



INSTRUCTIONS FOR COMPLETING FORECLOSURE COUNSELING PACKAGE

Below is a list of the documents contained in this package. Please read and follow instructions as indicated. Write legibly and clearly.

- **WELCOME LETTER**
- **INTAKE SHEET** – Please fill out as completely as possible. Sign and date
- **DISCLOSURE AND AUTHORIZATION FORMS** – Read, and initial
- **THIRD PARTY AUTHORIZATION AND DISCLOSURE STATEMENT** - Read, fill out, sign and date
- **FCP (Florida Counseling Program) DISCLOSURE** – Read, fill out, sign and date
- **FCP (Florida Counseling Program) PRIVACY POLICY AND PRACTICES** – Read and initial
- **FCP (Florida Counseling Program) AUTHORIZATION** – Read, fill out, sign and date
- **CLIENT-COUNSELOR CONTRACT** – Read, fill out and sign
- **FORM 4506-T-REQUEST FOR TRANSCRIPT OF TAX RETURN** - Read, sign and date
- **BUDGET** – It is very important that you be as accurate and detailed as possible
- **MAKING HOME AFFORDABLE** (10 pages) – Read, fill out, sign and date
- **PREFORECLOSURE CHECKLIST** – This form is a checklist of the documents needed to send a complete package to your lender/servicer. NOTE: Missing items will only slow down the process and may jeopardize your chances of success.

DOWNLOAD, COMPLETE the above forms and Return to

HEA, Inc. 9215 N. Florida Ave., # 101, Tampa, FL 33612

THE DOCUMENTS LISTED BELOW STAY WITH HOMEOWNER

- **DISCLOSURE AND AUTHORIZATION FORMS** – Read, and initial
- **CLIENT-COUNSELOR CONTRACT** – This is the homeowners copy for their records
- **FCP (Florida Counseling Program) DISCLOSURE** – Read, fill out, sign and date
- **FCP (Florida Counseling Program) PRIVACY POLICY AND PRACTICES** – Read and initial
- **PREFORECLOSURE CHECKLIST** – This form is a checklist of the documents needed to send a complete package to your lender/servicer. NOTE: Missing items will only slow down the process and may jeopardize your chances of success.



Dear Homeowner:

We at Housing & Education Alliance are so glad you took the difficult first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation. HEA is a HUD approved, nonprofit housing counseling agency. Our objective is to review your current economic situation and help you determine the best alternative to foreclosure, while providing counsel and advice on how to permanently improve your financial situation.

To assist us in providing you with the most effective and efficient service, please complete the Financial Information Worksheet and detailed budget as thoroughly as possible. Follow the document checklist closely, and provide us with all requested documentation, signatures and dates. You will be asked to complete an online Financial Management Education Course as a condition of counseling. For your convenience, an excellent course is available to at no cost and it can be found at <http://www.money-wise.org/cbt/>. Please complete all 5 modules and print each certificate; return each certificate of completion as proof to your housing counselor.

You will find there is an emphasis on being truthful. We can't help you with a resolution unless we have a complete and accurate picture of your situation. A plan based on only part of your information is certain to fail.

You have taken the first step toward resolving your situation. We look forward to working with you.

Sincerely,

Housing Counseling Staff



INTAKE SHEET
Foreclosure Counseling

Date: _____ E-Mail Address: _____

Applicant's Name: _____ M [] F []

Property address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Applicant's S.S.No: _____ - _____ - _____ Date of Birth: ____/____/____ Marital Status: M ___ S ___ D ___ W ___

Race: White [] Asian [] Black [] American/Indian [] Native Pacific Islander [] Other []

Ethnicity: Hispanic [] Non-Hispanic [] Do Not Wish to Provide []

Please check all that apply for Applicant: Foreign Born [] Veteran [] Disabled []

Education: No High School Diploma [] GED/Diploma [] Vocational Certificate []

Some College [] Associates Degree [] Bachelors [] Masters [] Doctoral []

Borrower's Employer _____ Start Date: _____

Job Title: _____ Gross/ Net Monthly Income \$ _____ \$ _____

Additional Income (SSI, Retirement, Unemployment, Disability Child Support, Food Stamps 2nd job, etc.)

Source _____ Amount \$ _____ Frequency _____ Start Date _____

Source _____ Amount \$ _____ Frequency _____ Start Date _____

Co-Applicant's Name: _____ M [] F []

Property address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Co-Applicant's S.S.No: _____ - _____ - _____ Date of Birth: ____/____/____ Marital Status: M ___ S ___ D ___ W ___

Race: White [] Asian [] Black [] American/Indian [] Native Pacific Islander [] Other []

Ethnicity: Hispanic [] Non-Hispanic [] Do Not Wish to Provide []

Please check all that apply for Co-Applicant: Foreign Born [] Veteran [] Disabled []

Education: No High School Diploma [] GED/Diploma [] Vocational Certificate []

Some College [] Associates Degree [] Bachelors [] Masters [] Doctoral []

Co-Borrower's Employer _____ Start Date: _____

Job Title: _____ Gross/ Net Monthly Income \$ _____ / \$ _____

Additional Income (SSI, Retirement, Unemployment, Disability Child Support, Food Stamps 2nd job, etc.)

Source _____ Amount \$ _____ Frequency _____ Start Date _____

Source _____ Amount \$ _____ Frequency _____ Start Date _____

Number of household members: _____ Number of household members below age 18: _____

Household Lives in Rural area: _____ DOES NOT live in a Rural area: _____ Chose not to respond: _____

Household is limited English Proficient: _____ Not limited English Proficient: _____ Chose not to respond: _____

PROPERTY QUESTIONS

Is this your primary residence? Yes [] No [] Do you own any other property? Yes [] No []

Property Type: Single Family Detached Home [] Town Home [] Condo [] Other: _____

Do you have HOA dues? Yes [] No [] If yes, amount and frequency of payment: _____

Are taxes and insurance escrowed? Yes [] No [] If no, are you current on taxes and insurance? Yes [] No []

Date home was purchased: _____ How many loans on the property: _____

Have you refinanced the loan since the date of purchase? Yes [] No [] Date of last refinance: _____

Are current on your mortgage? Yes [] No [] Number of payments/months behind: _____

PLEASE LIST LOAN INFORMATION BELOW:

1ST mortgage lender: _____ Unpaid Balance: \$ _____ Pmt \$ _____

2nd mortgage lender: _____ Unpaid Balance: \$ _____ Pmt\$ _____

Interest rate on 1st Mortgage _____ % Interest rate on 2nd mortgage _____ %

Who is on the mortgage? _____ Title/Deed: _____

ADDITIONAL QUESTIONS

Have you spoken to another counseling agency regarding this home? Yes [] No []

Are you in active bankruptcy or in the process of filing? Yes [] No [] Date Filed: _____

Do you want to keep the home? Yes [] No [] Is the property listed for sale? Yes [] No []

Have you been in contact with your lender regarding options to avoid foreclosure? Yes [] No []

If yes, date of last contact: _____ Name and contact number of assigned customer service representative at lender if applicable: _____

Applicant's Signature: _____ Co-Applicant's Signature: _____



HOUSING AND EDUCATION ALLIANCE (HEA) values your trust and we are committed to the delivery of high quality services and to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information and our policies regarding conflict of interest. As a non-profit community development organization founded in 2002 with the mission of providing culturally sensitive (English and Spanish services) housing education, post purchase education, foreclosure prevention counseling, credit rebuilding, financial literacy education, back to work mortgage counseling, and other housing related programs offered by HEA in the future.

AUTHORIZATION, DISCLOSURES, POLICIES AND PRACTICES

CONFLICT OF INTEREST

HEA certifies that the staff and volunteers who will provide education or counseling services have no conflicts of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities who may stand to benefit from particular counseling outcomes.

Initial _____

HOUSING COUNSELING AGREEMENT

By participating in our homebuyer education, post purchase education, foreclosure prevention counseling, credit rebuilding, financial literacy or back to work mortgage counseling program, you are agreeing to receive counseling, education, information and application assistance, including computations, assessments and procurement of services, in connection with your pursuit of (a) a home purchase, (b) qualifying for a mortgage loan or other homebuyer assistance program (c) obtaining better loan terms with your current mortgage loan or (d) preventing a home foreclosure. While you are welcomed and encouraged to do so, you are in no way obligated to participate in any of our home partner services, grant programs, or other services. HEA is also not obligated to enroll you in any other program as a result of your participation in any homeownership education program. Each HEA program is administered separately and you should seek application information pertaining to your program of interest. I give permission for FCP program administrators and/or their agents to follow-up with me for the next 3 years for the purposes of program evaluation.

Initial _____

REAL ESTATE DEVELOPMENTS PROJECTS AND OTHER GRANT PROGRAMS

HEA may own and develop real estate property for the purpose of renting or selling to low-income families in relation to its mission of community development. Participating in HEA's Homeownership Education or counseling programs does not obligate you to purchase or rent any property owned by HEA and, HEA is in no way obligated to sell or rent you any of our development properties, provide you with any monetary assistance, or provide you with any additional services. Each service and program outside of Homeownership Education and Counseling is offered independently and has its own application, procurement process and participation guidelines.

Initial _____

PROGRAM FEE

A fee is assessed for enrollment in the homebuyer education seminar: \$50 per attendee. A fee for Housing Counseling is assessed at \$50 per hour. Back to Work Counseling is \$125.00 and Section 32/ High Cost Mortgage Counseling is \$150. Other fees may be charged for services provided by HEA.

Initial _____

CREDIT REPORT FEE

A Credit Report fee is assessed if your credit report is ordered by HEA. This fee will be the sole responsibility of the client. This fee may be waived if you meet very low income criteria and is not applicable for "foreclosure prevention" counseling services. FCP requires two credit reports, one at the beginning of counseling and one at the end.

Initial _____

FUNDING SOURCES

HEA receives its funding from a number of sources including but not limited to Banks and their Charitable Foundations. Some of whom would be National Council of La Raza (NCLR), Citi, Wells Fargo, Regions Bank, TD Bank, 3rd Federal Savings and Loan, JPMorgan Chase, Bank of America, PNC Bank, BB&T, Florida Housing Finance Corporation. You are under no obligation to obtain a loan or any other product or service from any of the afore mentioned lending institutions and are in fact, encouraged by HEA to shop around for loan product options which best suit your needs.

Initial _____

PRIVACY POLICY AND AUTHORIZATION

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Initial _____

CONFIDENTIALITY AND SECURITY

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Initial _____

INFORMATION WE COLLECT

We collect personal information to

- Support our financial fitness counseling,
- Assist in qualification for our affordable home development projects
- Perform a mortgage affordability assessment



- Assist you in shopping for and obtaining a home mortgage from a lender.

We collect personal information about you from the following sources:

- Information we receive from you on applications or other forms,
- Information we receive from a consumer reporting agency,
- Information we receive from independent third parties authorized by you to provide us with your information.

Initial _____

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts, and income;
- Information we receive from consumer reporting agency, such as your credit bureau reports, your credit history, and your creditworthiness.

Initial _____

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit and/or governmental organizations involved in community development, but only for program review auditing, research and oversight purposes.
- We may also disclose personal information about you to third parties as permitted by law.

Initial _____

Monitoring for possible fraud

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for client to use if they suspect inappropriate activities occurring. The system can be accessed at:

<https://apps.floridahousing.org/StandAlone/OIGFWAForm/>.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you want to opt out, direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice.

Please indicate in the box below your privacy choice:

In connection with determining my ability to obtain a mortgage loan, I (we)

- Authorize** **Do not authorize**

HEA to share with potential mortgage lenders, governmental agencies, National Council of La Raza (NCLR), Eric Salazar and/or Victor Burrola and/or other non-profit agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. I acknowledge that the information obtained will be used solely by HEA and NCLR for the purpose of creating a housing counseling plan. If authorized, these lenders may contact me to discuss loans for which I may be eligible for, and these non-profit and governmental agencies may contact me for program evaluation purposes or offer other services. I understand I may revoke my consent to these disclosures by notifying HEA Homeownership Program *in writing*.

Applicant's Signature

Co-applicant's Signature

Print Applicant Name Date

Print Co-Applicant Name Date

CREDIT REPORTING AUTHORIZATION

In connection with my request to receive housing counseling and my pursuit to (a) purchase real estate obtain a mortgage loan, and/or (b) receive mortgage delinquency counseling and/or post-purchase and refinance counseling, and (c) for review purposes lasting up to 3 years from the date of the initial counseling session.

I (we) _____ **Authorize** **Do not authorize**
HEA to obtain a copy of my/our credit report.

Applicant's Signature

Co-applicant's Signature

Print Applicant Name Date

Print Co-Applicant Name Date

MORTGAGE LOAN COMPARISON

The US Department of HUD, NCLR and HEA encourages each participant in our housing education or counseling programs to be fully informed regarding the terms and conditions of any mortgage loan you may apply. The US Department of HUD, NCLR and HEA suggests that you do your own independent research on the various types of mortgage loans, interest rates and terms associated with the specific loan you are applying and any other loan types you may be interested.

I certify that I have received 3 loan comparisons from HEA and copies of all disclosures.

Initial _____



FORECLOSURE COUNSELING PROGRAM DISCLOSURE

Purpose of Housing Counseling

I/We understand that the purpose of the Foreclosure Counseling Program is to provide counseling and education to help customers address financial problems that put them at risk of losing their home. The counselor will analyze my/our financial and credit situation, identify problems preventing me/us from making my/our housing payments, and develop a plan to resolve those problems. The counselor will also provide assistance with debt-load management and preparation of a manageable monthly budget plan. I/We further understand that it is not be the counselor's responsibility to fix the problem for me/us but rather to provide guidance and education to empower me/us to pursue a loan modification or other resolution from my/our lender.

Loan Modification Assistance

As part of participation in the foreclosure counseling program, I/we understand that the counselor will help identify programs that best fit my/our needs. I/we understand that with my/our permission, my/our information will be submitted to my/our lender for consideration of a modification or other resolution options. I/We understand that the counselor will monitor my/our progress to ensure the process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive a loan modification or any other resolution from my/our lender.

Financial Management Education Classes

I/We understand that as part of the foreclosure counseling program, I/we will be required to complete financial management education classes.

Customer's Responsibility

I/We understand that it is my/our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

I/We have read and understand our rights and responsibilities detailed on this form.

Applicant's Signature

Co-Applicant's Signature

Date

Date



FLORIDA FORECLOSURE COUNSELING PROGRAM PRIVACY POLICY AND PRACTICES

We value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information about you to support our housing counseling program from the following sources:

- Information that we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates or others;
- Information we receive from a consumer reporting agency; and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you for the sole purpose of assisting you with your housing need and for program compliance and audit checks:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

Who We Disclose To

We are required to provide information about you to the Florida Housing Finance Corporation as the funding agency for the Foreclosure Counseling Program and its authorized agents for purposes of data reporting, program compliance and audit purposes.

Confidentiality and Security

We restrict access to your personal information to employees who need that information to help them provide services to you, including making loan decisions, aiding you in obtaining loans from others, and financial and foreclosure counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Monitoring for possible fraud

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective and secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for clients to use if they suspect inappropriate activities occurring. The system can be accessed at: <https://apps.floridahousing.org/StandAlone/OIGWAForm/>.



FCP Authorization

Please Print

Borrower Name
Co-Borrower Name
Property Address
Mortgage Company Name
Loan Number

I authorize Housing & Education Alliance to submit client-level information to the Florida Housing Finance Corporation for the Foreclosure Counseling Program.

I authorize the Florida Housing Finance Corporation to open files to be reviewed for program monitoring and compliance purposes.

I authorize the Florida Housing Finance Corporation to conduct follow-up with me related to program evaluation.

Borrower Signature

Date

Co-borrower Signature

Date



Client-Counselor Contract

Housing & Education Alliance, Inc and its' counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer(s)
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism will be provided in all services

I/We, _____ agree to the following terms of service.

I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.

I/We will provide all necessary documentation and follow-up information within the timeframe requested.

I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.

I/We will call within 6 hours of a scheduled appointment if I/We will be unable to attend and appointment.

I/We will contact the counselor about any changes in our situation immediately.

I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance with me/us.

Homeowner	Date
Homeowner	Date

Counselor	Date
9215 N. Florida Ave., Suite 101, Tampa, FL 33612, PH: (813) 932-HOME (4663) FAX: (813) 932-4660	

www.heausa.org

Agency Copy - XX

Client Copy

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **Request may be rejected if the form is incomplete or illegible.**
 ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

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 Transcript of Your Tax Records" 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 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 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.

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, 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.

Phone number of taxpayer on line 1a or 2a

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

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 Transcript of Your Tax Records" 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, 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 address 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.

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.

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.



HOUSING & EDUCATION ALLIANCE
HUD Certified Housing Counseling Agency

BUDGET

Applicant

Co-Applicant

MONTHLY INCOME

Gross Monthly	\$ _____	Gross Monthly	\$ _____
Net Monthly	\$ _____	Net Monthly	\$ _____
Child Support	\$ _____	Child Support	\$ _____
Alimony	\$ _____	Alimony	\$ _____
Investment	\$ _____	Investment	\$ _____
Pension/Retirement	\$ _____	Pension/Retirement	\$ _____
SSI/SSD	\$ _____	SSI/SSD	\$ _____
Other	\$ _____	Other	\$ _____
TOTAL INCOME	\$ _____	TOTAL INCOME	\$ _____

MONTHLY EXPENSES – complete below for all expenses

Mortgage (P & I)	\$ _____	Car Loan/Lease	\$ _____
Property Taxes	\$ _____	Car Insurance	\$ _____
Homeowners Insurance	\$ _____	Car Maintenance	\$ _____
Flood Insurance	\$ _____	Gas/Oil	\$ _____
Second Mortgage/Loan	\$ _____	Child Support	\$ _____
HOA/Condo Fees	\$ _____	Alimony	\$ _____
Home Repair	\$ _____	Food/Groceries	\$ _____
Electricity	\$ _____	Eating Out	\$ _____
Water	\$ _____	Recreation	\$ _____
Sewer	\$ _____	Personal Care	\$ _____
Garbage	\$ _____	Church/Contributions	\$ _____
Cable/Internet	\$ _____	Medical Bills	\$ _____
Phone	\$ _____	(not covered under insurance)	
Phone	\$ _____	Medicines (not covered)	\$ _____
Cell Phone	\$ _____	Pet Expense	\$ _____
Student Loan	\$ _____	Other Insurance	\$ _____
Tuition	\$ _____	Other Expense	\$ _____
School Lunch	\$ _____		
Credit Cards	\$ _____	TOTAL EXPENSES	\$ _____
(Minimum Payments)			

TOTAL INCOME Less TOTAL EXPENSES \$ _____

Making Home Affordable Program Request for Mortgage Assistance (RMA)

Request For Mortgage Assistance (RMA) page 1



Requesting mortgage assistance for mortgage loan number: _____

- I/We want to: Keep the property Sell the property
- The property is my/our: Primary residence Second home Investment property
- The property is: Owner occupied Renter occupied Vacant

Borrower information

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 ()		Home phone number ()	
Cell phone number ()		Cell phone number ()	
Work phone number ()		Work phone number ()	
Email address		Email address	
Mailing address		Mailing address (if different than borrower's)	

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

If yes, complete counselor contact information below.

Counselor's name: _____ Counselor's phone number: () _____

Counselor's email: _____

Is any borrower a service member? Yes No

If yes, have you recently been deployed away from your principal residence or recently received a permanent change of station order?

Yes No

Have you filed for bankruptcy? Yes No

If yes: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Filing date: _____ Has your bankruptcy been discharged? Yes No

Bankruptcy case number: _____

Please note that if you have or will receive a discharge from a bankruptcy case, and the mortgage was not reaffirmed in the bankruptcy case, we will only exercise our rights against the property and are not attempting any act to collect the discharged debt from you personally. Additionally, your decision to discuss workout options with us is strictly voluntary. You are not obligated to pursue any workout options discussed with us. At your request, we will immediately terminate any such discussions should you no longer wish to pursue these options.

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

Principal residence information

Note: If you are requesting mortgage assistance, you must complete this section even if you are not seeking mortgage assistance on your principal residence.

Principal residence loan number

Principal residence servicer name

Property address (if same as mailing address, write "same")

Number of people who live in the home

Is this property listed for sale? Yes No

If yes, what was property listing date? _____

Have you received an offer on the property? Yes No

Date of offer: _____ Amount of offer: \$ _____ Closing date: _____

Agent/Agency name: _____ Agent/Agency phone number () _____

For sale by owner? Yes No

Who pays the real estate tax bill on your property? I do Servicer does

Are the taxes current? Yes No
Monthly condominium or homeowners association fee? Yes \$ _____
Are fees paid current? Yes No
Paid to (Name and Address) _____

Who pays the homeowners insurance policy for your property?

I do Servicer does Paid by condominium or homeowners association (HOA)

Is the policy current? Yes No

If paid by you or your condominium or HOA, name of insurance company: _____

Insurance company phone number: () _____

Annual homeowners insurance: \$ _____

If there are additional liens/mortgages or judgments on this property, name the person(s), company or firm and phone number(s).

Lien holder's name/Servicer: _____ Phone number: () _____

Loan number: _____ Balance: \$ _____

Lien holder's name/Servicer: _____ Phone number: () _____

Loan number: _____ Balance: \$ _____

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 phone number: () _____

Is the mortgage on your principal residence paid? Yes No

If no, number of months your payment is past due (if known): _____

Hardship Affidavit

I am requesting review under the Making Home Affordable Program. 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 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 back of page 3 if necessary):

Income/expenses for household

Important note: All income must be documented.

Combined income and expense of borrower and co-borrower

You are not required to disclose child support, alimony or separation maintenance income unless you choose to have it considered by your servicer.

1 Monthly household income		2 Monthly household expenses/debt		3 Household assets	
Monthly gross wages	\$	First mortgage payment	\$	Checking account(s)	\$
Overtime	\$	Second mortgage payment/ other liens	\$		\$
Borrower start date of employment (MMDDYYYY)		Homeowners insurance ¹	\$	Savings/money market account(s)	\$
Co-borrower start date of employment (MMDDYYYY)		Property taxes ²	\$		\$
Borrower other employment start date (MMDDYYYY) (if borrower has a second job)		Credit cards/installment loan(s) (total minimum payment per month)	\$	Certificate(s) of deposit (CDs)	\$
Co-borrower other employment start date (MMDDYYYY)		Alimony/separation maintenance/child support payments	\$		\$
Child support/alimony/separation maintenance	\$	Net rental expenses/ property maintenance expenses	\$		\$
Non-taxable Social Security/Social Security Disability Insurance	\$	Homeowners association/ condominium fees	\$	Stocks/bond(s)	\$
Taxable Social Security benefits	\$	Child care expenses	\$		\$
Other monthly income from pensions, annuities or retirement plans	\$	Car payments, including car lease payments	\$	Other cash on hand	\$
Tips, commissions and bonus income	\$	Car insurance/gas/ maintenance	\$	Other real estate (estimated value)	\$
Self-employment income	\$	Health insurance/medical expenses	\$	Other	\$
Unemployment income	\$	Life insurance premiums (not withheld from pay)	\$		\$
Start date of unemployment (MMDDYYYY)		Groceries	\$		\$
Gross rent received ³	\$	Water/sewer/utilities	\$		\$
Boarder income	\$	Internet/cable/satellite/cell phone/home phone	\$		
Food stamps/Welfare	\$	Personal loans/tuition	\$	Do not include retirement plans when calculating assets (401(k), pension funds, annuities, IRAs, Keogh plans, etc.)	
Other (investment income, royalties, interest, dividends, etc.)	\$	Charitable contributions	\$		
		Mortgage payments for other properties ⁴			
		Other	\$		
Total (gross income)	\$	Total debts/expenses	\$	Total assets	\$

1. Only include your homeowners insurance payment if you pay this amount yourself.

2. Only include your property tax payments if you pay them yourself.

3. Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in the following section.

4. Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in the following section.

Information about your other properties

Other properties owned

You must provide information about all properties that you or the co-borrower own, other than your principal residence and the property that you are requesting assistance for. (See below.) Use additional sheets if necessary.

Other Property #1

Property address: _____

Loan 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 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 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 Servicer – including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

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 No

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

If yes to either, I want to: Keep the property Sell the property

Property address: _____

Loan number: _____

Do you have a second mortgage on the property? Yes No

If yes, Servicer name: _____ Loan 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

If insurance is paid by you or HOA, name of insurance company: _____ Insurance company phone number: () _____

Annual homeowners 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: MM / DD / YYYY - MM / DD / YYYY

Gross monthly rent: \$ _____

If 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 as previously described 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 date I signed this form or the date the RMA is received by your Servicer.

Initials: Borrower: _____ Co-borrower: _____

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 certify under penalty of perjury 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, 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 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 date I signed this form or the date this RMA is received by your servicer.

Borrower and Co-Borrower Acknowledgment 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 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 references as if set forth therein 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 the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, Social Security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury or its agents, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or Servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies and or individuals that perform support services in conjunction with home preservation mortgage assistance efforts; (e) auditors, including but not limited to independent auditors, regulators and agencies and (f) any HUD-certified housing counselor.

11. I consent to being contacted concerning this request for mortgage assistance at any email address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

Borrower signature(s):

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

Borrower signature

Co-borrower signature

Borrower Social Security number

Co-borrower Social Security number

Borrower date of birth

Co-borrower date of birth

Date

Date

Contacts — if you have questions

If you have questions about this document or your available options, please contact your home preservation specialist.

If you have questions about your options that your Servicer cannot answer or if you need further counseling, call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). A Hotline counselor will help you by answering questions about your available options and providing you with free HUD-certified counseling services in English and Spanish.

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 and surname if you have made this request for assistance in person. **If you do not wish to furnish the information, please check the box below.**

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

To be completed by interviewer

This application was taken by:

- Face-to-face interview
- Mail
- Telephone
- Internet

Interviewer's name (print or type)

Interviewer's ID number

Interviewer's signature

Date

Interviewer's phone number (include area code)

Name /Address of interviewer's employer

Notice to Borrower

Be advised that you are signing this document 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 your home, hardship circumstances, and/or income 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.

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.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





Pre-foreclosure Check List

THE FOLLOWING ITEMS ARE REQUIRED DOCUMENTS FOR THE INITIAL ASSESMENT: ALL REQUIRED DOCUMENTS ARE TO BE PROVIDED AS CLEAR AND LEGIBLE COPIES: PLEASE DO NOT SUBMIT ORIGINALS AS THEY WILL NOT BE ACCEPTED, NOR WILL COPIES BE MADE FOR YOU: PLEASE CLEARLY PRINT ALL INFORMATION.

****ALL DOCUMENTS MUST BE RECEIVED PRIOR TO REVIEWING YOUR FILE****

- () **The cost of credit reports per individual or joint is the sole responsibility of the client.** This is the only fee for counseling services. **FCP requires two credit reports, one at the beginning of counseling and one at the end.** Payable by money order. **Note: Fee is subject to change without prior notice.**
- () Income (Pay stubs for the most recent 30 days) Note: All income in the household (Alimony, Child Support, SSI, Retirement, 2nd Job, Investments, etc.). If self employed, please provide the most recent quarter of Profit and Loss Statement which must be signed and dated. Note: May need to be prepared by Accountant or BookKeeper as required by Servicer.
- () Bank statements for the 2 most recent months for all accounts, even if pages are blank. Personal resources (Savings accounts, Money Market Funds, Ira, 401k or 403b, Bonds, Stocks, Equity in other Real Estate any other sources of funds which may be used to cure arrearage.
- () Lender correspondence (a copy of all letters received from Lender/Servicer or their Attorney)
- () Most recent mortgage statement, copy of Homeowners Insurance and Property Tax bill if not escrowed, Home Owners Association bill if applicable
- () Budget showing actual income describing credit card minimum monthly payment amount, how much is required to be paid monthly as a minimum monthly payment to credit cards etc.
- () Hardship Letter outlining the circumstances of the problem, describe briefly what was done to resolve the problem and remain current if modification is granted. Note: Must be signed and dated by both borrowers if applicable
- () 1040 form with W2's/1099's for the most recent 2 years; all schedules signed and dated
- () Other Assets if any
- () Credit card statements, automobile loan statement(s) and all other personal loans
- () Utility statements, i.e., electric and water bills
- () IRS Form 4506-T
- () Copy of Mortgage and Note for Subject Property

**Please return all copies to:
Housing & Education Alliance, Inc
9215 N Florida Ave Ste. 101
Tampa Fl. 33612**



THE FOLLOWING FORMS TO REMAIN WITH THE CLIENT



HOUSING AND EDUCATION ALLIANCE (HEA) values your trust and we are committed to the delivery of high quality services and to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information and our policies regarding conflict of interest. As a non-profit community development organization founded in 2002 with the mission of providing culturally sensitive (English and Spanish services) housing education, post purchase education, foreclosure prevention counseling, credit rebuilding, financial literacy education, back to work mortgage counseling, and other housing related programs offered by HEA in the future.

AUTHORIZATION, DISCLOSURES, POLICIES AND PRACTICES

CONFLICT OF INTEREST

HEA certifies that the staff and volunteers who will provide education or counseling services have no conflicts of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities who may stand to benefit from particular counseling outcomes.

Initial _____

HOUSING COUNSELING AGREEMENT

By participating in our homebuyer education, post purchase education, foreclosure prevention counseling, credit rebuilding, financial literacy or back to work mortgage counseling program, you are agreeing to receive counseling, education, information and application assistance, including computations, assessments and procurement of services, in connection with your pursuit of (a) a home purchase, (b) qualifying for a mortgage loan or other homebuyer assistance program (c) obtaining better loan terms with your current mortgage loan or (d) preventing a home foreclosure. While you are welcomed and encouraged to do so, you are in no way obligated to participate in any of our home partner services, grant programs, or other services. HEA is also not obligated to enroll you in any other program as a result of your participation in any homeownership education program. Each HEA program is administered separately and you should seek application information pertaining to your program of interest. I give permission for FCP program administrators and/or their agents to follow-up with me for the next 3 years for the purposes of program evaluation.

Initial _____

REAL ESTATE DEVELOPMENTS PROJECTS AND OTHER GRANT PROGRAMS

HEA may own and develop real estate property for the purpose of renting or selling to low-income families in relation to its mission of community development. Participating in HEA's Homeownership Education or counseling programs does not obligate you to purchase or rent any property owned by HEA and, HEA is in no way obligated to sell or rent you any of our development properties, provide you with any monetary assistance, or provide you with any additional services. Each service and program outside of Homeownership Education and Counseling is offered independently and has its own application, procurement process and participation guidelines.

Initial _____

PROGRAM FEE

A fee is assessed for enrollment in the homebuyer education seminar: \$50 per attendee. A fee for Housing Counseling is assessed at \$50 per hour. Back to Work Counseling is \$125.00 and Section 32/ High Cost Mortgage Counseling is \$150. Other fees may be charged for services provided by HEA.

Initial _____

CREDIT REPORT FEE

A Credit Report fee is assessed if your credit report is ordered by HEA. This fee will be the sole responsibility of the client. This fee may be waived if you meet very low income criteria and is not applicable for "foreclosure prevention" counseling services. FCP requires two credit reports, one at the beginning of counseling and one at the end.

Initial _____

FUNDING SOURCES

HEA receives its funding from a number of sources including but not limited to Banks and their Charitable Foundations. Some of whom would be National Council of La Raza (NCLR), Citi, Wells Fargo, Regions Bank, TD Bank, 3rd Federal Savings and Loan, JPMorgan Chase, Bank of America, PNC Bank, BB&T, Florida Housing Finance Corporation. You are under no obligation to obtain a loan or any other product or service from any of the afore mentioned lending institutions and are in fact, encouraged by HEA to shop around for loan product options which best suit your needs.

Initial _____

PRIVACY POLICY AND AUTHORIZATION

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Initial _____

CONFIDENTIALITY AND SECURITY

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Initial _____

INFORMATION WE COLLECT

We collect personal information to

- Support our financial fitness counseling,
- Assist in qualification for our affordable home development projects
- Perform a mortgage affordability assessment



- Assist you in shopping for and obtaining a home mortgage from a lender.

We collect personal information about you from the following sources:

- Information we receive from you on applications or other forms,
- Information we receive from a consumer reporting agency,
- Information we receive from independent third parties authorized by you to provide us with your information.

Initial _____

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts, and income;
- Information we receive from consumer reporting agency, such as your credit bureau reports, your credit history, and your creditworthiness.

Initial _____

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit and/or governmental organizations involved in community development, but only for program review auditing, research and oversight purposes.
- We may also disclose personal information about you to third parties as permitted by law.

Initial _____

Monitoring for possible fraud

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for client to use if they suspect inappropriate activities occurring. The system can be accessed at:

<https://apps.floridahousing.org/StandAlone/OIGFWAForm/>.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you want to opt out, direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice.

Please indicate in the box below your privacy choice:

In connection with determining my ability to obtain a mortgage loan, I (we)

- Authorize** **Do not authorize**

HEA to share with potential mortgage lenders, governmental agencies, National Council of La Raza (NCLR), Eric Salazar and/or Victor Burrola and/or other non-profit agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. I acknowledge that the information obtained will be used solely by HEA and NCLR for the purpose of creating a housing counseling plan. If authorized, these lenders may contact me to discuss loans for which I may be eligible for, and these non-profit and governmental agencies may contact me for program evaluation purposes or offer other services. I understand I may revoke my consent to these disclosures by notifying HEA Homeownership Program *in writing*.

Applicant's Signature

Co-applicant's Signature

Print Applicant Name Date

Print Co-Applicant Name Date

CREDIT REPORTING AUTHORIZATION

In connection with my request to receive housing counseling and my pursuit to (a) purchase real estate obtain a mortgage loan, and/or (b) receive mortgage delinquency counseling and/or post-purchase and refinance counseling, and (c) for review purposes lasting up to 3 years from the date of the initial counseling session.

I (we) _____ **Authorize** **Do not authorize**
HEA to obtain a copy of my/our credit report.

Applicant's Signature

Co-applicant's Signature

Print Applicant Name Date

Print Co-Applicant Name Date

MORTGAGE LOAN COMPARISON

The US Department of HUD, NCLR and HEA encourages each participant in our housing education or counseling programs to be fully informed regarding the terms and conditions of any mortgage loan you may apply. The US Department of HUD, NCLR and HEA suggests that you do your own independent research on the various types of mortgage loans, interest rates and terms associated with the specific loan you are applying and any other loan types you may be interested.

I certify that I have received 3 loan comparisons from HEA and copies of all disclosures.

Initial _____



Client-Counselor Contract

Housing & Education Alliance, Inc and its' counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer(s)
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism will be provided in all services

I/We, _____ agree to the following terms of service.

I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.

I/We will provide all necessary documentation and follow-up information within the timeframe requested.

I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.

I/We will call within 6 hours of a scheduled appointment if I/We will be unable to attend and appointment.

I/We will contact the counselor about any changes in our situation immediately.

I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance with me/us.

Homeowner	Date
Homeowner	Date

Counselor	Date
9215 N. Florida Ave., Suite 101, Tampa, FL 33612, PH: (813) 932-HOME (4663) FAX: (813) 932-4660	

www.heausa.org

Agency Copy

Client Copy XX



FORECLOSURE COUNSELING PROGRAM DISCLOSURE

Purpose of Housing Counseling

I/We understand that the purpose of the Foreclosure Counseling Program is to provide counseling and education to help customers address financial problems that put them at risk of losing their home. The counselor will analyze my/our financial and credit situation, identify problems preventing me/us from making my/our housing payments, and develop a plan to resolve those problems. The counselor will also provide assistance with debt-load management and preparation of a manageable monthly budget plan. I/We further understand that it is not be the counselor's responsibility to fix the problem for me/us but rather to provide guidance and education to empower me/us to pursue a loan modification or other resolution from my/our lender.

Loan Modification Assistance

As part of participation in the foreclosure counseling program, I/we understand that the counselor will help identify programs that best fit my/our needs. I/we understand that with my/our permission, my/our information will be submitted to my/our lender for consideration of a modification or other resolution options. I/We understand that the counselor will monitor my/our progress to ensure the process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive a loan modification or any other resolution from my/our lender.

Financial Management Education Classes

I/We understand that as part of the foreclosure counseling program, I/we will be required to complete financial management education classes.

Customer's Responsibility

I/We understand that it is my/our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

I/We have read and understand our rights and responsibilities detailed on this form.

Applicant's Signature

Co-Applicant's Signature

Date

Date



FLORIDA FORECLOSURE COUNSELING PROGRAM PRIVACY POLICY AND PRACTICES

We value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information about you to support our housing counseling program from the following sources:

- Information that we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates or others;
- Information we receive from a consumer reporting agency; and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you for the sole purpose of assisting you with your housing need and for program compliance and audit checks:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

Who We Disclose To

We are required to provide information about you to the Florida Housing Finance Corporation as the funding agency for the Foreclosure Counseling Program and its authorized agents for purposes of data reporting, program compliance and audit purposes.

Confidentiality and Security

We restrict access to your personal information to employees who need that information to help them provide services to you, including making loan decisions, aiding you in obtaining loans from others, and financial and foreclosure counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Monitoring for possible fraud

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective and secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for clients to use if they suspect inappropriate activities occurring. The system can be accessed at: <https://apps.floridahousing.org/StandAlone/OIGWAForm/>.



Pre-foreclosure Check List

THE FOLLOWING ITEMS ARE REQUIRED DOCUMENTS FOR THE INITIAL ASSESMENT: ALL REQUIRED DOCUMENTS ARE TO BE PROVIDED AS CLEAR AND LEGIBLE COPIES: PLEASE DO NOT SUBMIT ORIGINALS AS THEY WILL NOT BE ACCEPTED, NOR WILL COPIES BE MADE FOR YOU: PLEASE CLEARLY PRINT ALL INFORMATION.

****ALL DOCUMENTS MUST BE RECEIVED PRIOR TO REVIEWING YOUR FILE****

- () **The cost of credit reports per individual or joint is the sole responsibility of the client.** This is the only fee for counseling services. **FCP requires two credit reports, one at the beginning of counseling and one at the end.** Payable by money order. **Note: Fee is subject to change without prior notice.**
- () Income (Pay stubs for the most recent 30 days) Note: All income in the household (Alimony, Child Support, SSI, Retirement, 2nd Job, Investments, etc.). If self employed, please provide the most recent quarter of Profit and Loss Statement which must be signed and dated. Note: May need to be prepared by Accountant or BookKeeper as required by Servicer.
- () Bank statements for the 2 most recent months for all accounts, even if pages are blank. Personal resources (Savings accounts, Money Market Funds, Ira, 401k or 403b, Bonds, Stocks, Equity in other Real Estate any other sources of funds which may be used to cure arrearage.
- () Lender correspondence (a copy of all letters received from Lender/Servicer or their Attorney)
- () Most recent mortgage statement, copy of Homeowners Insurance and Property Tax bill if not escrowed, Home Owners Association bill if applicable
- () Budget showing actual income describing credit card minimum monthly payment amount, how much is required to be paid monthly as a minimum monthly payment to credit cards etc.
- () Hardship Letter outlining the circumstances of the problem, describe briefly what was done to resolve the problem and remain current if modification is granted. Note: Must be signed and dated by both borrowers if applicable
- () 1040 form with W2's/1099's for the most recent 2 years; all schedules signed and dated
- () Other Assets if any
- () Credit card statements, automobile loan statement(s) and all other personal loans
- () Utility statements, i.e., electric and water bills
- () IRS Form 4506-T
- () Copy of Mortgage and Note for Subject Property

**Please return all copies to:
Housing & Education Alliance, Inc
9215 N Florida Ave Ste. 101
Tampa Fl. 33612**