



Foreclosure Customer Check List

In order to assist you, all of the documents below must be returned.

Please complete, sign and date these forms (included in packet). DOCUMENTS MUST BE SIGNED BY ALL BORROWERS ON THE MORTGAGE AND SPOUSES):

- Request for Services (application form)
- Foreclosure Prevention Intake Questions
- Privacy Policy
- Foreclosure Mitigation Agreement and Real Estate Disclosure
- Housing Counseling Program Disclosure Form
- Authorization for Release of Information
- Dodd-Frank Disclosure
- Household Information Worksheet
- Request for Transcript of Tax Return (Federal Form 4506 T)

In addition, please submit COPIES of the following for ALL BORROWERS on the mortgage and SPOUSES (Please note, we are unable to make copies for you):

- 2017 & 2018 Federal Tax Returns (page 2 MUST be signed). *If you are self-employed* include current and prior year's Profit and Loss statements.
- Two years of most recent W2's
- Current Utility Bill (i.e. PSE&G, Water and Sewage)-**All Pages**
- Copy of Home Insurance Policy (Page 1 Declaration)
- Two most recent Bank statements-**All Pages**
- Last 30 days paystubs or income verification. *(If self-employed, Profit and Loss statement for 2017).*
- Hardship letter (signed and dated)
- Valid government ID
- Last mortgage statement
- Copy of court Summons, Notice of Foreclosure
- Bankruptcy Discharge/Dismissal (if applicable)

If you do not have copies of the documents listed below, please ask for information on how to obtain them.

- Copy of Deed (First 3 pages)
- Copy of Mortgage Note



FINANCIAL SELF-RELIANCE DEPARTMENT

REQUEST FOR SERVICES

I am interested in: Home Ownership Home Buyer's Certificate Foreclosure Prevention/Loss Mitigation
 Financial Coaching Other: _____

GENERAL INFORMATION (complete for all programs)

Last Name		First Name		Middle Initial
Address	Street			Apartment Number
	City	State	Zip Code	
Email Address				
Phone	Home Phone	Cell Phone	Work Phone	
Date of Birth		Social Security		
Family/Household	Please check one: <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Choose not to respond		How many dependents do you have? _____	# of people living in your household (including yourself): _____
Education Completed	<input type="checkbox"/> Never attended school <input type="checkbox"/> Some College (1-3 yrs; incl Associate's) <input type="checkbox"/> K-8 th grade <input type="checkbox"/> College Graduate (4-yr degree) <input type="checkbox"/> Some HS (9-12) <input type="checkbox"/> Doctorate/Master's/Professional Degree <input type="checkbox"/> HS Graduate or GED			Additional Information (for example, please let us know if you are a CURRENT STUDENT):
Disabilities	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you require accommodations such as sign language interpreter, wheel chair accessibility etc? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Language Preference	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Tax Returns	<input type="checkbox"/> I prepare my own tax return <input type="checkbox"/> I use a tax preparation service How much did you pay for this service? \$_____			
Employment and Income	<input type="checkbox"/> Employed full-time	I earn	\$_____/hour	\$_____monthly
			\$_____bi-weekly	\$_____annually (BEFORE taxes)
		Additional information: _____		
<input type="checkbox"/> Employed part-time	I earn	\$_____/hour	\$_____monthly	
		\$_____bi-weekly	\$_____annually (BEFORE taxes)	
	I work	_____hours per week		
	Additional information: _____			
<input type="checkbox"/> Self-employed: Full-time	I earn	_____/hour	_____/monthly	
<input type="checkbox"/> Self-employed: Part-time		_____/biweekly	_____/annually (BEFORE taxes)	
	Additional information: _____			

<input type="checkbox"/> I am not currently working: <input type="checkbox"/> Permanently disabled <input type="checkbox"/> Temporarily disabled <input type="checkbox"/> Retired <input type="checkbox"/> Stay at-home caregiver/parent <input type="checkbox"/> Student <input type="checkbox"/> Looking for work Additional information:_____
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Additional Income Sources:	<input type="checkbox"/> Government Assistance \$_____ /monthly	<input type="checkbox"/> Pension/Retirement Income \$_____ /monthly
	<input type="checkbox"/> Child Support \$_____ /monthly	<input type="checkbox"/> Spousal Support \$_____ /monthly
	<input type="checkbox"/> Unemployment Insurance \$_____ /monthly	<input type="checkbox"/> Friends or Family \$_____ /monthly
	<input type="checkbox"/> Other _____ \$_____ /monthly	

Benefits	I currently receive: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Other _____
	In the past I have received: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Other _____

Total Household Income	<i>TOTAL ANNUAL HOUSEHOLD INCOME (BEFORE TAXES; ALL SOURCES)</i> \$ _____
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Health Insurance	I have health insurance <input type="checkbox"/> through my employer <input type="checkbox"/> through a government program <input type="checkbox"/> I do not have health insurance
	My family members have health insurance <input type="checkbox"/> through my employer <input type="checkbox"/> through a government program <input type="checkbox"/> Not everyone in my family has health insurance

Child Support	I pay child support <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you current with your child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The following information is requested by the Federal Government for certain types of loan applications and other programs in order to monitor compliance with equal credit opportunity, federal civil rights laws, fair housing and home mortgage disclosure laws and for our own statistical monitoring. You are *not required* to furnish this information, but are *encouraged* to do so. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner. **All answers are kept strictly confidential.**

Race	<input type="checkbox"/> Black or African American <input type="checkbox"/> White
	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander
	<input type="checkbox"/> American Indian or Native Alaskan
	<input type="checkbox"/> Mixed Race <input type="checkbox"/> I do not wish to provide this information

Ethnicity	<input type="checkbox"/> Hispanic or Latino	Gender	
	<input type="checkbox"/> Non-Hispanic, Non-Latino		<input type="checkbox"/> Male
	<input type="checkbox"/> I do not wish to provide this information		<input type="checkbox"/> Female

How did you hear about Isles?	
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Applicant Certification

I certify that all information supplied in this application is true and correct to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application into the program. I also understand that at the completion of this program I am not guaranteed the opportunity to purchase a home.

Applicant Signature	Date
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I certify that I have reviewed all disclosures on this page with the applicant whose signature appears above and have answered all questions the applicant has had regarding the content of these disclosure.

Financial Self-Reliance Staff Signature	Date
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10 Wood St Trenton NJ 08618
(609) 341-4783 / (609) 341-4767 (fax)

Foreclosure Prevention Intake Questions

Date: _____

CLIENT INFORMATION

Name(s) _____

Address _____ City _____ State _____ Zip _____

Spouse (if any) _____

Children (names and ages) _____

Others in Household: _____

Have You Recently Filed Bankruptcy? _____.

If yes, please contact your attorney. Unfortunately, we will not be able to assist you. (If, no, please complete the rest of this form).

Mortgage Information

1. Mortgage Lender _____

Phone #: _____

2. Reason(s) for mortgage default: _____

3. Were you referred by the Mediation Hotline or Legal Services? Yes _____ No _____

4. Have you been served with a Summons for Foreclosure? Yes _____ No _____

If yes, submit a copy.

5. Have you received a loan modification or repayment before? Yes _____ No _____

If yes, how much is or was monthly mortgage? _____

6. Did your mortgage company give you a deadline for payment? Yes _____ No _____

If yes, what's the date? _

7. Does your home have a sale date? Yes _____ No _____

If yes, when? _____

8. Do you want to keep home? Yes _____ No _____

9. What is realistic for you? What can you do to keep your home? (For example, new sources of income, add a renter, etc.) _____

10.

Current Mortgage Interest Rate Fixed or Adjustable?	Current Monthly Mortgage Payment	Total Months behind in payments	Total Owed	Balance Due on Mortgage	Loan acct #:
If adjustable rate, has it reset?					

Circle the one that applies.

Is your mortgage: FHA VA Conventional Insured Loan

11. Does your monthly mortgage payment include taxes and insurance? Yes _____ No _____

If no, how much are monthly taxes? \$_____ Insurance? \$_____

12. Do you have a second mortgage? Yes _____ No _____

If yes, are you behind on that payment? Yes _____ No _____

Current monthly second mortgage payment \$_____

13. Are you behind on any other bills? Yes _____ No _____

If yes, which ones? _____

Has the creditor or collection agency contacted you? Yes _____ No _____

If yes, is plan of action required? Yes _____ No _____

14. Do you own investment property? Yes _____ No _____

15. Please list ALL of your income sources:

1. _____ 2. _____
3. _____ 4. _____

16. How much do you have access to? \$ _____

17. . Any other comments: _____

I certify that all information supplied in this form is true and correct to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application into the program.

Client's Signature: _____

Date: _____

INTERNAL STAFF USE ONLY

Case Number: _____

Case File Unique ID: _____

Counseling Outcome: _____

Counseling Type: _____



Privacy Policy

Isles, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expense and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out,” we will not be able to answer questions from your creditors. Proof of your decision to opt-out must be recorded in your file. If at any time, you wish to change your decisions with regard to your “opt-out,” you may call us at (609) 341-4783 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulation to guard your nonpublic personal information.

Customer Signature

Date



Foreclosure Mitigation Agreement and Real Estate Disclosure

1. I understand that Isles provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Isles receives funds through the Project Reinvest Financial Capability Program (administered by NeighborWorks America) (PRFCP) and, as such, is required to share some of my personal information with PRFCP administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for PRFCP administrators and/or their agents to follow-up with me within the next 3 years for the purposes of program evaluation, compliance and evaluation.
4. I acknowledge that I have read and signed a copy of the **Isles Privacy Policy**, which will be kept in my file.
5. I authorize Isles, Inc. and or their assigns to obtain my Credit Report for pre-qualifying and or counseling purposes. I understand that I may be responsible for the \$20.00 fee that is charged by the credit bureau to obtain my credit history/credit scores, unless that fee is waived by Isles.
6. Isles, Inc. is the owner of various properties in Trenton and the surrounding area. In addition, both individually and with different partners, Isles Inc. develops various real estate projects in Trenton and throughout Mercer County. These include both new construction and rehabilitation projects. Isles' projects include both rental properties and for sale homeownership opportunities. **As a client of Isles' housing counseling program, you are under no obligation to rent, lease or purchase properties from Isles, Inc.**
7. Isles Inc. sometimes has access to loan products through various lenders or other funding organizations. **As a client of Isles' housing counseling program, you are under no obligation to use the loan products that Isles, Inc. has access to.** In addition, you are not required to seek mortgage financing from any particular lender. Any information provided by Isles housing counseling staff members regarding mortgage financing options is intended to provide you with information to assist you in making your decision regarding mortgage financing. **You are always free to work with the lender of your choice.**

I have carefully read and understand the information contained in this Disclosure.

Client Signature

Date: _____

I certify that I have reviewed the content of this disclosure with the client whose signature appears above and have answered all questions the client had regarding the content of the disclosure.

Isles Housing Counselor/Representative

Date: _____



Isles Housing Counseling Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Isles Inc. is a 501c3 nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, and financial counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity.

Isles provides the following services to the community:

Isles Youth Institute (IYI): Isles Youth Institute offers alternative education options for disengaged students seeking their high school equivalency diploma.

Isles Financial Solutions (IFS): IFS is an employer-based financial capability initiative for low-wage and under-served consumers.

Center for Energy and Environmental Training (CEET): Isles' CEET is a job training facility, targeting careers in energy efficiency and environmental health.

Community Planning and Development: CP&D facilitates collaborative efforts to identify community concerns and priorities, creates stakeholder-led plans to address those concerns and priorities, and secures resources to sustain neighborhood revitalization efforts over the long term.

Urban Agriculture: Isles' urban agriculture work addresses hunger, food access, and community disinvestment in Trenton by sharing tools, networks, and resources that empower residents and stakeholders to take action and make healthy choices.

Environmental Health: Isles targets the environmental hazards that impact family health through lead testing and home repair and rehabilitation.

We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

All programs and services offered by Isles, Inc. are free of charge, except where noted on our website or program flyers. There is no fee for Isles one on one housing counseling services. Isles Inc. may charge a fee for workshops/educational group sessions to cover the cost of supplies and manuals only (\$35 per person or \$45 per couple. In those cases where participants cannot afford to pay those costs, Isles will make arrangements with those individuals to scholarship (offer for free) those services.

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

Client and Counselor Roles and Responsibilities

<i>Counselor's Roles and Responsibilities</i>	<i>Client's Roles and Responsibilities</i>
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget that will help you manage your debt, expenses, and savings. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal • Neither your counselor nor Isles Inc. employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying Isles Inc. or your counselor when changing housing goal. • Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Agency Conduct: No Isles Inc. employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Isles Inc. has financial affiliation or professional affiliations with more than 100 state, local and national private foundations and corporations. Those include HUD, Housing and Community Development Network of NJ, NeighborWorks America, NJ Housing Mortgage Finance Agency, and banks including Wells Fargo, TD Bank, Bank of America, PNC Bank, Investor's Bank, Capital One and JP Morgan Chase. A complete list of our funding sources can be found on our website, www.isles.org or you could request a copy of our Annual Report from any staff member. As a housing counseling program participant, you are not obligated to use the products and services of Isles Inc. or our industry funders.

Alternative Services, Programs, and Products & Client Freedom of Choice: You are not obligated to participate in any Isles Inc. programs or services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, or American Credit Alliance, Clarifi or other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs. Isles will provide information on alternative, services, programs and products.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Isles Inc.

Privacy Policy: I/we acknowledge that I/we received a copy of **Isles Privacy Policy**. _____
Initial

I/we acknowledge that I/we received, reviewed, and agree to Isles Inc.'s Program Disclosures.

Customer Signature 1

Customer Signature 2

Date

Counselor's Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ do hereby authorize Isles Incorporated to obtain and or release any information which may be deemed necessary to assist with housing and/or foreclosure counseling or any other information which may be pertinent to assist with the designated counseling programs applicable to my circumstances.

1. By signing this release form your designated Program Coordinator or Counselor will have unlimited communication with agencies, groups, organizations and lending institutions for the purpose of specified program counseling. The client may at any time cancel this authorization by submitting written request to do so to their designated counselor.
2. I have read, understand and authorize Isles Incorporated and its staff to request, receive, and share requested information pertinent to my counseling. This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.
3. I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.
4. I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 90 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Loan Number _____ Date _____

Borrower Name (print) Borrower (signature)

SSN: _____

Borrower Name (print) Borrower (signature)

SSN _____

Authorized Counselor (print) _____

Authorized Counselor (signature) _____

Date _____

Dodd-Frank Certification

The following information is requested by the federal government in accordance with 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 receive 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 the 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.

Borrower	Co-Borrower
<p><input type="checkbox"/> I have <i>not been</i> convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:</p> <p>(A)) felony larceny, theft, fraud or forgery</p> <p>(B)) money laundering or</p> <p>(C) tax evasion</p>	<p><input type="checkbox"/> I have <i>not been</i> convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:</p> <p>(A)) felony larceny, theft, fraud or forgery</p> <p>(B)) money laundering or</p> <p>(C) tax evasion</p>

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate that accuracy of my statements by performing routine background checks including automated searches or 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.

Borrower Signature

Date

Co-Borrower Signature

Date



Self-Reliant Communities

HOME OWNER INFORMATION WORKSHEET

MONTHLY SPENDING PLAN

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Fixed Expenses				
Housing				
Mortgage(s)				
HOA				
Gas				
Electricity				
Telephone: Land Line				
Telephone: Cell				
Other:				
Transportation				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
Insurance				
Health (<i>medical and dental, if not payroll deducted</i>)				
Life				
Disability				
Other:				
Childcare				
Childcare or Babysitters				
Child Support or Alimony				
Fixed Expenses Sub-Total				

Periodic Fixed Expenses (Divide annual payment by 12)				
Housing				
Homeowners Insurance (<i>if not in mortgage payment</i>)				
Taxes (<i>if not in mortgage payment</i>)				
Water or Sewage				
Trash Service				
Other:				
Transportation				
Car Insurance				
Car Inspection				
Car Repairs and Maintenance				
License Plates and Registration Fees				
Other:				
Periodic Fixed Expenses Sub-Total				

HOME OWNER INFORMATION WORKSHEET

MONTHLY SPENDING PLAN

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Flexible Expenses				
Food				
Groceries				
School Lunches				
Work-Related (lunches and snacks)				
Other:				
Housing				
Home Maintenance				
Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
Medical				
Doctor				
Dentist				
Prescriptions				
Other:				
Savings				
Savings Account				
College Funds				
Emergency Fund				
Clothing				
Clothing				
Laundry and Dry Cleaning				
Other:				
Education				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (sports, dance, music)				
Other:				
Donations				
Religious or Charity				
Gifts				
Birthdays				
Major Holidays				
Other:				
Personal				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco Products				
Beer, Wine, Liquor				
Other:				
Entertainment				
Movies, Sporting Events, Concerts, Theater, Etc.				
Video Rentals				
Internet Service				
Cable/Satellite TV				
Other				

HOME OWNER INFORMATION WORKSHEET

MONTHLY SPENDING PLAN

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Flexible Expenses				
Restaurants and Take-Out Meals				
Gambling or Lottery Tickets				
Fitness or Social Clubs				
Vacations/Trips				
Hobbies or Crafts				
Other:				
Miscellaneous				
Checking Account or Money Order Fees				
Pet Care or Supplies				
Postage				
Pictures and Photo Processing				
Other:				
Flexible Expenses Sub-Total				

Monthly Debts				
Student Loan				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Medical Bills				
Personal Loan				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
Other:				
Other:				
Monthly Debts Sub-Total				

Income/Debt Summary		
1	Monthly Household Income	\$
2	Fixed Expenses Sub-Total	\$
3	Periodic Fixed Expenses Sub-Total	\$
4	Flexible Expenses Sub-Total	\$
5	Monthly Debt Sub-Total	\$
6	Total Monthly Expenses and Debts	\$
7	Monthly Deficit or Surplus	\$

**HOME OWNER INFORMATION WORKSHEET
MORTGAGE INFORMATION**

	First Mortgage	Second Mortgage	Third Mortgage
Loan Info			
Mortgage Holder			
Monthly Payment			
Date of Loan			
Paid Through Date			
Delinquent Amount			
Outstanding Balance			
Loan Type			
Sub-prime			
FHA			
VA			
Insured Conventional			
Uninsured Conventional			
Mortgage Insurance Co			
Rural Development			
Contract for Deed			
Other:			
Loan Terms			
Fixed Rate			
Adjustable Rate			
Hybrid ARM (2/28)			
Interest Only			
Option ARM			
40/30 Balloon			
80/20			
Deferred			
Balloon			
Other:			
Escrow Account Info			
Taxes Escrowed (Y/N)			
Past Due Taxes			
Insurance Escrowed (Y/N)			
Past Due insurance			
Homeowner Association (HOA) Info			
Name Of HOA			
Monthly Assessment			
Paid Through Date			
Amount Outstanding			
Previous Workouts			
Type of Workout			
Date of Workout			
Completed? (Y/N)			

Request for Transcript of Tax Return

OMB No. 1545-1872

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** 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 attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
▶ _____ Signature (see instructions)	_____ Date
Sign Here ▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ Spouse's signature	_____ Date

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

Future Developments

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

General Instructions

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

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

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

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

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

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

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

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

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or <u>A, P, O, or F, P, O, address</u>	Internal Revenue Service RAIVS Team Stop 6716AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, <u>Wisconsin</u>	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015
Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.	
Line 3. Enter your current address. If you use a P.O. box, include it on this line.	
Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.	
Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.	
Line 6. Enter only one tax form number per request.	
Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing. <i>You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.</i>	
Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.	

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice.

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

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

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

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

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

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.