



Dear Homeowner,

If you have received this package, you are most likely experiencing a financial hardship and are considering short selling your home or investment property. First National Title and Escrow specializes in negotiating short sales between homeowners and their lenders. It is important to understand that we cannot negotiate a successful resolution without the cooperation of you, the homeowner. Occasionally, throughout the process, we will be instructed by the lender to request updated or additional documentation and information from you to fulfill the requirements of the lender or other parties associated with the mortgage holder. The key to a speedy resolution is to provide this additional documentation in a timely fashion.

If there will be an unexpected delay in obtaining the requested documents and/or information, please inform your realtor or our office so that we can keep the lender informed and so that we can schedule a follow up on the expected dates. Also, please keep in mind that not all of the documentation will be reviewed by the same person in your lenders short sale department so this often causes additional delays in processing your short sale. Each day that we don't submit a requested document to the lender is the equivalent of a three (3) day delay so it's imperative that documents are received by our office and forwarded to your lender in a timely fashion. Below is a list of tips to avoid common delays in a short sale. Thank you for putting your trust in First National Title & Escrow. We look forward to working with you in successfully negotiating your short sale.

First National Title & Escrow Staff

Tips:

- Ensure all forms are completed, signed and dated prior to sending (if required)*
- Ensure your federal tax return are signed and dated on page 2 prior to sending*
- Include supporting documentation i.e. death certificates, medical summaries, divorce decrees*
- Save all bank statements and paystubs and be prepared to update monthly*
- Provide any requested documents and information within 24 hours of request or call*
- If you receive rent on the subject property, put the rent money aside (if possible)*
- On all documents requiring signature(s), please be sure to print and sign your name exactly as it appears on the mortgage*



SHORTSALE DOCUMENT CHECKLIST

- Last 2 yrs. Signed federal tax returns with all w – 2's and schedules (Include extension if applicable)
- Signed YTD profit and loss statement (self-employed only)
- Unemployment letter if applicable
- Last 30 day's paystubs
- Last 60 days bank, investment, 401k statements. (No online printouts permitted)
- Hardship details/summary of hardship. (Attorney's office to create hardship letter)
- Supporting documentation for hardship i.e. medical bills, divorce decree.
- Most recent mortgage statement(s)
- Closing package from last mortgage written on the subject property (if available)
- Last 60 days utility bills/incl. water and sewer bill if municipal/ not if well or septic
- Listing agreement (completed, signed and dated)
- MLS printout on the subject property (closed sales only)
- 3 supporting comps for subject property (closed sales only)
- Listing and showing history for subject property
- Fully executed Purchase and Sales agreement
- Buyer's pre-approval or proof of funds is cash sale (dated within last 30 days)
- Completed and signed Attorney disclosure package
- Completed and signed Lender's package

All documents should be emailed in PDF form to shortsales@firstnte.com or Faxed to 401-519-6622. File will not be submitted to lender if not complete. Email us if you have any questions.



494 Broadway Newport, RI 02840 | Tel (401) 847-3080 | Fax (401) 633-6995 | Email: Shortsales@Firstnte.com

SHORT SALE DISCLOSURE

Thank you for choosing First National Title & Escrow for the sole purpose of negotiating a short sale of your (hereinafter “seller’s”) real property located at:

(Hereinafter referred to as “the Property”). A “short sale” is a voluntary sale of the property for a price that is less than the total amount of any mortgages and/or liens that currently encumber the Property.

During this process, First National Title & Escrow will negotiate the Seller’s mortgage and/ or lien holders to short sell the Property. In order to effectuate a successful short sale, all of the Seller’s mortgage and/or lien holder(s) must approve the proposed short sale that is negotiated by First National Title & Escrow.

In order to effectively negotiate the short sale, Seller must provide any relevant financial and other personal information to First National Title & Escrow upon request. Upon receipt, the information will be submitted to Seller’s mortgage and/ or lien holder(s). The information will permit the mortgage and/or lien holders to fully analyze the requested short sale.

In order for First National Title & Escrow to commence the negotiation process with the mortgage and/or lien holder. Seller must read, fully understand and acknowledge all provisions set forth below. The provisions set forth fully disclose the terms of the engagement and scope of services offered by First National Title & Escrow. The provisions also fully disclose the limitations on First National Title & Escrow’s services offered.

First National Title & Escrow does not accept any upfront fees or payments from Seller.

After Seller has read and fully understand each provision, Seller must initial each provision to verify that said provision has been fully read and understood. If the Seller does not fully understand the terms of the Disclosure, Seller shall consult independent counsel.

First National Title & Escrow looks forward to working with you to assist in the successful sale of your property.

The Seller(s) understand and acknowledge that:

- _____ 1. First National Title & Escrow for scope of engagement is for the purpose of negotiating the proposed short sale of the subject property.
- _____ 2. All short sales are solely subject to the approval of all Sellers’ mortgage and/or lien holders associate with the Property.
- _____ 3. First National Title & Escrow does not warrant and cannot guarantee that Seller’s mortgage and/or lien holders will approve the proposed short sale. Seller’s mortgage and/or lien holder(s) are under no obligation to approve the proposed short sale. The decision to approve said short sale rests solely within the discretion of the mortgage and/or lien holder(s). Further, despite First National Title & Escrow’s best efforts, First National Title & Escrow cannot guarantee and makes no representations that it will be able to stop, postpone or cancel any foreclosure proceeding initiated by any mortgage and/or lien holder(s).
- _____ 4. Seller agrees to provide any and all documents and/or information requested by First National Title & Escrow for the purpose of processing and negotiating the proposed short sale. Seller further agrees that

it is the Seller's affirmative obligation to immediately notify First National Title & Escrow of any and all foreclosure proceedings initiated by any party. Seller is responsible to receive and open any and all notifications regarding the subject Property received by mail and/or service of process. If Seller does not reside at the Subject Property or there has been a change in Seller's mailing address, Seller must notify the mortgage and/or lien holders of the new address to ensure receipt of all notices.

- _____ 5. Seller hereby acknowledges that no proceeds from the sale of the Subject Property will be received by Seller. All net proceeds from short sale of Seller's home, including any refunded insurance premiums, shall be paid to Seller's mortgage and/or lien holders.
- _____ 6. Seller acknowledges that the mortgage and/or lien holder(s) may accept Seller's proposed short sale and issue a lien release while preserving its right to pursue a judgment against Seller for any deficiencies owed as a result of the mortgage and/or lien holder(s) agreement to accept less than a full payoff. First National title & Escrow does not warrant and cannot guarantee that a deficiency resulting from the short sale will be forgiven, waived and/or cancelled by the mortgage and/or lien holder(s). Various jurisdictions may be governed by an anti-deficiency statute that prohibits mortgage and/or lien holder(s) from seeking a deficiency judgment against Seller. Seller acknowledges that First National Title & Escrow will attempt to negotiate away the mortgage and/or lien holder's rights to seek deficiency judgments (if applicable) but First National Title & Escrow cannot guarantee success negotiating these rights away from the Seller. Seller agrees to hold First National Title & Escrow harmless in the event that the Seller's mortgage and/or lien holder(s) seek to recover monies from the Seller stemming from a deficiency balance that may exist after closing.
- _____ 7. The acceptance of a payoff for less than the full amount owed to Seller's mortgage and/or lien holder(s) may be reported to the credit bureaus, which may negatively impact Seller's credit rating and serve as an impediment to Seller's ability to obtain future credit. First National Title & Escrow is not a credit repair agency and does not negotiate with any credit bureau on behalf of Seller.
- _____ 8. The mortgage and/or lien holder(s) may forgive a portion or all of Seller's debt, which may be considered income to Seller. Seller should consult an independent, qualified Tax professional regarding any questions or concerns regarding any potential tax liabilities of a short sale.
- _____ 9. Seller will be billed in advance for the services rendered by First National Title and Escrow, however seller acknowledges and understands that First National Title and Escrow will seek compensation from the mortgage and or lienholder(s) from the proceeds of the short sale. We will not claim, demand, charge, collect, or receive any compensation until after First National Title and Escrow has fully performed services required to effectuate a short sale of the subject property.
- A. The minimum fee for services sought by First National Title and Escrow subject to lienholder approval is \$2250 excluding title search fees. Should the minimum fee exceed the lienholder's cap for services rendered, the deductible will be due from any cash incentive negotiated on seller's behalf, due at time of closing and paid outside of closing (POC).
 - B. Should seller be disqualified for cash incentive any reason, any shortfall up to 1% of commission will be billed to the listing agent, due at time of closing and paid outside of closing (POC). Any deviation from this provision, including changes in fees, must in in writing prior to closing.
AGENT INITIALS: _____
SELLER INITIALS: _____
 - C. Should First National Title & Escrow negotiate a cash incentive for the seller and if the lender refuses to compensate First National Title Escrow for their work performed as mentioned in paragraph 9A above, then the Seller agrees to pay First National Title & Escrow a minimum of \$1500 of said incentive, or a lesser amount if agreed upon in writing between First National Title & Escrow and the seller. The Seller outside of the closing shall pay this amount to First National Title & Escrow.
 - D. Should First National Title & Escrow negotiate a cash incentive in the amount of \$5,000 or more for the seller, seller hereby agrees to compensate First National Title & Escrow 20% of this incentive in addition to the fee that lender agrees to pay First National Title & Escrow in Paragraph 9A above. Seller agrees to make this payment to First National Title & Escrow outside of the closing.

- E. Should First National Title & Escrow negotiate and obtain an approval and is subsequently released from the transaction prior to closing by the Seller or Seller's Lender, First National Title & Escrow is entitled to the attorney fee initially agreed upon between First National Title & Escrow and the lender or a minimum of \$1500. The seller outside the closing will pay this amount to First National Title & Escrow.

Seller(s) have read, understand and acknowledge the foregoing Short Sale Disclosure and fully agree with the terms and conditions contained herein.

Name Date

Witness

Name Date

Witness



FIRST NATIONAL
TITLE AND ESCROW

The Law Office of Stephen P. Patti

494 Broadway Newport, RI 02840 – Telephone (401) 253-0101 – Fax (401) 519-6622 – Email: shortsales@firstnte.com

Date _____

I, _____,
(NAME OF CLIENT)

Of _____, CITY OF _____,
(PROPERTY ADDRESS)

STATE OF _____, ZIPCODE _____,

HEREBY AUTHORIZE ANY REPRESENTATIVE FROM _____,
(LENDING INSTITUTION)

TO DISCUSS MY ACCOUNT # _____

WITH STEPHEN P. PATTI, RYAN BOUGHTON OR CHRISTINE RODRIGUES FROM FIRST NATIONAL TITLE & ESCROW AND/OR THE LAW OFFICE OF STEPHEN P. PATTI and/or ANY THIRD PARTY IT SO DESIGNATES.

SIGNATURE – PRIMARY ACCOUNT HOLDER SS# (Last four only) _____

SIGNATURE – SECONDARY ACCOUNT HOLDER SS# (Last four only) _____



FIRST NATIONAL
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BORROWER INFORMATION:

Property Address:			City/State/Zip:		
Borrower/Owner #1:			Borrower/Owner #2:		
Address:			Address:		
City/State/Zip:			City/State/Zip:		
Bankruptcy:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Bankruptcy:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Borrower/Owner #3:			Borrower/Owner #1:		
Address:			Address:		
City/State/Zip:			City/State/Zip:		
Bankruptcy:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Bankruptcy:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Mortgage #1:			Mortgage #2:		
Account #:			Account #:		
Estimated Balance:		Arrearage?	Estimated Balance:		Arrearage?
Phone Number:			Phone Number:		
HOA Name:			Additional Lienholder:		
Account #:			Account #:		
Balance:		Arrearage?	Est. Balance:		Arrearage?
Phone #:			Phone #:		
Water Balance:			Additional Attachments:		
Sewer Balance:			Additional Attachments:		
Additional Assessments:		Balance:	Additional Attachments:		
Code Violations:			Additional Attachments:		
Additional Attachments:			Additional Attachments:		

HARDSHIP SUMMARY/EVENTS (INCLUDE DATES IF POSSIBLE):

UNIFORM BORROWER ASSISTANCE FORM

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

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

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

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

Loan Number _____ (usually found on your monthly mortgage statement)
 Servicer's Name _____

I want to: **Keep the Property** **Vacate the Property** **Sell the Property** **Undecided**

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

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

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)		EMAIL ADDRESS	

Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the listing date? _____ If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: _____ Amount of Offer: \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the counselor contact information below: Counselor's Name: _____ Agency's Name: _____ Counselor's Phone Number: _____ Counselor's Email Address: _____
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Do you have condominium or homeowner association (HOA) fees? Yes No

Total monthly amount: \$ _____ Name and address that fees are paid to: _____

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 11 Chapter 12 Chapter 13

If yes, what is the filing Date: _____ Has your bankruptcy been discharged? Yes No Bankruptcy case number: _____

Is any Borrower an active duty service member? Yes No

Has any Borrower been deployed away from his/her primary residence or received a Permanent Change of Station order? Yes No

Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death? Yes No

UNIFORM BORROWER ASSISTANCE FORM

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

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

Lien Holder's Name	Balance and Interest Rate	Loan Number	Lien Holder's Phone Number

Required Income Documentation

Do you earn a salary or hourly wage?

For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).

Are you self-employed?

For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.

Do you have any additional sources of income? Provide for each borrower as applicable:

"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:

Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).

Social Security, disability or death benefits, pension, public assistance, or adoption assistance:

Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and

Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.

Rental income:

Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported reduced by the monthly debt service on the property, if applicable; or

If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.

Investment income:

Copies of the two most recent investment statements or bank statements supporting receipt of this income.

Alimony, child support, or separation maintenance payments as qualifying income:*

Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and

Copies of your two most recent bank statements or other third-party documents showing receipt of payment.

***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.**

UNIFORM BORROWER ASSISTANCE FORM

HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe that my situation is:

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

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

(Please check the primary reason and submit required documentation demonstrating your primary hardship)

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer / Relocation	For active duty service members: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfers/new employment: <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Pay stub from new employer; OR <input type="checkbox"/> If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation

Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
 - c. The Servicer’s acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party*. By checking this box, I also consent to being contacted by text messaging.

Borrower Signature

Date

Co-Borrower Signature

Date

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.



FIRST NATIONAL
TITLE AND ESCROW

MONTHLY EXPENSES

CATEGORY	DESCRIPTION	MONTHLY PAYMENT	BALANCE DUE	ESTIMATED VALUE	Past Due Y/N	If Yes, # of months
Subject Property	First Mortgage	\$	\$	\$		
	Second Mortgage					
Other Properties	Other mortgage					
	Rent Paid					
Dues	HOA					
Automobile	AUTO 1/Lease					
	AUTO 2/Lease					
	Gasoline					
	Maintenance					
	Insurance					
Other Loans	Student Loan (s)					
	Finance Company					
	Installment					
Credit Cards	VISA					
	MASTERCARD					
	DISCOVER					
	Other:					
	Other:					
Utilities	Electrical/Heating					
	Water/Sewer/Trash					
	Telephone					
	Cable					
Insurance	Health/Dental					
	Life					
Medical (not covered By Insurance)	Doctor/Dentist					
	Medication					
	Hospital					
Entertainment						
Food	Family					
Support	Alimony					
	Child					
Child Care	Day Care					
OTHER: SPECIFY						
TOTAL MONTHLY EXPENSES:						



FIRST NATIONAL
TITLE AND ESCROW

HARDSHIP SUMMARY FORM

Name: _____ Phone: _____

Address: _____ Fax: _____

City/State/ Zip: _____

Hardship Summary:

Request for Transcript of Tax Return

OMB No. 1545-1872

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

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 "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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 IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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

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

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

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

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

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

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

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

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

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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

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

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

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

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

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

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

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

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

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
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	559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
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	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	859-669-3592

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

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

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

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

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

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act

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

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

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

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

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

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:M:S
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

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