

TO: ALLEN COMPANY:

FINANCIAL ANALYSIS FORM

Name (Borrower):	Daytime Phone:	Alternate Phone:
Name (Co-borrower):	Daytime Phone:	Alternate Phone:
Mortgage Account Number:	Best time to reach you:	
Mailing Address:		

May we contact you via email:	Yes/No
If yes, please provide your email address:	
Is the property occupied?	Yes/No
If yes, is it owner occupied or tenant occupied?	Owner/Tenant
Have you filed bankruptcy?	Yes/No
Amount of funds available to contribute towards a workout?	\$
Total number of individuals in your household:	
Do you want to keep the property?	Yes/No
Is your home listed for sale?	Yes/No
If yes, what is the list price?	\$
What is your agent's (realtor) name and telephone number? If applicable	Realtor Name: Realtor Phone:
Do you have a second mortgage?	Yes/No
If yes, please provide contact information for your second mortgage company.	
Name/phone number of second mortgage company:	

EMPLOYMENT HISTORY

	Borrower	Co-Borrower	
Currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How long?			
Present employer:			
If self-employed, name of company:			
Description	Borrower	Co-Borrower	Total
Gross Salary / Wages (monthly) *	\$	\$	\$
Unemployment Income (monthly)	\$	\$	\$
Child Support / Alimony (monthly)	\$	\$	\$
Disability Income (monthly)	\$	\$	\$
Rental Income (monthly)	\$	\$	\$

*Gross salary/wages is your total monthly income before any tax withholding or employer deductions.

(Note that some of the items included here are not applicable to the MHA program. I understand, however, that this form is to be used for various modification programs, including the MHA.)

TO: ALLEN COMPANY:

ASSETS/LIABILITIES

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Assets

Description	Estimated Value	Amount Owed	Net Value (est. value less amount owed)
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mortgages / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners Assoc. Dues	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance (i.e. wind, flood) (if not escrowed and included in your current mortgage payment.)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card / Installment Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food / Household Supplies	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Borrower Signature

Date

Co-borrower Signature

Date

TO: ALLEN COMPANY:

Financial Hardship Affidavit

Borrower Name: _____

Co-Borrower Name: _____

Property Street Address: _____

Property City, State, Zip: _____

Account Number: _____

In order to qualify for our offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("☐") the one or more events that contribute to my/our financial hardship and difficulty in making payments on my/our mortgage loan.

Borrower **Co-Borrower**

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" and have attached verifying documentation.

My household financial circumstances have changed. For example: death in family, serious or chronic illness, divorce, incarceration, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" and have attached verifying documentation.

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation" and have attached verifying documentation.

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation" and have attached verifying documentation.

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

TO: ALLEN COMPANY:

Borrower/Co-Borrower Acknowledgement:

1. Under penalty of perjury, I/we certify, represent and agree that all of the documents and information I/we have provided in connection with the Financial Analysis Form and this Affidavit are true and correct and the event(s) identified in the Financial Analysis Form and this Affidavit has/have contributed to my/our financial hardship and the need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers/co-borrowers or a joint report for a married couple.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
6. I/we certify that I/we are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
7. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other work-out, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this Affidavit.

THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

(Please complete and return if you want your lender/mortgage servicer to speak with your Real Estate Agent, or any other designated third party on your behalf concerning your mortgage loan account.)

Account Number: _____

Name: _____

Property Address: _____

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

Name _____ of _____ in his/her capacity as
Company (if applicable)

Relationship (if applicable) _____ Phone Number _____

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

I understand that the lender/mortgage servicer will take reasonable steps to verify the identity of the 3rd party authorized above but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my mortgage loan account or seeks information about my mortgage loan account. I further understand that the lender/mortgage servicer will have no responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor.

NOTE: No information concerning my/our account will be provided until my lender/mortgage servicer has received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

I/We agree to this Third Party Authorization and Agreement to Release.

Printed Borrower Name _____

Date _____

Printed Borrower Name _____

Date _____

Borrower Signature _____

Borrower Signature _____



4506-T

Request for Transcript of Tax Return

Form 4506-T
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.
Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-0047

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-928-1040 to order a transcript. 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 or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return.	2b. Second social security number if joint tax return.
3. Current name, address (including apt., both, or suite real), city, state, and ZIP code.	
4. Previous address shown on the last return filed if different from line 3.	

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. The IRS has no control over what the third party does with the tax information.

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 5 and 9 are blank.

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. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120B, Form 1120C, 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 is a combination of the item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days.
 - d. Verification of Month(s), which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days.
 - e. Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcripts. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with this 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 and the year after it is filed with the IRS. For example, W-2 information for 2008, filed in 2007, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-372-3213. 5006 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 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.

7. 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.

8. 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 return preparer, 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.

Signature (see instructions)	Date
Name (if this is above is a corporation, partnership, estate, or trust)	Date
Taxpayer's signature	Date
Telephone number of taxpayer on this 1a or 2a	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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 filed it, or the state your business was in, when that return was filed. There are two addresses shown, 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 RAIVS teams, send your request to the team based on the address of your most recent return.

Note. You can 486 call 1-800-829-1040 to request a transcript or get more information.

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, Georgia, Hawaii (also Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming; a foreign country, or A.P.O. or F.P.O. address
- Connecticut
- Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Virginia, West Virginia, Wisconsin

RAIVS Team,
P.O. Box 3681
Mail Stop 9334
Ogden, UT 84408

801-829-8922

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

If you filed an individual return and lived in:

- District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont

Mail or fax to the Internal Revenue Service at:

- RAIVS Team,
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45258

978-447-9255

- 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, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming
- Arkansas,
- Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia

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

Line 5. Enter only one fax form number per request.

Signatures 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 60 days of the date signed by the taxpayer or it will be rejected.

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 arranged 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.

RAIVS Team,
P.O. Box 47-421
Stop 81
Doraville, GA 30092

770-459-2385

RAIVS Team,
Stop 6718 AUSC
Austin, TX 73301

512-480-2272

RAIVS Team,
Stop 37106
Pleasanton, CA 94588

510-468-5876

RAIVS Team,
Stop 8705-841
Kansas City, MO 64659

816-282-6102

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 5.

All others. See Internal Revenue Code section 6109(a) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, trustee, 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 notices. 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 6109 and 6109 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, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other agencies 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 6109.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time to learn about the law or the form, to fill in, 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 the Internal Revenue Service, Tax Products Coordinating Committee, SEW-CARWP-111-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.

TO: ALLEN COMPANY:

General Notification

The enclosed package has been enhanced to encompass requirements for all available programs, including the Making Home Affordable program established under the Obama administration.

For information and eligibility requirements under the Making Home Affordable program, visit www.makinghomeaffordable.gov or www.financialstability.gov website.

Please continue to make your monthly payment. If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access www.hud.gov or call 800-225-5342 for more information regarding credit counselors.

You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.

Non-escrowed accounts: If approved for a modification, an escrow account is required for most modification programs.

If approved for a modification, you may be required to enroll in an electronic payment program.

Frequently Asked Questions

How long will it take to process my modification request and determine if I qualify for the program? First, we will review your request as quickly as possible. Once the package is returned to our office, you will hear something from Loss Mitigation within 10 business days advising the package was received and notifying you if additional information is required. Within 30 days from the date a complete package is received, you will be notified as to the modification option available to you. If you aren't eligible for a modification, the reason for denial will be provided. Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

The Financial Analysis Form asks, "Amount of funds available to contribute towards a workout?" What does that mean?

We are attempting to determine the amount of funds that you currently have available to contribute towards any delinquency. In some instances this may be called a down payment or a borrower's contribution. (Not applicable to the Making Home Affordable Program.)

On the Financial Analysis Form, what would be included as Personal Property under the Asset section? Personal property is an item of worth that you may own. Some examples of personal property may include a vehicle or recreational vehicle, collectibles, etc.

Under liabilities, I pay my car insurance on a semi-annual or annual basis. How do I list that? Please make sure that the amount of the expense is broken down to a monthly premium amount. Example: If the car insurance is \$500 for a 6 month period, divide \$500 by 6 (\$83.33) to determine the monthly premium.

Under liabilities, I do not have enough space for all of my credit cards and/or student loans, how do you want me to list them? Include these items on an additional piece of paper.

The 4506-T form states, "Caution: DO NOT SIGN this form if a 3rd party required you to complete and lines 6 and 9 are blank." What do I enter for those items? Item six should be filled in with the number of the tax form that you use when completing your income taxes (ie. 1040, 1040EZ). Check box 6a, Transcript requested. We suggest Item 9 be filled in with both 2007 and 2008 year end in case you haven't filed 2008 tax return or it has not been completed.