tools will help homeowners navigate the system and offer materials to help them advocates for themselves to try to save their homes.

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# ***OVERVIEW OF FORECLOSURE FAIRNESS ACT***

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## **FORECLOSURE FAIRNESS ACT (FFA) (RCW 61.24.163)**

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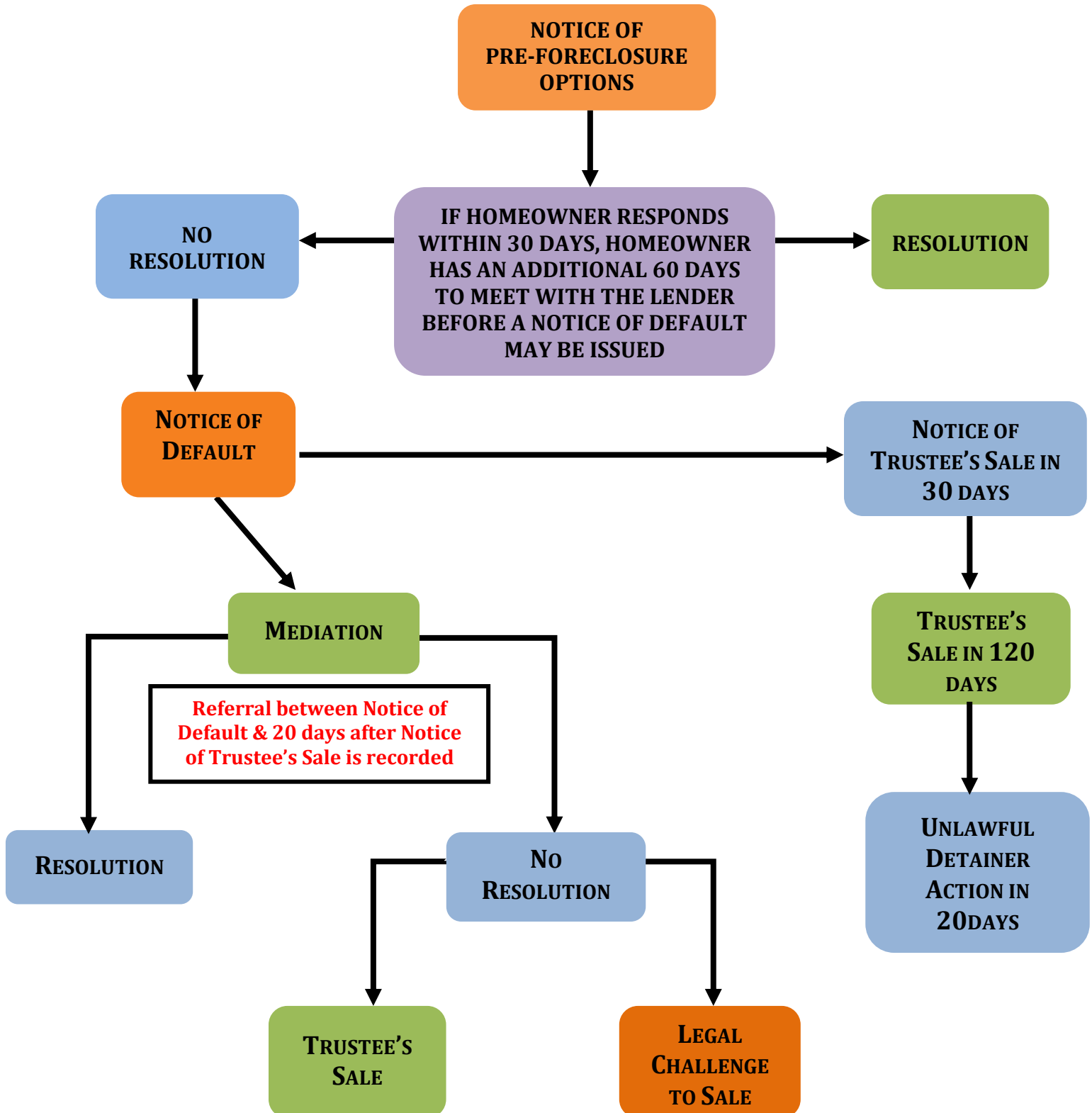
- **Recognizes foreclosures as a crisis and is meant to help homeowners avoid foreclosure**
- **Adds additional time to the foreclosure process**
- **Gives homeowners the right to request a meeting with their lenders (“meet and confer”) to seek a resolution**
- **If the homeowner receives a Notice of Default, a housing counselor or attorney may refer the homeowner to mediation when appropriate**

## **FFA GIVES HOMEOWNERS MORE NOTICE AND TIME TO EXPLORE OPTIONS**

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- **Notice Required!**
- **Before the foreclosure process starts, the bank must**
  - **Issue a Notice of Pre-Foreclosure Options**
  - **Offer to meet with the homeowner to discuss alternatives to foreclosure**
  - **Provide homeowners with phone numbers of foreclosure prevention resources**

# FORECLOSURE TIMELINE



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## ***RIGHTS UNDER FFA: WHAT?***

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### Meet & Confer

- Right to meet with beneficiary to discuss alternatives to foreclosure.

### Mediation

- Right to meet with beneficiary in presence of neutral third party who facilitates the negotiation of an agreement.

### Per se Consumer Protection Act (CPA) Litigation

- Right to file a lawsuit to enjoin (stop) sale if beneficiary violates FFA or fails to offer a modification if homeowner passes Net Present Value test (NPV).

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## ***RIGHTS UNDER FFA: WHEN?***

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### Meet & Confer

- After Loan Default and before service of Notice of Default, homeowner must receive Notice of Pre Foreclosure Options (NOPFO), including the right to “meet and confer.”

### Mediation

- After Service of Notice of Default and up to 20 days past service of Notice of Trustee Sale, homeowner may request mediation.

### Per se Consumer Protection Act (CPA) Litigation

- If beneficiary violates NOPFO rights, after not-in-good-faith mediation certification, homeowner may sue.

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## ***RIGHTS UNDER FFA: How?***

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### **Meet & Confer**

- Respond to NOPFO within 30 days of receipt and set up meeting. Requesting meeting will add 60 days to pre-Notice of Default period.

### **Mediation**

- Consult with HUD counselor or Washington licensed attorney for referral to mediation. Pay mediation fee (\$200) and submit timely loan modification application.

### **Per Se Consumer Protection Act (CPA) Litigation**

- File complaint and motion to enjoin with at least 5 days' notice to trustee. Note right to enjoin outside of FFA, too (RCW 61.24.130).



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## ***RIGHTS UNDER FFA: MEET & CONFER***

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### **What?**

- Right to meet with beneficiary to discuss alternatives to foreclosure.

### **When?**

- After Loan Default and before service of Notice of Default. Homeowner must receive Notice of Pre Foreclosure Options (NOPFO).

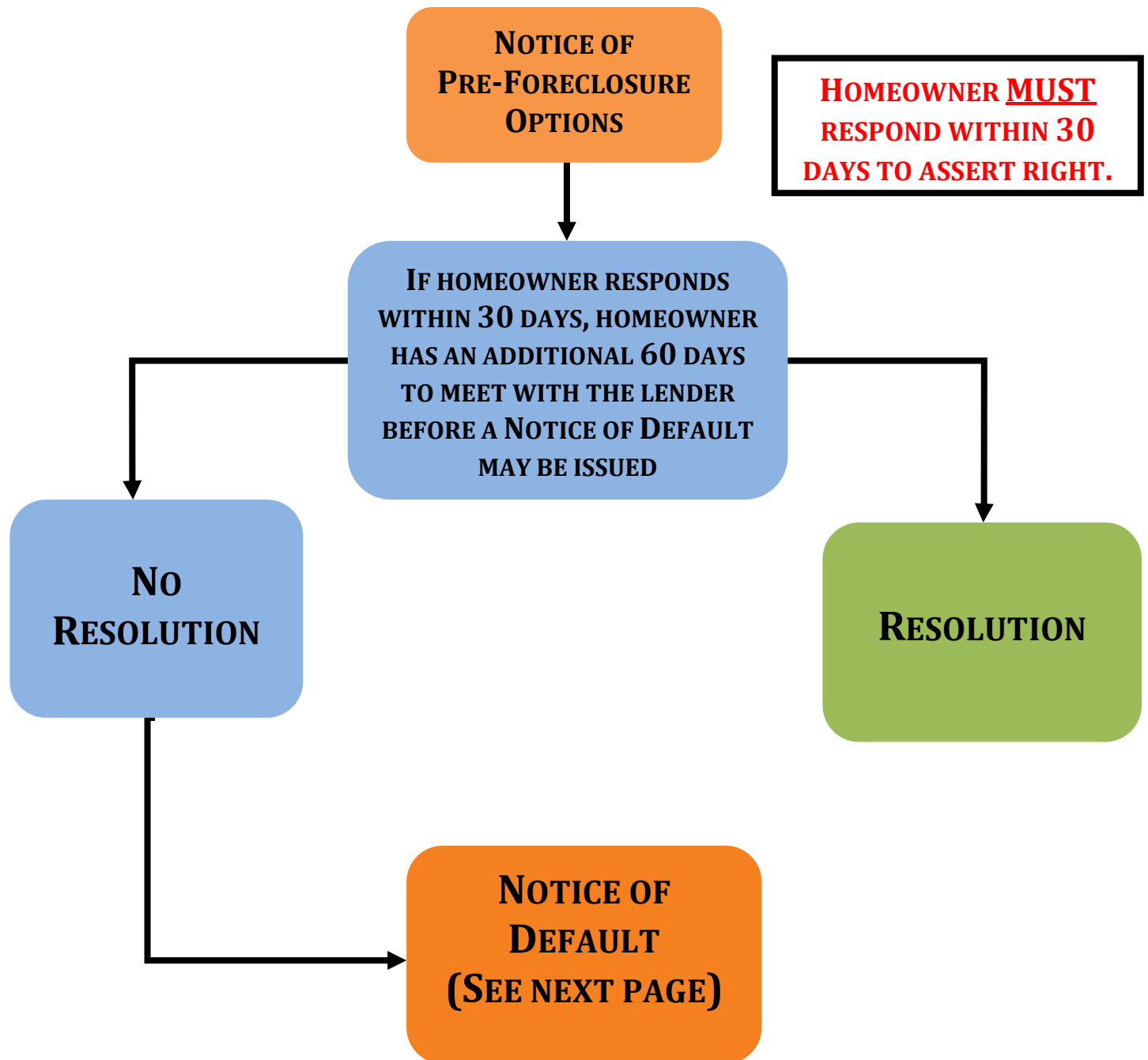
### **How?**

- Respond to NOPFO within 30 days of receipt and set up meeting. Requesting meeting will add 60 days to pre-Notice of Default period.

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# ***NOTICE OF PRE-FORECLOSURE OPTIONS FLOW CHART***

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## ***RIGHTS UNDER FFA: MEDIATION***

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### **What?**

- Right to meet with beneficiary in presence of third party neutral who helps parties negotiate an agreement.

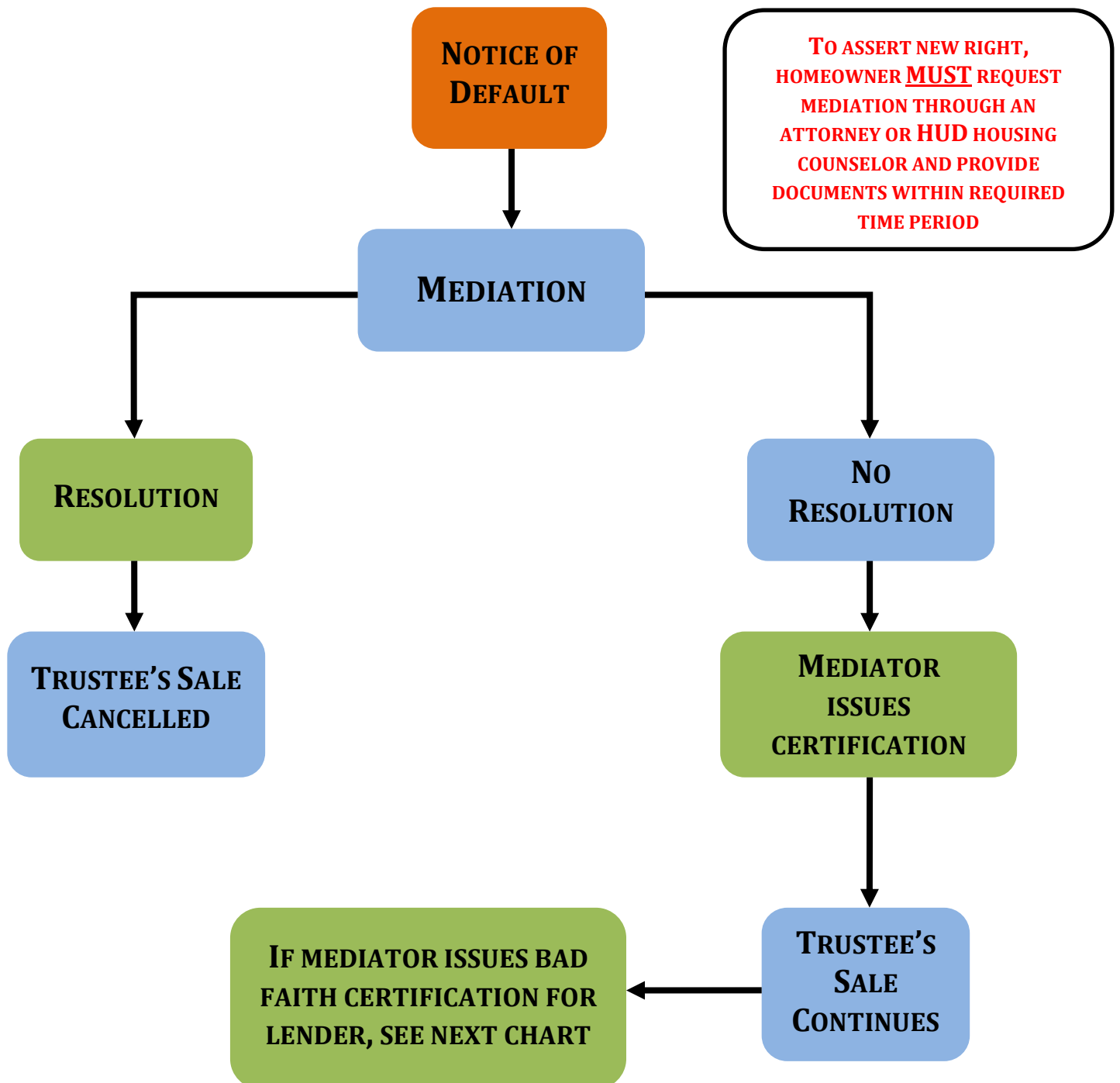
### **When?**

- After Service of Notice of Default and up to 20 days past service of Notice of Trustee Sale.

### **How?**

- Consult with HUD counselor or WA licensed attorney for referral to mediation. Pay mediation fee and submit required documents.

# ***MEDIATION FLOW CHART***



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## ***RIGHT UNDER FFA: PER SE CONSUMER PROTECTION ACT (CPA) VIOLATION***

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### **What?**

- Right to file a lawsuit to enjoin sale if beneficiary violates FFA or fails to offer a modification if homeowner passes Net Present Value test.

### **When?**

- After beneficiary violates NOPFO rights, after not-in-good-faith mediation certification.

### **How?**

- File complaint and motion to enjoin with at least 5 days notice to trustee. Note right to enjoin outside of FFA, too (RCW 61.24.130).

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# ***LITIGATION FLOW CHART***

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**MEDIATION BAD FAITH  
CERTIFICATION FOR LENDER**



**TRUSTEE'S SALE CONTINUES**



**HOMEOWNER RESTRAINS  
TRUSTEE'S SALE BASED ON  
PER SE VIOLATION OF  
CONSUMER PROTECTION ACT**

**TO ASSERT NEW RIGHT,  
HOMEOWNER MUST RESTRAIN  
TRUSTEE'S SALE IN COURT**

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# ***AFTER MEDIATION REFERRAL***

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## **Timeline**

- Within **10 days** of receiving the mediation request, Washington Department of Commerce notifies the parties and selects a mediator.
- A \$200 fee must be paid to the mediator within **30 days** of receipt of that letter or per the mediator's instruction.
- Within **23 days** of the notice, the homeowner transmits documents required for mediation to mediator and beneficiary.
- Within **20 days** of the beneficiary's receipt of the homeowner's documents, the beneficiary shall provide its documents to mediator and homeowner.
- The mediation is scheduled no later than **70 days** after the mediator is selected, unless otherwise agreed.
- **30 days** before the mediation session, the mediator will set a time, date, and place for the mediation.
- The mediation is **1-3 hours**, unless otherwise agreed.
- Within **7 business days** of the mediation, the mediator must issue a written certification of results and good faith.



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# ***MEDIATION INFORMATION***

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## **MEDIATION**

- A neutral mediator helps the homeowner and the lender reach an agreement
- The goal is to avoid foreclosure
- The mediator cannot force the lender to accept the agreement
- The mediator issues a Certification of Good Faith

## **BOTH PARTIES HAVE A DUTY OF GOOD FAITH**

- Timely participation
- Provide required documentation in a timely manner
- Pay the mediation fee
- Designate a representative with adequate authority to reach a resolution with the homeowner in mediation
- Not requiring waiver by homeowner of any future claims





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# ***MEDIATION INFORMATION***

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## **HOMEOWNER MUST PROVIDE:**

- Current and future income
- Record of debts and obligations
- Asset information
- List of household expenses
- Tax returns for the past two years
- Hardship information
- Any other relevant information

## **LENDER MUST PROVIDE:**

- Note and Deed of Trust
- Proof of ownership of Note
- Balance of the loan
- Itemized list of missed payments and fees
- Payment history
- Explanation of any denial for a loan modification, forbearance, or other alternative to foreclosure
- Appraisal (not more than 90 days old)
- Pooling and Servicing Agreement (if applicable)



# ***FORECLOSURE MEDIATION CHECKLIST FOR HOMEOWNERS***

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- A. Referral to mediation by housing counselor or attorney**
- B. Send documents to mediator and beneficiary**
  - ✓ 23 days after notice of referral from Department of Commerce (DOC)
- C. Send \$200 mediation fee to mediator**
  - ✓ 30 days after receiving notice of referral or per mediator's instructions
- D. Lender sends documents to mediator and homeowner**
  - ✓ 20 days after receiving homeowner's documents
- E. Prepare Homeowner Mediation Notebook (see next page)**
  - ✓ Prior to mediation
- F. Day of Mediation**
  - ✓ 70 days after mediator is selected
  - ✓ Arrive early
  - ✓ Dress nicely
  - ✓ Inform the mediator and lender ahead of time if someone will be attending the mediation with you

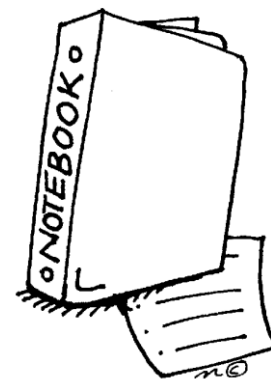
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# ***MEDIATION NOTEBOOK***

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## ***Suggested Table of Contents***

- 1. Mediation Brief/Proposal**
- 2. Net Present Value Analysis**
- 3. Mediation Referral Documents**
- 4. Modification Application**
- 5. Hardship Letter**
- 6. Income Records**
- 7. Profit and Loss Statement (if applicable)**
- 8. Bank Statements (past two months – not online print out and include all pages)**
- 9. Tax Authorization (4506T)**
- 10. Income Tax Returns (past two years)**
- 11. Documentation of Debts and Obligations**
- 12. Monthly household expense sheet**
- 13. Utility Bill**
- 14. Notice of Default**
- 15. Notice of Trustee's Sale (if applicable)**



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# *ALTERNATIVES TO FORECLOSURE*

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## *Loss Mitigation Options*

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- Keeping the home:
  - Forbearance – asking the bank to accept lower payments, or no payments for a specified period of time.
  - Repayment Plan – working out a plan to pay the missed payments and fees.
  - Modification - Changing the loan terms to achieve an affordable payment.
- Avoiding foreclosure by giving up the home:
  - Pre-Foreclosure Sale
  - Deed-in-lieu of Foreclosure
  - Short Sale

## *Modification Process*

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- Apply missed payments and fees to the principal balance
- Reduce interest rate
- Extend loan term (up to 40 years)
- Forbear principal (tack a portion of the loan to the end of the term, i.e., a balloon payment)
- May include principal forgiveness

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## *HAMP Loan Modification Requirements*

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- *Home is owner-occupied*
- *Primary residence*
- *Housing payment is more than 31% of gross monthly income*
- *Financial hardship*
- *Documentation of income*
- *Unpaid principal balance on your first mortgage is less than or equal to \$729,750 for mortgages secured against a one-unit property*
- *This requirement will vary if your property is a two, three or four-unit property*



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## ***EXAMPLES OF LOAN MODIFICATION DOCUMENTS***

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Pgs. 21-28 - <http://www.makinghomeaffordable.gov/get-started/request-modification/Documents/RMAFormRev0412.pdf>

Pgs. 29-32 - [http://www.in.gov/judiciary/selfservice/files/Request\\_for\\_Modification\\_710.pdf](http://www.in.gov/judiciary/selfservice/files/Request_for_Modification_710.pdf)

Pgs. 33-34 - <http://www.makinghomeaffordable.gov/get-started/request-modification/Documents/4506-EZ%20Form.pdf>

Pgs. 35-36 - <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>

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## 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? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Bankruptcy case number: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is any borrower a servicemember? <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	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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):

<input type="checkbox"/> 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.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> 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):

### 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

Monthly Household Income		Monthly Household Expenses/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$ <input type="text"/>	First Mortgage Principal & Interest Payment*	\$ <input type="text"/>	Checking Account(s)	\$ <input type="text"/>
Overtime	\$ <input type="text"/>	Second Mortgage Principal & Interest Payment*	\$ <input type="text"/>	Checking Account(s)	\$ <input type="text"/>
Self employment Income	\$ <input type="text"/>	Homeowner's Insurance*	\$ <input type="text"/>	Savings / Money Market	\$ <input type="text"/>
Unemployment Income	\$ <input type="text"/>	Property Taxes*	\$ <input type="text"/>	CDs	\$ <input type="text"/>
Untaxed Social Security / SSD	\$ <input type="text"/>	HOA/Condo Fees*	\$ <input type="text"/>	Stocks / Bonds	\$ <input type="text"/>
Food Stamps/Welfare	\$ <input type="text"/>	Credit Cards/Installment debt (total min. payment)	\$ <input type="text"/>	Other Cash on Hand	\$ <input type="text"/>
Taxable Social Security or retirement income	\$ <input type="text"/>	Child Support / Alimony	\$ <input type="text"/>		
Child Support / Alimony**	\$ <input type="text"/>	Car Payments	\$ <input type="text"/>		
Tips, commissions, bonus and overtime	\$ <input type="text"/>	Mortgage Payments other properties****	\$ <input type="text"/>		
Gross Rents Received ***	\$ <input type="text"/>	Other	\$ <input type="text"/>	Value of all Real Estate except principal residence	\$ <input type="text"/>
Other	\$ <input type="text"/>			Other	\$ <input type="text"/>
<b>Total (Gross income)</b>	<b>\$ <input type="text"/></b>	<b>Total Debt/Expenses</b>	<b>\$ <input type="text"/></b>	<b>Total Assets</b>	<b>\$ <input type="text"/></b>

\*\* 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.

\*\*\* Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

\*\*\*\* Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.



### Required Income Documentation

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

All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	<input type="checkbox"/> 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.
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> 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).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> 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).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> 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 <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment. <b>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.</b>
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> 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

*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](http://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.**



*This page intentionally left blank.*

## UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) real estate taxes; (4) homeowner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) other liens, if any, on your property.

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

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

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

**Loan I.D. Number** \_\_\_\_\_ (usually found on your monthly mortgage statement)

**I want to:** ☐ **Keep the Property** ☐ **Sell the Property**

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

**The property is currently:** ☐ **Owner Occupied** ☐ **Renter occupied** ☐ **Vacant**

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)		EMAIL ADDRESS	
<p>Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the listing date? _____ If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: _____ Amount of Offer: \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the counselor contact information below: Counselor's Name: _____ Agency's Name: _____ Counselor's Phone Number: _____ Counselor's Email Address: _____</p>	
<p>Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input type="checkbox"/> No Total monthly amount: \$ _____ Name and address that fees are paid to: _____</p>			
<p>Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Filing Date: _____ Bankruptcy case number: _____</p>	

# UNIFORM BORROWER ASSISTANCE FORM

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

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

Lien Holder's Name

Balance / Interest Rate

Loan Number

## Required Income Documentation

<input type="checkbox"/> <b>Do you earn a wage?</b> For each borrower who is a salaried employee or hourly wage earner, include the most recent pay stub that reflects at least 30 days of year-to-date earnings for each borrower.	<input type="checkbox"/> <b>Are you self-employed?</b> For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity
<input type="checkbox"/> <b>Do you have any additional sources of income?</b> Provide for each borrower as applicable: <b>"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:</b> <input type="checkbox"/> Reliable third-party documentation describing the amount and nature of the income (e.g., employment contract or printouts documenting tip income). <b>Social Security, disability or death benefits, pension, public assistance, or adoption assistance:</b> <input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and <input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. <b>Rental income:</b> <input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent reduced by the monthly debt service on the property, if applicable; or <input type="checkbox"/> If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent. <b>Investment income:</b> <input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income. <b>Alimony, child support, or separation maintenance payments as qualifying income:*</b> <input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and <input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment. <b>*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.</b>	



## UNIFORM BORROWER ASSISTANCE FORM

### HARDSHIP AFFIDAVIT

**(provide a written explanation with this request describing the specific nature of your hardship)**

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options.

Date Hardship Began is: \_\_\_\_\_

I believe that my situation is:

- ☐ Short-term (under 6 months)  
☐ Medium-term (6 – 12 months)  
☐ Long-term or Permanent Hardship (greater than 12 months)

**I am having difficulty making my monthly payment because of reasons set forth below:**

*(Please check all that apply and submit required documentation demonstrating your hardship)*

<b>If Your Hardship is:</b>	<b>Then the Required Hardship Documentation is:</b>
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Underemployment	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills; OR <input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable)
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none"> <li>• Bankruptcy filing for the business; or</li> <li>• Two months recent bank statements for the business account evidencing cessation of business activity; or</li> <li>• Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul>

## UNIFORM BORROWER ASSISTANCE FORM

### **Borrower/Co-Borrower Acknowledgement and Agreement**

1. I certify that all of the information in this Borrower Assistance Form 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, owner or guarantor of my mortgage, or their agent(s) 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 understand the Servicer will obtain a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. I certify that my property has not received 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 this information 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. If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
9. I agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
10. I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
11. If I qualify for and enter into a repayment plan, forbearance plan, and trial period plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
12. I understand that the Servicer will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, 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 relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor.
13. If I am eligible for foreclosure prevention relief under the federal Making Home Affordable Program, I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by the Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan, and (c) companies that perform support services in conjunction with Making Home Affordable.
14. I consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Request for Transcript of Tax Return

► Request may be rejected if the form is incomplete or illegible.

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](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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

**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 IRS 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 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐

**b** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days ☐

**c** **Record of Account**, which 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 30 calendar days ☐

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

**8** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days ☐

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

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

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return ☐

**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, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<b>Sign Here</b>	<b>Signature</b> (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		
	<b>Spouse's signature</b>	Date	

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

### What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at [www.irs.gov/form4506](http://www.irs.gov/form4506). 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.

**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.

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

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

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

### Chart for all other transcripts

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

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

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

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

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

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

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

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

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

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

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

### Privacy Act and Paperwork Reduction Act Notice.

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

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

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

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

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

Internal Revenue Service  
Tax Products Coordinating Committee  
SE:W:CAR:MP:T:M:S  
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.

## Short Form Request for Individual Tax Return Transcript

► Request may not be processed if the form is incomplete or illegible.

OMB No. 1545-2154

**Tip:** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	
Third party name	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	
<b>6</b> <b>Year(s) requested.</b> Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.	

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

**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 may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign.

**Note.** This form must be received within 60 days of signature date.

<b>Sign Here</b>	<b>Signature</b> (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	<b>Spouse's signature</b>	Date	

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

- A transcript of a business return (including estate and trust returns).
- An account transcript (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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

**Automated transcript request.** You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

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

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

## Where to mail . . .

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

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia

Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming

Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia

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

RAIVS Team  
P.O. Box 47-421  
Stop 91  
Doraville, GA 30362  
770-455-2335

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
512-460-2272

RAIVS Team  
Stop 37106  
Fresno, CA 93888  
559-456-5876

RAIVS Team  
Stop 6705-B41  
Kansas City, MO  
64999  
816-292-6102

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

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. 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, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

## RESOURCES

### Making Home Affordable Tools

- Handbook:  
[https://www.hmpadmin.com/portal/programs/docs/hamp\\_servicer/mhahandbook\\_34.pdf](https://www.hmpadmin.com/portal/programs/docs/hamp_servicer/mhahandbook_34.pdf)
- Find Your Lender: <http://www.makinghomeaffordable.gov/get-assistance/contact-mortgage/Pages/default.aspx>
- HAFA (Home Affordable Foreclosure Alternatives):  
[https://www.hmpadmin.com/portal/programs/foreclosure\\_alternatives.jsp](https://www.hmpadmin.com/portal/programs/foreclosure_alternatives.jsp)
- Bankrate Calculator:  
<http://www.bankrate.com/calculators/mortgages/mortgage-payment-calculator.aspx>
- Net Present Value (NPV) Calculator: <https://checkmynpv.com/>
- Federal Deposit Insurance Corporation Net Present Value Calculator:  
<http://www.fdic.gov/consumers/loans/prevention/NPVCalculator.html>

### PROPERTY INFORMATION

- King County Recorder's Office :  
<http://www.kingcounty.gov/business/Recorders/RecordsSearch.aspx>
- King County Assessor:  
<http://www.kingcounty.gov/operations/gis/propresearch/parcelviewer.aspx>
- Zillow: [www.zillow.com](http://www.zillow.com)

### FORECLOSURE PREVENTION RESOURCES

- Washington Homeownership Resource Center Hotline (WHRC)
  - 1-877-894-HOME (4663)
  - HUD-certified Housing Counselors
- Northwest Justice Project's Foreclosure Prevention Unit (FPU)
  - 1-800-606-4819
  - Attorneys and Paralegals
- Washington Foreclosure Prevention Resource Guide
  - <http://www.tre.wa.gov/documents/waResourceGuide091710-FINAL.pdf>
- Washington Law Help
  - <http://www.washingtonlawhelp.org/>

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# ***GOOD LUCK!***

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## **Acknowledgments**

The SKC ABC Foreclosure Prevention Team is comprised of numerous partner agencies from the Seattle-King County Asset Building Collaborative ([www.skcab.org](http://www.skcab.org)) who have collaborated to compile these materials to assist homeowners who will represent themselves at mediation hearings. Thank you to all members who have worked on various components of these materials, but particularly to the Northwest Justice Project's Foreclosure Prevention Unit for initiating and taking the lead in preparing this work for publication. SKC ABC Foreclosure Prevention Team also would like to thank Parkview Services, Urban League of Metropolitan Seattle, and Solid Ground for their significant contributions to this project. Last, but far from least, we'd like to thank Meka Hill of Team West Solutions for volunteering many hours to create and produce the beautiful graphic design of this publication.

## **Disclaimer**

Unless otherwise specifically stated, the information contained herein is made available to the public by the Seattle-King County Asset Building Collaborative (SKC ABC) Foreclosure Prevention Team for use as an example of the kinds of documents and advice one may receive for a foreclosure mediation. The intent of the material is to assist individuals in resolving or preventing foreclosure. Neither the SKC ABC Foreclosure Prevention Team nor any other agency or entities involved in the development of these materials, assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, produce or process disclosed in the materials. Due diligence has been made to cite all sources used in the making of these materials.

Reference herein to any specific commercial produce, process, service by trade name, trademark, manufacturer, or otherwise, does not constitute or imply its endorsement, recommendation, or favoring by the SKC ABC Foreclosure Prevention Team or any entities thereof.

The views and opinions of the originators expressed therein do not necessarily state or reflect those of the SKC ABC Foreclosure Prevention Team or any agency or entities thereof. These materials are not intended to provide you with legal advice. Please contact the Northwest Justice Project's Foreclosure Prevention Unit at 1-800-606-4819 or the Washington State Bar Association at 1-800-945-9722 for lawyer referral resources.