

Loss Mitigation Application Instructions

Please complete this Loss Mitigation Application in its entirety and send it back with the supporting documentation listed below so that we can properly review your current financial situation. **The Loss Mitigation Application and the information you provide to us must be complete and accurate and must be dated & signed by all borrowers.**

Required Documentation for Loss Mitigation Options (Required from Borrower & Co-Borrower)

- Completed and signed Loss Mitigation Application
- Your last two (2) years Federal tax returns filed (signed and dated with all schedules and forms)
- IRS Form 4506-C (for self-employed borrowers or borrowers with rental income)
- Completed and signed 3rd party authorization form (if applicable)
- Copy of current photo ID (must be legible)

Hardship Documentation:

- Signed and dated hardship letter, detailing the exact reason that prevents you from paying your mortgage loan(s) and information about your intentions to either keep or transition out of your property.

Employment Income for all borrowers:

- Your two (2) most recent pay stubs with year-to-date earnings
- If you're self-employed or an independent contractor, send your most recent signed and dated quarterly or year-to-date Profit & Loss Statement with company name and date; send all statement pages, even if a page is blank.

Other Income Sources for all borrowers:

- If you receive Social Security, disability or death benefits, pension, public assistance or unemployment income, send your benefits statement; proof of monthly insurance benefits or government assistance (if applicable) or letter from the provider with the amount, frequency and duration of the benefit AND two most recent bank statements showing receipt of payment; send all statement pages, even if a page is blank.
- Documents showing additional income you'd like us to consider

Financial Statements for all borrowers:

- Your two (2) most recent personal checking, savings, money market, mutual fund, stock and bond statements; send all statement pages, even if a page is blank

Licensed as Servis One, Inc. dba BSI Financial Services.

BSI Financial Services NMLS # 38078. Customer Care Hours: Mon. – Fri. 08:00 am to 09:00 pm (ET), Sat. 09:00 am to 01:00 pm (ET). Colorado Office Location: 13111 E. Briarwood Ave., Suite 340, Centennial, CO 80112 (303) 309-3839. Licensed as a Debt Collection Agency by the New York City Department of Consumer Affairs, (# 2001485-DCA). North Carolina Collection Agency Permit (# 105608). If you have filed a bankruptcy petition and there is an "automatic stay" in effect in your bankruptcy case or you have received a discharge of your personal liability for the obligation identified in this letter, we may not and do not intend to pursue collection of that obligation from you personally. If either of these circumstances apply, this notice is not and should not be construed to be a demand for payment from you personally. Unless the Bankruptcy Court has ordered otherwise, please also note that despite any such bankruptcy filing, whatever rights we hold in the property that secures the obligation remain unimpaired.

Legal Documents (if applicable)**Divorce or legal separation:**

- Your divorce decree or separation agreement signed by Court AND recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
- Legal documents showing the amount, frequency and duration of child support, alimony or separation maintenance income if you'd like us to consider it as qualifying income AND your two most recent bank statements showing receipt of the payment; send all statement pages, even if a page is blank. **Please note: You aren't required to disclose child support, alimony or separation maintenance income, unless you want us to consider it as qualifying income.**

Death of a borrower:

Copy of the death certificate **and** at least **one (1)** of the following:

- Copy of the last will and testament
- Trust documents
- Probate documents
- Certified copy of court appointment of executor or legal representative
- Court Order or Judgment determining succession to real property
- Letter of succession with a copy of the successor's identification (a signed and notarized document explaining who the parties are claiming to be a successor in interest in the property)

Income from rental properties:

- Copy of **one (1)** of these documents showing rental income: current rental agreement(s) **or** handwritten lease agreement(s)/contract(s)
- Copies of two canceled checks **or** two most recent bank statements showing rental and/or boarder income (we won't accept handwritten receipts); send all statement pages, even if a page is blank
- Copies of two (2) most recent mortgage statements for the rental property

Documents related to your property:

If you pay your property taxes and/or insurance directly to the provider and not into an escrow account as part of your monthly mortgage payment:

- Copy of current property tax bill and proof of payment, such as a canceled check
- Proof of payment of homeowners/property insurance, such as a canceled check and/or declarations page showing amount due

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If you have filed a bankruptcy petition and there is an "automatic stay" in effect in your bankruptcy case or you have received a discharge of your personal liability for the obligation identified in this letter, we may not and do not intend to pursue collection of that obligation from you personally. If either of these circumstances apply, this notice is not and should not be construed to be a demand for payment from you personally. Unless the Bankruptcy Court has ordered otherwise, please also note that despite any such bankruptcy filing, whatever rights we hold in the property that secures the obligation remain unimpaired.

If you have flood insurance:

- Copy of current policy or declarations page showing amount due and proof of payment, such as a canceled check

If your property is in a Homeowners or Condominium Owners Association:

- Copy of the most recent HOA/COA bill
- Proof of payment of association dues and fees, including the total amount due

If applying for a Short Sale

Please provide the following additional information from your Real Estate Agent:

- Listing Agreement and MLS Print-out
- First lien approval letter
- Buyer pre-approval letter and/or proof of funds
- Fully executed sales/purchase contract
- Estimated HUD closing statement
- Arm's Length Transaction Affidavit

If applying for a Deed in Lieu

Please provide the following additional information from your Real Estate Agent:

- Listing Agreement and MLS Print-out
- First lien approval letter

If any additional documents are needed, we will send a separate request for this information at a later date.

Please return your completed ***Loss Mitigation Application*** as well as all required documentation to:

By Regular or overnight Mail:

BSI Financial Services
Attn: Default Resolution Team
314 S. Franklin Street
Titusville, PA 16354

By Fax:

BSI Financial Services
Attn: Default Resolution Team
814.217.1366

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Time is of the essence.

All forms and requested documents should be returned as soon as possible, paying close attention to the time frames indicated by your single point of contact. If your application is not received timely, you may not qualify for the program you're applying for, may need to resubmit paperwork or foreclosure proceedings may result.

Once we receive your application, we will send you a letter advising that we have a complete application or advising you what missing information is still needed to complete your application.

Within thirty (30) days of receipt of a complete application, we will let you know which loss mitigation option, if any, are available to you and will inform you of your next steps to accept our offer. Please understand that we cannot guarantee that you will receive any (or a particular type of) assistance.

If you have any questions, please call us at 1-800-327-7861 during our office hours Monday to Friday 08:00 a.m. to 09:00 p.m. (ET), Saturday 09:00 a.m. to 01:00 p.m. (ET).

While we review your application, please continue to make your current monthly mortgage payment by your normal due date to avoid any delinquency or late charges on your account.

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LOSS MITIGATION APPLICATION



Important: Please complete Sections A–J. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, **please** make sure each section is complete and accurate.

▶ **Loan Number:** _____

BORROWER		CO BORROWER	
Borrower's Name		Co-Borrower's Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
HomePhone Number With Area Code		HomePhone Number With Area Code	
Cell or Work Number With Area Code		Cell or Work Number With Area Code	
Email Address		Email Address	

When you give us your mobile phone number, we have your permission to contact you at that number about all your **BSI Financial Services ("BSI")** accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

Is any borrower a Servicemember? ☐ Yes ☐ No

Have you recently been deployed away from your principal residence or recently received a Permanent Change of Station (PCS) order? ☐ Yes ☐ No

If yes, I intend to occupy this property as my primary residence some time in the future. ☐ Yes ☐ No

Is any borrower the surviving spouse of a deceased Servicemember who was on active duty at the time of death? ☐ Yes ☐ No

I want to: ☐ Be reviewed for all mortgage assistance options
☐ Only be reviewed for selling the home for less than I owe or releasing my property

The property is my: ☐ Primary Residence ☐ Second Home ☐ Investment ☐ Other _____

The property is: ☐ Owner Occupied ☐ Renter Occupied ☐ Vacant ☐ Other _____

Have you previously requested mortgage payment assistance through BSI? ☐ Yes ☐ No

How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? _____

Have you ever had a Home Affordable Modification Program (HAMP) Trial Period Plan or permanent modification on your principal residence? ☐ Yes ☐ No

Have you or any co-borrower had a permanent HAMP modification on any other property you own? ☐ 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

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

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

▶ **Number of People in Household:** _____

Mailing Address: _____	
Property Address (if same as mailing address, just write "same"): _____	
<p>Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what was the listing date? _____</p> <p>Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Offer: _____</p> <p>Amount of Offer: _____</p> <p>Closing Date: _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p>	<p>Have you contacted a credit counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the following:</p> <p>Counselor's Name: _____</p> <p>Agency Name: _____</p> <p>Counselor's Phone Number: _____</p> <p>Counselor's Email: _____</p>
<p>Who pays the real estate tax bill on your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p>Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condominium or HOA Fees? <input type="checkbox"/> Yes <input type="checkbox"/> No \$_____permonth</p> <p>Are the fees paid current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name and address that fees are paid to: _____</p>	<p>Who pays the insurance premiums for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p>Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name(s) of Insurance Company: _____</p> <p>Insurance Company Phone Number(s): _____</p>

LOSS MITIGATION APPLICATION

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▶ **Loan Number:** _____

REQUIRED DOCUMENTATION/HARDSHIP AFFIDAVIT

Describe your hardship (attach additional pages if necessary):

Date situation began is:

I believe that my situation is:

- ☐ Short-term (under 6 months)
☐ Medium-term (6-12 months)
☐ Long-term or permanent (greater than 12 months)

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

(Please check all that apply and submit required documentation demonstrating your hardship. If your mortgage loan is insured or guaranteed by the Federal Housing Administration (FHA), U.S. Department of Veterans Affairs (VA) or Rural Housing Service (RHS), hardship documentation is not required but you must submit all financial documentation that supports your request for assistance.)

<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits
<input type="checkbox"/> Underemployment	<ul style="list-style-type: none"> No hardship documentation required, as long as you have submitted the income documentation that supports the income
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<ul style="list-style-type: none"> No hardship documentation required, as long as you have submitted the income documentation that supports the income
<input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<ul style="list-style-type: none"> Divorce decree signed by the court OR Separation agreement signed by the court OR Current credit report evidencing divorce, separation, or non-occupying Borrower has a different address OR Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household or dependent family member	<ul style="list-style-type: none"> Copy of the Death certificate and at least one additional acceptable document SEE page 2 of the application instructions for all acceptable documents
<input type="checkbox"/> Long-term or permanent disability; serious illness of a borrower/ co-borrower or dependent family member	<ul style="list-style-type: none"> Do not provide medical records or any details of your illness or disability Written statement from you or other documentation verifying disability or illness OR Proof of monthly insurance benefits or government assistance (with expiration date, if applicable)
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<ul style="list-style-type: none"> Insurance claim OR Federal Emergency Management Agency grant or Small Business Administration loan OR Borrower or employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer	<ul style="list-style-type: none"> Proof of transfer OR Military Permanent Change of Station (PCS)
<input type="checkbox"/> Excessive obligations	<ul style="list-style-type: none"> No hardship documentation required, as long as you have submitted the income documentation that supports the income
<input type="checkbox"/> Business failure	<ul style="list-style-type: none"> Tax return from the previous year (including all schedules) AND Proof of business failure supported by one of the following: <ul style="list-style-type: none"> Bankruptcy filing for the business; or Two months recent bank statements for the business account evidencing cessation of business activity; or Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Payment increase	<ul style="list-style-type: none"> No hardship documentation required, as long as you have submitted the income documentation that supports the income
<input type="checkbox"/> Other _____	

If you have income from rental properties that are not your principal residence, you must provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

LOSS MITIGATION APPLICATION

Important: Please complete Sections A–J. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, **please** make sure each section is complete and accurate.

▶ **Loan Number:** _____

ADDITIONAL LIENS/MORTGAGES OR JUDGMENTS

Complete if applicable.

☐ Check this box if this section does not apply to you. **Continue to Section D.**

Lien Holder's Name/Service	Balance	Phone Number	Reference Number/Loan Number

A lien is a legal claim on property to secure a loan or debt until paid off. It is put in place by contract or court order.

Section D

BANKRUPTCY

Complete if applicable.

☐ Check this box if this section does not apply to you. **Continue to Section E.**

Select the type of bankruptcy filed: ☐ Chapter 7 ☐ Chapter 13 ☐ Other: _____ Filing Date: _____

Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy Case Number: _____

Section E

INCOME/EXPENSES FOR HOUSEHOLD

Borrower Monthly Income: \$ _____

I am: ☐ Employed by a Company

Company #1 Name: _____

Employment Start Date: _____

Company #2 Name: _____

Employment Start Date: _____

Company #3 Name: _____

Employment Start Date: _____

I am: ☐ Self-Employed Percent of Ownership _____ %

I am: ☐ Independent Contractor

Co-Borrower Monthly Income: \$ _____

I am: ☐ Employed by a Company

Company #1 Name: _____

Employment Start Date: _____

Company #2 Name: _____

Employment Start Date: _____

Company #3 Name: _____

Employment Start Date: _____

I am: ☐ Self-Employed Percent of Ownership _____ %

I am: ☐ Independent Contractor

Self-employed people earn income directly from their own business, trade, or profession. They don't collect a salary or wages from an employer.

Independent contractors typically provide goods or services to a company under the terms of a contract. They set their own hours and are paid on a freelance basis.

OTHER INCOME/EXPENSES

Is there a person not on the mortgage note who lives in the residence and contributes financially to the household? ☐ Yes ☐ No

If yes, complete the following:

First and Last Name: _____ Monthly amount contributed to the household (not including the amount contributed to the

Mortgage): \$ _____ Monthly amount contributed to the Mortgage: \$ _____ Are there living expenses for this person? ☐ Yes ☐ No

If yes, monthly amount of expenses: \$ _____

List any one-time payments you received that appear on your most recent tax return: (Examples: one-time pension disbursements, tax refunds, bonuses, insurance distributions)

Payment Type: _____ Amount: \$ _____

Payment Type: _____ Amount: \$ _____

Payment Type: _____ Amount: \$ _____

LOSS MITIGATION APPLICATION

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Loan Number: _____

HOUSEHOLD INCOME	
Monthly Gross Wages	\$
Monthly Self-Employment Income	\$
Monthly Overtime	\$
Monthly Unemployment Income	\$
Monthly Tips, Commissions, Bonus	\$
Monthly Non-Taxable Social Security/SSDI	\$
Monthly Taxable Social Security Benefits or Other Monthly Income from Annuities or Retirement Plans	\$
Monthly Child Support/Alimony ²	\$
Monthly Gross Rents Received ³	\$
Monthly Food Stamps/Welfare	\$
Monthly Other	\$
Total Monthly Income	\$

HOUSEHOLD EXPENSES/DEBT	
Monthly First Mortgage Principal and Interest Payment ¹	\$
Monthly Second Mortgage Principal and Interest Payment ¹	\$
Monthly Homeowners' Insurance ¹	\$
Monthly Property Taxes ¹	\$
Monthly HOA/Condo Fees/Co-OP Fees/Property Maintenance ¹	\$
Monthly Mortgage Payments on Other Properties ⁴	\$
Monthly Credit Cards/Installment Loan(s) (total minimum payment)	\$
Monthly Child Support/Alimony Payments	\$
Monthly Auto Lease/Payment	\$
Monthly Other	\$
Total Monthly Expenses/Debt	\$

HOUSEHOLD ASSETS associated with the property and/or borrower(s) excluding retirement funds	
Checking Account(s)	\$
Checking Account(s)	\$
Savings/Money Market	\$
CDs	\$
Stocks/Bonds	\$
Other Cash on Hand	\$
Other Real Estate (estimated value)	\$
Other	\$
Total Assets	\$

¹ The amount of the monthly payment made to your lender - including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

² Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

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

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

⁵ Non-borrower household income is defined as someone living in the home who is not on the original note, but whose income has been relied upon to support the mortgage payment.

ADDITIONAL LIVING EXPENSES				
	Borrower	Co-Borrower	Non-Borrower ⁵	Total
Tuition/School	\$			
Child Care (daycare, babysitting)	\$			
Automobile Expenses (insurance/maintenance/gas)	\$			
Food	\$			
Life Insurance Premium	\$			
Medical	\$			
Utilities	\$			
Clothing	\$			
Cable, Internet, Phone	\$			
Total Living Expenses	\$			

LOSS MITIGATION APPLICATION

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► **Loan Number:** _____

Section F

DODD FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate federal law.

If you have been convicted of one of the mortgage or real estate crimes listed above within the last 10 years, you must cross out this section. You will be considered for other mortgage assistance options that are not a part of the Making Home Affordable Program.

This certification is effective on the earlier of the date listed below or the date received by your servicer.

Section G

OTHER PROPERTIES OWNED

☐ **Check this box if this section does not apply to you.** [Continue to Section H.](#)

For the amount of the monthly payment, include, if applicable, monthly principal, interest, real property taxes and insurance premiums.

You must provide information about all properties that you or the co-borrower own, other than your principal residence and any other property for which you are seeking mortgage assistance listed in section H. Use additional sheets if necessary.

PROPERTY #1

Property Address: _____ Loan Number: _____

First Mortgage Servicer Name: _____ Mortgage Balance \$ _____

Second Mortgage Servicer Name: _____ 2nd Mortgage Balance \$ _____

Property is: _____ Vacant _____ 2nd or Seasonal Home _____ Rented

PROPERTY #2

Property Address: _____ Loan Number: _____

First Mortgage Servicer Name: _____ Mortgage Balance \$ _____

Second Mortgage Servicer Name: _____ 2nd Mortgage Balance \$ _____

Property is: _____ Vacant _____ 2nd or Seasonal Home _____ Rented

PROPERTY #3

Property Address: _____ Loan Number: _____

First Mortgage Servicer Name: _____ Mortgage Balance \$ _____

Second Mortgage Servicer Name: _____ 2nd Mortgage Balance \$ _____

Property is: _____ Vacant _____ 2nd or Seasonal Home _____ Rented

PROPERTY #4

Property Address: _____ Loan Number: _____

First Mortgage Servicer Name: _____ Mortgage Balance \$ _____

Second Mortgage Servicer Name: _____ 2nd Mortgage Balance \$ _____

Property is: _____ Vacant _____ 2nd or Seasonal Home _____ Rented

PROPERTY #5

Property Address: _____ Loan Number: _____

First Mortgage Servicer Name: _____ Mortgage Balance \$ _____

Second Mortgage Servicer Name: _____ 2nd Mortgage Balance \$ _____

Property is: _____ Vacant _____ 2nd or Seasonal Home _____ Rented

LOSS MITIGATION APPLICATION

Important: Please complete Sections A–J. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, **please** make sure each section is complete and accurate.

Loan Number: _____

Section H

OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED

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

☐ Check this box if this section does not apply to you. Continue to the Rental Property Certification section below.

I am requesting mortgage assistance for a rental property. ☐ Yes ☐ No

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

I am requesting mortgage assistance for a home that is no longer my primary residence due to an out of area job transfer or foreign service assignment. I intend to occupy this property as my primary residence sometime in the future. ☐ Yes ☐ No

Property Address: _____ Loan Number: _____

Current Value: \$ _____ Monthly Payment: \$ _____

Provider of your first mortgage ((if not BSI)) _____

Do you have a second mortgage on the property? ☐ Yes ☐ No If "Yes," Servicer Name: _____

Loan Number: _____ Monthly Payment: \$ _____

Do you have condominium or homeowners association (HOA) fees? ☐ Yes ☐ No If "Yes," Monthly Fee: \$ _____ Are HOA fees paid current? ☐ Yes ☐ No

Name/address that fees are paid to: _____

Does your mortgage payment include taxes and insurance? ☐ Yes ☐ No If "No," are the taxes and insurance paid current? ☐ Yes ☐ No

Annual homeowners insurance: \$ _____ Annual Property Taxes: \$ _____

If requesting assistance for 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 tenant: Term of lease/occupancy / / - / / Gross Monthly Rent: \$
MM DD YYYY MM DD YYYY

If rental property is vacant, describe efforts to rent property: _____

If you have a non-rent-paying occupant, describe your relationship to them and the duration of their occupancy: _____

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.

☐ Check this box if this section does not apply to you. Continue to Section I

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 a 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 conditions, I may at any time sell the property, occupy it as my personal 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.

☐ By checking this box and initialing below, I am requesting a mortgage modification under the Making Home Affordable Program with respect to the rental property described in this section and I hereby certify under penalty of perjury that each of the statements above are true and correct with respect to that property.

Initials: Borrower _____ Co-Borrower _____

LOSS MITIGATION APPLICATION

► **Important:** Please complete Sections A–J. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, **please** make sure each section is complete and accurate.

► **Loan Number:** _____

Section I

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

Borrower:	<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

HOMEOWNERS HOTLINE

If you have questions about this document or the general modification process, please call your Servicer. If you have questions about government programs that your Servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 888-995-HOPE (4673). The Hotline can help answer questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE™
Homeowner's HOPE Hotline

NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your Servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding the occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document, you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse mismanagement or misrepresentation 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.



LOSS MITIGATION APPLICATION

Important: Please complete Sections A–J. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

Loan Number: _____

Section J

ACKNOWLEDGMENT AND AGREEMENT

In making this request for consideration, I certify under penalty of perjury:

1. I understand the Servicer may pull a current credit report on all borrowers obligated on the Note.
2. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
3. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Loan Documents, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that the Servicer is providing the information about the mortgage relief program at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
4. I understand that if the Servicer offers me a Trial Period Plan and I fail to accept or complete the trial plan for any reason, including, for example, declining the trial plan offer, failing to accept the trial plan offer, failing to make trial plan payments in a timely manner or failing to accept a final modification at the end of the trial period, I may permanently lose eligibility for a modification under the Making Home Affordable Program and any other modification program offered by the Servicer.
5. If I am eligible for a Trial Period Plan, Repayment Plan or Forbearance Plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a Trial Period Plan, Repayment Plan or Forbearance Plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the Trial Period Plan, Repayment Plan or Forbearance Plan.
6. I agree that when the Servicer accepts and posts a payment during the term of any Repayment Plan, Trial Period Plan or Forbearance Plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
7. I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
8. If I qualify for and enter into a Repayment Plan, Forbearance Plan or Trial Period Plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
9. 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 Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
10. That all of the information in this document is truthful and the hardship(s) identified on page 2 is/are the reason that I need to request a modification of the terms of my mortgage loan, a short sale or a deed-in-lieu of foreclosure.
11. I understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage or their agents may investigate the accuracy of my statements and may require me to provide additional supporting documentation. I also understand that knowingly submitting false information may violate federal and other applicable laws.
12. 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 the Making Home Affordable Program (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.
13. The property that I am requesting mortgage assistance for is able to be lived in, and it has not been or is not at risk of being condemned. There has been no change in the ownership of the property since I signed the documents for the mortgage that I want to modify.
14. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner. I understand that time is of the essence.
15. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document or other documentation submitted in connection with this request.
16. 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 mortgage relief or foreclosure alternative that I receive by the Servicer to (a) the U.S. Department of the Treasury; (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (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 that perform support services in conjunction with any other mortgage relief program; and (e) any HUD-certified housing counselor.
17. I understand that as part of a review for mortgage assistance, the Servicer may order an appraisal or valuation to determine my property's value and charge me for this appraisal or valuation. I understand that the Servicer must provide me with a copy. I understand that I can pay for an additional appraisal for my own use at my own cost.
18. If I or someone on my behalf has submitted a Fair Debt Collection Practices Act Cease and Desist notice to my Servicer, I hereby withdraw such notice and understand that the Servicer must contact me through the loan modification process or to find other alternatives to foreclosure.

LOSS MITIGATION APPLICATION

► **Important:** Please complete Sections A–J. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

► **Loan Number:** _____

By signing this document, I/we certify that all the information is truthful. I/We understand that knowingly submitting false information may constitute fraud.

Borrower Signature _____

Date _____

Co-Borrower Signature _____

Date _____

Your Loss Mitigation Application is Complete if You Have:

- ✓ Written your loan number at the top of each page
- ✓ Completed Sections A–J
- ✓ Checked to make sure each section is complete and accurate
- ✓ Signed your name(s) in the box above

TO BE COMPLETED BY INTERVIEWER

This request was taken by: <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet Loan Number _____	Interviewer's Name (print or type) & I.D. Number	Name/Address of Interviewer's Employer
	Interviewer's Signature _____ Date _____	
	Interviewer's Phone Number (include area code)	Servicer/Interviewer's Email Address
	Interviewer's Fax Number	

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

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

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name			ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)			v. City	vi. State	vii. ZIP code
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)			iv. City	v. State	vi. ZIP code
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)					
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 for line 6 transcripts					
a. Return Transcript <input type="checkbox"/> b. Account Transcript <input type="checkbox"/> c. Record of Account <input type="checkbox"/>					
7. Wage and income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers					
Line 1a <input type="checkbox"/> Line 2a <input type="checkbox"/>					
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)					
/ / / / / / / /					
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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.					
<input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.					
Sign Here	Signature for Line 1a (see instructions)			Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name				
	Title (if line 1a above is a corporation, partnership, estate, or trust)				
	Spouse's signature (required if listed on Line 2a)				Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name					

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

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

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

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

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

The time needed to complete and file Form 4506-C 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.
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-C 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.

Borrower Authorization of Third Party

Borrower(s) name(s) _____

Property Address: _____

Mortgage loan account number(s): _____

Third Party Information (all applicable fields must be completed)

Name of Entity, Agency, Firm _____ Phone number _____

Name(s) of authorized person(s) _____

Mailing address _____

Office address _____

E-Mail _____ Website URL _____

Tax ID# _____ State license # (if required) _____ Issuing state _____

For non-profit agencies only*

HUD Approved Counseling Agency?

☐ Yes ☐ No

Approval valid until (date)

*Attach National Foreclosure Mitigation Counseling form if needed

For attorneys only*

Do you represent the above named Borrower for a workout arrangement with the named Servicer?

☐ Yes ☐ No

Firm name

Individual Attorney name(s)

All states where licensed

**Attorney who represents Borrower must sign below

Licensed as Servis One, Inc. dba BSI Financial Services.

BSI Financial Services NMLS #38078. Customer Care Hours: Mon. - Fri. 08:00 a.m. to 09:00 p.m. (ET), Sat. 09:00 a.m. to 01:00 p.m. (ET).

Colorado Office Location: 13111 E. Briarwood Ave., Suite 340, Centennial CO 80112 (303) 309-3839. Licensed as a Debt Collection Agency by the New York City Department of Consumer Affairs, (#2001485-DCA). North Carolina Collection Agency Permit (#105608).

If you have filed a bankruptcy petition and there is an "automatic stay" in effect in your bankruptcy case or you have received a discharge of your personal liability for the obligation identified in this letter, we may not and do not intend to pursue collection of that obligation from you personally. If either of these circumstances apply, this notice is not and should not be construed to be a demand for payment from you personally. Unless the Bankruptcy Court has ordered otherwise, please also note that despite any such bankruptcy filing, whatever rights we hold in the property that secures the obligation remain unimpaired.

Third Party Acknowledgement

The undersigned, on behalf of the Third Party, represents that: (i) it is in compliance with Regulation O (Mortgage Assistance Relief Services), if applicable, and all other applicable laws and regulations; and (ii) the Third Party information provided above is true and correct. The undersigned acknowledges that a misrepresentation or omission of fact made in connection with a government program such as Making Home Affordable may result in civil/criminal prosecution.

Signature of Third Party _____ Date _____

Printed name _____ Title _____

Borrower Authorization

Third Party you are authorizing (from first page) _____

I (Borrowers listed below) authorize the above named Third Party to discuss, assist with, or, if applicable, negotiate a workout arrangement on my mortgage(s) with my Mortgage Servicer, BSI Financial Services (its affiliates, agents, employees, and successors). A workout arrangement could include a modification or other relief.

I authorize my Mortgage Servicer, and Third Party and Treasury (and its agents) to share with each other public and non-public information about my finances and my mortgage for the purpose of assisting me in obtaining a workout arrangement, including but not limited to: (i) my mortgage payment history, terms of my mortgage; and (ii) my social security number, credit score, income, debts and other information related to obtaining and servicing my mortgage.

I understand that my Mortgage Servicer may contact me directly except in limited situations, such as when I am represented by an attorney, and the Servicer and I must agree to any workout arrangement. I may still contact my Mortgage Servicer at any time.

I understand that this Third Party Authorization Form may not be accepted by my Mortgage Servicer and my Mortgage Servicer will notify me in writing if it is not accepted. Mortgage Loan Servicers have procedures designed to detect fraud or improper activity and must follow privacy laws to protect borrower information.

Licensed as Servis One, Inc. dba BSI Financial Services.

BSI Financial Services NMLS #38078. Customer Care Hours: Mon. - Fri. 8:00 a.m. to 09:00 p.m. (ET), Sat. 09:00 a.m. to 01:00 p.m. (ET).

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If you have filed a bankruptcy petition and there is an "automatic stay" in effect in your bankruptcy case or you have received a discharge of your personal liability for the obligation identified in this letter, we may not and do not intend to pursue collection of that obligation from you personally. If either of these circumstances apply, this notice is not and should not be construed to be a demand for payment from you personally. Unless the Bankruptcy Court has ordered otherwise, please also note that despite any such bankruptcy filing, whatever rights we hold in the property that secures the obligation remain unimpaired.

I understand that this Authorization expires one year from the date signed unless I cancel it earlier by writing to my Mortgage Servicer or by completing an Authorization for a different Third Party.

Do not sign this form until the form is fully completed. Keep a copy of this form.

Signature of borrower _____

Printed name _____ Date _____

Last 4 digits of SSN _____

Phone _____ Email _____

Signature of co-borrower _____

Printed name _____ Date _____

Last 4 digits of SSN _____

Phone _____ Email _____

This form should be transmitted to BSI Financial Services as soon as possible and no later than 90 days after the date signed. This form may be sent by fax to 814-217-1366 or by email at customercare@bsifinancial.com

T05-55

Licensed as Servis One, Inc. dba BSI Financial Services.

BSI Financial Services NMLS #38078. Customer Care Hours: Mon. - Fri. 08:00 a.m. to 09:00 p.m. (ET), Sat. 09:00 a.m. to 01:00 p.m. (ET).

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If you have filed a bankruptcy petition and there is an "automatic stay" in effect in your bankruptcy case or you have received a discharge of your personal liability for the obligation identified in this letter, we may not and do not intend to pursue collection of that obligation from you personally. If either of these circumstances apply, this notice is not and should not be construed to be a demand for payment from you personally. Unless the Bankruptcy Court has ordered otherwise, please also note that despite any such bankruptcy filing, whatever rights we hold in the property that secures the obligation remain unimpaired.

Legal Rights and Protections Under the SCRA

Servicemembers on “active duty” or “active service,” or a spouse or dependent of such a servicemember may be entitled to certain legal protections and debt relief pursuant to the Servicemembers Civil Relief Act (50 USC §§ 39014043) (SCRA).

Who May Be Entitled to Legal Protections Under the SCRA?

- Regular members of the U.S. Armed Forces (Army, Navy, Air Force Marine Corps and Coast Guard).
- Reserve and National Guard personnel who have been activated and are on Federal active duty
- National Guard personnel under a call or order to active duty for more than 30 consecutive days under section 502(f) of title 32, United States Code, for purposes of responding to a national emergency declared by the President and supported by Federal funds
- Active service members of the commissioned corps of the Public Health Service and the National Oceanic and Atmospheric Administration.
- Certain United States citizens serving with the armed forces of a nation with which the United States is allied in the prosecution of a war or military action.

What Legal Protections Are Servicemembers Entitled To Under the SCRA?

- The SCRA states that a debt incurred by a servicemember, or servicemember and spouse jointly, prior to entering military service shall not bear interest at a rate above 6 % during the period of military service and one year thereafter, in the case of an obligation or liability consisting of a mortgage, trust deed, or other security in the nature of a mortgage, or during the period of military service in the case of any other obligation or liability.
- The SCRA states that in a legal action to enforce a debt against real estate that is filed during, or within one year after the servicemember’s military service, a court may stop the proceedings for a period of time, or adjust the debt. In addition, the sale, foreclosure, or seizure of real estate shall not be valid if it occurs during or within one year after the servicemember’s military service unless the creditor has obtained a valid court order approving the sale, foreclosure, or seizure of the real estate.
- The SCRA contains many other protections besides those applicable to home loans.

How Does A Servicemember or Dependent Request Relief Under the SCRA?

- In order to request relief under the SCRA from loans with interest rates above 6% a servicemember or spouse must provide a written request to the lender, together with a copy of the servicemember’s military orders. [Note: Lender should place its name, address, and contact information here.]
- There is no requirement under the SCRA, however, for a servicemember to provide a written notice or a copy of a servicemember’s military orders to the lender in connection with a foreclosure or other debt enforcement action against real estate. Under these circumstances, lenders should inquire about the military status of a person by searching the Department of Defense’s Defense Manpower Data Center’s website, contacting the servicemember, and examining their files for indicia of military service. Although there is no requirement for servicemembers to alert the lender of their military status in these situations, it still is a good idea for the servicemember to do so.

How Does a Servicemember or Dependent Obtain Information About the SCRA?

- Servicemembers and dependents with questions about the SCRA should contact their unit’s Judge Advocate, or their installation’s Legal Assistance Officer. A military legal assistance office locator for all branches of the Armed Forces is available at <https://legalassistance.law.af.mil/>
- “Military OneSource” is the U. S. Department of Defense’s information resource. If you are listed as entitled to legal protections under the SCRA (see above), please go to www.militaryonesource.mil/legal or call (800) 342-9647 (toll free from the United States) to find out more information. Dialing instructions for areas outside the United States are provided on the website.