

SERVISOLUTIONS BORROWER FINANCIAL STATEMENT CHECKLIST

A complete workout package is the first step in requesting ServiSolutions to review your loan for assistance.

Listed below are all of the items we must receive before we can begin reviewing your request.

| BORROWER | CO-BORROWER AND/OR CONTRIBUTING INDIVIDUAL |
|--|--|
| <input type="checkbox"/> Fully completed , signed and dated the enclosed Borrower Financial Statement . (Signed by all borrowers on the mortgage, note, and all who plan to contribute and execute the final workout option agreement, unless a recorded divorce decree and quit claim are provided.) | <input type="checkbox"/> Fully completed , signed and dated the enclosed Borrower Financial Statement . (Signed by all borrowers on the mortgage, note, and all who plan to contribute and execute the final workout option agreement, unless a recorded divorce decree and quit claim are provided.) |
| <input type="checkbox"/> Included 30 days of all income documentation and the enclosed Verification of Employment . (Please refer to Required Income Documentation on Page 3. Please also only complete the name and address of your employer, your name and address, your SSN and signature in PART 1 of the Verification of Employment.) | <input type="checkbox"/> Included 30 days of all income documentation and the enclosed Verification of Employment . (Please refer to Required Income Documentation on Page 3. Please also only complete the name and address of your employer, your name and address, your SSN and signature in PART 1 of the Verification of Employment.) |
| <input type="checkbox"/> Included utility bills , statements for loan balances not on the credit report , and verification of Homeowners Association (HOA) dues. ServiSolutions billing statements are not necessary. | <input type="checkbox"/> Included utility bills , statements for loan balances not on the credit report , and verification of Homeowners Association (HOA) dues. ServiSolutions billing statements are not necessary. |
| <input type="checkbox"/> Included all pages of 2 months of official personal and business bank statements for all accounts. (Transaction listings are not acceptable.) The statement shows the bank's logo and ownership of the account. (If applying for a pre-foreclosure sale, 3 bank statements are required. Please also submit an explanation of any and all undescribed deposits.) | <input type="checkbox"/> Included all pages of 2 months of official personal and business bank statements for all accounts. (Transaction listings are not acceptable.) The statement shows the bank's logo and ownership of the account. (If applying for a pre-foreclosure sale, 3 bank statements are required. Please also submit an explanation of any and all undescribed deposits.) |
| <input type="checkbox"/> Included an explanation of the financial hardship that makes it difficult to pay the mortgage related to the current delinquency episode with supporting documentation . When providing support, ensure the documentation is within 1-2 months of the delinquency. (If you write/type a separate letter, it must be signed and dated .) | <input type="checkbox"/> Included an explanation of the financial hardship that makes it difficult to pay the mortgage related to the current delinquency episode with supporting documentation . When providing support, ensure the documentation is within 1-2 months of the delinquency. (If you write/type a separate letter, it must be signed and dated .) |
| <input type="checkbox"/> Included the signed and dated copies of last 2 years personal and business tax returns with W-2s and all Schedules and attachments AND a fully completed copy of the enclosed IRS Form 4506-T Form. (Please only complete the section for your name, social security number, address, signature and date.) | <input type="checkbox"/> Included the signed and dated copies of last 2 years personal and business tax returns with W-2s and all Schedules and attachments AND a fully completed copy of the enclosed IRS Form 4506-T Form. (Please only complete the section for your name, social security number, address, signature and date.) |
| <input type="checkbox"/> Mailed or faxed a copy of the complete workout package and all required documentation and retained confirmation. | <input type="checkbox"/> Mailed or faxed a copy of the complete workout package and all required documentation and retained confirmation. |

Depending on your individual circumstances, additional information may be required and full payments may be accepted if your account is not in Foreclosure. Please provide copies of documents as originals will not be returned nor copies made. If you need assistance in completing the information you may contact a HUD-approved counselor. You can find a HUD Counselor in your area by visiting <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>

or

www.ServSol.com and selecting Homeownership Retention and viewing the "[Tips for Avoiding Foreclosure](#)" brochure.

Send your complete workout package to ServiSolutions – Attn: Loss Mitigation Dept. – P.O. Box 242967 – Montgomery, AL 36124-2967 or by fax to 334-271-3104. **Junior mortgages are not included in the workout arrangements and must remain current.** If you have questions, contact our office by calling 866-339-2432 or 334-244-4350 and selecting option 4. Once your workout package is received, you will receive an acknowledgment letter confirming receipt of your workout package. Please allow the intake processor at least 7 days to contact you to review the missing documentation and financial information.

Once your package is considered **complete**, processing time is approximately **30 days**.

A department of the Alabama Housing Finance Authority

BORROWER FINANCIAL STATEMENT

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PLEASE COMPLETE ALL PAGES OF THIS FORM

Loan ID Number: _____

| 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 (Best time to Call) | | Home phone number with area code (Best time to Call) | |
| Cell number with area code (Best time to Call) | | Cell number with area code (Best time to Call) | |
| Work number with area code (Best time to Call) | | Work number with area code (Best time to Call) | |
| E-mail Address | | E-mail Address | |

| | |
|--|--|
| Mailing Address <i>(If different from the property address, please provide a lease and utility bills)</i> | |
| Property Address (if same as mailing address, just write "Same") | Do you occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Dependents (with ages): |
| Is any borrower a service member? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is it rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you recently been deployed or received a PCS order? <input type="checkbox"/> Yes <input type="checkbox"/> No | Please provide a copy of the lease agreement and a Schedule E and/or bank statement showing deposits. |
| Has the mortgage on your principal residence ever had a Standard or HAMP trial or permanent modification? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide details: _____ | |
| Has the mortgagor or co-mortgagor had a foreclosure on a property previously owned? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide details: _____ | |

INVOLUNTARY INABILITY TO PAY (Supporting documentation within 1-2 months of the delinquency required)

I am having difficulty making my monthly payment as of _____ because of one or more of the following hardships:

Date Loan Last Current Per ServiSolutions

| Hardship | Supporting Examples | Hardship | Supporting Examples |
|--|-------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Death of Mortgagor | Death Certificate | <input type="checkbox"/> Unemployment | Compensation Notice |
| <input type="checkbox"/> Illness of Mortgagor | Expense Receipts | <input type="checkbox"/> Business Failure | Bank Statements/Bankruptcy |
| <input type="checkbox"/> Illness or Death of Family Member | Death Certificate/Receipts | <input type="checkbox"/> Casualty Loss | Insurance Claim/Incident Report |
| <input type="checkbox"/> Marital Difficulties | Recorded Court Decree | <input type="checkbox"/> Energy/Environmental Cost | Receipts/Hazard Documentation |
| <input type="checkbox"/> Curtailment Income | Previous paystubs/tax returns | <input type="checkbox"/> Government Seizure | Proof of How Payment Affected |
| <input type="checkbox"/> Excessive Obligation | Receipts Preventing Payment | <input type="checkbox"/> Payment Adjustment | Unsustainable Escrow Increase |
| <input type="checkbox"/> Abandoned Property | Proof of Residency | <input type="checkbox"/> Transfer of Ownership | Sales Contract |
| <input type="checkbox"/> Distant Employment Transfer | Employer Notice/Paystubs | <input type="checkbox"/> Fraud | Illegal Origin Documentation |
| <input type="checkbox"/> Problem with Property | Receipts/Insurance Claim | <input type="checkbox"/> Military Indulgence | Origin prior to enlistment/active |
| <input type="checkbox"/> Inability to Rent/Sell or Non-paying tenant | Listing agreement/NOD | <input type="checkbox"/> Natural Disaster | Insurance Claim/Grant Receipt |
| <input type="checkbox"/> Military Service | Change of Station Orders | <input type="checkbox"/> Incarceration | Imprisonment documentation |

Other (Description of All Reasons Required): _____

Do you want to keep the property? Yes No
Is the property listed for sale?
 Yes No If yes, what is the listing price? _____
If yes, please provide a copy of the listing agreement.
 Agent's Name: _____
 Agent's Phone: _____
 Agent's Email: _____

Have you made the required contact with a HUD counseling agency?
 Yes No
If yes, complete counselor contact information below:
 Counselor's Name: _____
 Counselor's Phone: _____
 Counselor's Email: _____

Have you filed for bankruptcy? Yes No **If yes:** Chapter 7 Chapter 13 **Filing Date(s):** _____
 If the payment is **not** withdrawn from your check, what is the monthly payment \$ _____
 Has your bankruptcy been discharged? Yes No **Please provide the discharge order** Has the **Chapter 7** been reaffirmed? Yes No

THIRD PARTY AUTHORIZATION (For other parties other than the mortgagor(s) and ServiSolutions)

LOSS MITIGATION IS FREE. Beware of foreclosure rescue scams asking for a fee for counsel, representation, or a modification.

I/We hereby authorize _____ (third-party personal information included below) to access information regarding my/our account. (Limited as stated below.)

| | | |
|---|--|--------------------------|
| Name: | Last 4 digits of SSN or Tax ID Number: | Phone Number: |
| Address: | City: | State: Zip: |
| Third-Party Signature: | Date: | |
| Authorization shall remain valid between _____ (start date) and _____ (end date). | | |
| Borrower's Signature: (All Borrowers must sign.) | | Co-Borrower's Signature: |

| ADDITIONAL LIENS/JUDGMENTS | |
|--|---------------------------|
| If there are additional liens or judgments on this property, please name the person(s), company(s) or firm(s) and their respective telephone numbers. Additional information such as 3rd Party Authorization or a recorded satisfaction may be required to complete your workout option. You may complete the 3rd Party Authorization above so that we can contact the lien holder to resolve title issues while reviewing for loss mitigation. | |
| _____ Lien Holder's Name | _____ Telephone Number |
| _____ Judgment Creditor's Name | _____ Telephone Number |

| EMPLOYMENT* | | | |
|---|-----------|--|-----------|
| Borrower: Employer's Name, Address & Phone | How long? | Co-Borrower: Employer's Name, Address & Phone | How long? |
| | | | |
| * Verifications of Employment for Borrower and Co-Borrower as well as at least four current and consecutive paystubs with gross, net, and year-to-date information must be submitted. Please see Required Income Documentation below. | | | |

| INCOME FOR HOUSEHOLD* | | | |
|---|-----------------|---|-----------------|
| BORROWER'S MONTHLY NET INCOME | | CO-BORROWER'S MONTHLY NET INCOME | |
| Wages (Frequency: _____) | \$ _____ | Wages (Frequency: _____) | \$ _____ |
| Unemployment Income | \$ _____ | Unemployment Income | \$ _____ |
| Child Support/Alimony | \$ _____ | Child Support/Alimony | \$ _____ |
| SSI/Disability/Retirement Income | \$ _____ | SSI/Disability/Retirement Income | \$ _____ |
| Rents Received | \$ _____ | Rents Received | \$ _____ |
| Self-Employment | \$ _____ | Self-Employment | \$ _____ |
| Other (2 nd Job, School, Severance, Food Stamps, etc.) | \$ _____ | Other (2 nd Job, School, Severance, Food Stamps, etc.) | \$ _____ |
| Borrower's Total Monthly Net Income | \$ _____ | Co-Borrower's Total Monthly Net Income | \$ _____ |

| REQUIRED INCOME DOCUMENTATION* Additional information may be required for your evaluation | |
|---|--|
| All Borrowers | <input type="checkbox"/> Include a signed IRS Form 4506-T |
| Do you earn wages from a full and/or part-time employer? | <input type="checkbox"/> Provide the most recent paystubs representing one full month. (If paid monthly, bi-weekly or semi-monthly, provide 3. If paid weekly provide 5) |
| Are you self-employed? | <input type="checkbox"/> Provide signed and dated quarterly or year to date profit and loss statement, last 2 months business account statement, and personal and business tax returns |
| Do you receive SSI, disability, death benefits, pension, retirement, severance, public assistance, Hardest Hit, unemployment, underemployment, food stamps, or adoption assistance? | <input type="checkbox"/> Provide documentation of amount received and frequency via the most recent awards letter |
| Do you receive alimony, child support, or separation maintenance payments? | <input type="checkbox"/> Provide a copy of the recorded divorce decree/separation/court documents. Provide documentation of amount received and frequency |
| Are you receiving rental income, contribution income from another individual who is willing to execute workout option agreement, or a school refund or tuition reimbursement? | <input type="checkbox"/> Provide a lease, Non-Owner Occupant Certification, and/or any other documentation of amount received and frequency. *Paystubs and additional information is required if using an individual's entire income |

| MONTHLY EXPENSES FOR ALL HOUSEHOLD MEMBERS | | | |
|---|-----------|---|--|
| Alimony Payment | \$ | Medical/Dental | \$ |
| Alarm System | \$ | Medical: Co-pays | \$ |
| Appliances/Furniture | \$ | Medical: Health Ins (not withheld from pay) | \$ |
| Cable/Internet | \$ | Medical: Prescriptions | \$ |
| Car Insurance | \$ | Mortgage: ServiSolutions 1 st mortgage | \$ |
| Car Payment | \$ | Mortgage: ServiSolutions 2 nd mortgage | \$ |
| Car Payment | \$ | Mortgage: Other than ServiSolutions | \$ |
| Car Repairs/Maintenance | \$ | Other: | \$ |
| Cell Phone(s)/Home Phone | \$ | --Clothing/Toiletries | \$ |
| Child Support Payment | \$ | --Church/Charity | \$ |
| Credit Card (not on your credit report) | \$ | --Entertainment | \$ |
| Dependent/Child Care | \$ | --Home insurance (not included in payment) | \$ |
| Electricity | \$ | Other Loan: Installment | \$ |
| Extended Home Warranty (not in payment) | \$ | Other Loan: Personal | \$ |
| Food: Groceries/Dining Out | \$ | Other Loans: Title or Pay Day | \$ |
| Garbage/Trash (if not included with water) | \$ | Transportation: Gasoline/Parking/Tolls | \$ |
| Gas/Heating Oil | \$ | Rent | \$ |
| Gym Membership | \$ | Storage | \$ |
| HOA/Condo Fees | Past dues | \$ | Student Loan (deferred documentation needed) |
| IRS/Pawn Shop | \$ | Tuition | \$ |
| Lawn Care/Pest Control | \$ | Water/Sewer | \$ |
| Life Insurance (not withheld from pay) | \$ | Total Monthly Expenses | \$ |
| <p>Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the monthly amount that you receive? \$ _____</p> <p>*An official food stamp benefit notice and a statement showing the balance of loans listed as "Other" are required.</p> | | | |

| ASSETS | | | |
|--|--------------------|--|----|
| List banking institution and current balances for the following: | | | |
| Savings Institution Name | \$ | Savings Bonds | \$ |
| Checking Institution Name | \$ | Cash/Money Order | \$ |
| Life Insurance Carrier | (Cash Value) \$ | Other Securities and Assets (Car, Furniture, Etc.) | \$ |

| REAL ESTATE OWNED | | | |
|--|----------------|------------------|----------|
| List any other real estate property owned besides your home with ServiSolutions: | | | |
| _____ | _____ | _____ | _____ |
| Description of Property | Purchase Price | Monthly Payments | Servicer |
| _____ | _____ | _____ | _____ |
| Description of Property | Purchase Price | Monthly Payments | Servicer |
| _____ | _____ | _____ | _____ |
| Description of Property | Purchase Price | Monthly Payments | Servicer |

| EMERGENCY REPAIRS |
|---|
| List any emergency repairs needed to your home (heating, plumbing, electrical, etc.): |
| _____ |
| _____ |
| _____ |

| GENERAL QUESTIONS |
|---|
| 1. Does the mortgagor or co-mortgagor have any charge off accounts or accounts in collection? |
| 2. Have payment arrangements been made for these accounts? |
| 3. What is the name of the creditor and what are the monthly payment arrangements? |
| 4. Is there another individual contributing to the mortgage and/or household expenses? If, so how much and to what? |
| 5. Is there another occupant committed to residing in the home for the remainder of the mortgage that is willing to submit his/her financial information and to execute trial and modification documents to be responsible for the debt? |
| 6. What expenses are being paid by this occupant or what % of income is/was used? Please complete the Non-Borrower Certification form. |
| 7. Full payments may be made as long as the account is not in foreclosure? Do you plan to make payments up until the loss mitigation review to delay foreclosure referral, if our loan has not been referred to foreclosure already? |
| 8. Is/Has the mortgagor and/or co-mortgagor been enrolled in school? Are/Were there any out of pocket expenses? If yes, what was paid, how much was paid, when was it paid, and what was the method of payment (cash, check, credit, or insurance)? Please provide receipts and/or bank statements, not bills. |
| 9. Are you receiving student loans or a Pell grant? Do you receive a refund or tuition reimbursement? If so, how are the funds disbursed? Please provide documentation of amount and frequency. What do you do with the remaining surplus after tuition/book and fees are paid? What is your expected graduation date? |
| 10. If you are currently unemployed and/or have experienced an income reduction, have you contacted Hardest Hit? |

Making Home Affordable Program
Hardship Affidavit



If you are experiencing a Financial Hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about **all** of your income, expenses, and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated **Request for Mortgage Assistance (RMA)**; and (2) completed and signed IRS Form 4506-T or 4506-T-EZ; and (3) all required income documentation identified on page 3.

When you sign and date this form, you will make important certifications, representations, and agreements, including certifying that all of the information in this RMA is accurate and truthful.

| HARDSHIP AFFIDAVIT | |
|--|--|
| I (We) am/are requesting review under the Making Home Affordable program. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply): | |
| <input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability, or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity, or other debt. |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, or increased utilities or property taxes. | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |
| <input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago. | <input type="checkbox"/> Other: _____ |
| Explanation Required (continue on back if necessary): _____ _____ _____ | |

| PRINCIPAL RESIDENCE INFORMATION | |
|--|--|
| I am requesting mortgage assistance with my principal residence <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property |
| Other mortgages or liens on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No | Lien Holder: _____ Phone #: _____ |
| Does the mortgage payment include taxes and insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "No", are the taxes and insurance current? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual Homeowners Insurance \$ _____ | |

DODD-FRANK CERTIFICATION

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

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

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

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

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

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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

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

| To be completed by interviewer | | Name/Address of Interviewer's Employer | |
|--|---|--|-------------|
| <i>This request was taken by:</i> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet | <i>Interviewer's Name (print or type) & ID Number</i> | | |
| | <i>Interviewer's Signature</i> | | <i>Date</i> |
| | <i>Interviewer's Phone Number (include area code)</i> | | |

ACKNOWLEDGEMENT AND AGREEMENT

Your submission of documentation to ServiSolutions and the consideration by ServiSolutions and discussions/negotiations with you of any possible foreclosure alternative shall not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. No contract to modify your loan shall exist until the appropriate documents modifying the loan terms has been executed by you and ServiSolutions. Accordingly, prior to the execution of those documents, you should not take any action (or fail to take any action) in reliance on any loan modification being approved by ServiSolutions. The acceptance by ServiSolutions of your submission of documentation and its consideration and discussion with you of possible modification of your loan shall not be deemed to constitute a waiver of any of your obligations or any of ServiSolutions' rights and remedies under the loan documents.

1. I acknowledge that all of the information in this document and **all** additional statements and documentation submitted for review is truthful. The event(s) identified on pages 2 and 6 is/are the reason(s) that I need to request a modification or forbearance of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure. I understand that it is a federal offense punishable by a maximum of a \$10,000 fine, two years' imprisonment, or both, to knowingly make a false statement in this affidavit (Title 18, United States Code, Section 10140). I have read the information carefully to be sure information contained herein is true and complete before signing. I understand that the information provided in this affidavit is subject to verification by Alabama Housing Finance Authority.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide **additional** supporting documentation and that knowingly submitting false information may violate Federal or other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a **credit report**, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I authorize ServiSolutions to discuss, obtain and share information about my mortgage and personal financial situation with **third parties** such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus.
5. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud, or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may **terminate** my participation in Loss Mitigation and MHA, including any right to future benefits and incentives that otherwise would have been available under the assistance/program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
6. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a **condemnation** notice.
7. I certify that I am willing to provide **all** requested documents and to respond to **all** Servicer communications in a timely manner. I understand that time is of the essence.
8. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is **not obligated** to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
9. I am willing to **commit to credit counseling** if it is determined that my financial hardship is related to excessive debt.

10. If I am eligible for Loss Mitigation and/or assistance under MHA, and I accept and agree to all terms of a Loss Mitigation/MHA notice, plan, or agreement, I also agree that the terms of this **Acknowledgment and Agreement** are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. Return of the agreement and my first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for Loss Mitigation/MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
11. I understand that my Servicer will collect and record personal information that I submit in this Hardship Affidavit and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan, or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, **any investor**, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
12. I consent to being contacted concerning this request for mortgage assistance at any **e-mail address or cellular or mobile telephone number** I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

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



Borrower's Signature

Date



Co-Borrower's Signature

Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



NOTICE TO BORROWERS

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

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtar.gov and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220



Beware of Foreclosure Rescue Scams. Help is FREE!

- There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

Request for Transcript of Tax Return

- ▶ 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.

| | | | |
|---|---|---|---|
| / | / | / | / |
|---|---|---|---|

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:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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 |
| 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 A.P.O. or F.P.O. address | Internal Revenue Service 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 |
| Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 |
| | 816-292-6102 |

Chart for all other transcripts

| If you lived in or your business was in: | Mail or fax to: |
|--|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, 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 |
| 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 |
| | Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 |
| | 859-669-3592 |

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

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

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

Note: If the 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. 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.



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.

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.

(Community Planning and Development, and
Housing - Federal Housing Commissioner)

REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1.

PART I - REQUEST

| | |
|---|---|
| 1. TO: (Name and Address of Employer) | 2. FROM: (Name and Address of Lender or Local Processing Agency) <i>This item must be completed before sending to employer.</i> |
| 3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party. _____ (Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor) | 4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER |
| | 5. DATE 6. HUD/FHA/CPD, VA OR USDA NO. |
| 7. NAME AND ADDRESS OF APPLICANT | I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information. 8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO. SIGNATURE OF APPLICANT |

PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

| EMPLOYMENT DATA | PAY DATA | | | |
|--|---|--|-----------|--|
| 9. APPLICANT'S DATE OF EMPLOYMENT | 12A. BASE PAY (Current) OR OTHER INCOME | | | For Military Personnel Only |
| | \$ _____ | <input type="checkbox"/> Annual | \$ _____ | <input type="checkbox"/> Hourly |
| 10. PRESENT POSITION | \$ _____ | <input type="checkbox"/> Monthly | \$ _____ | <input type="checkbox"/> Weekly |
| | \$ _____ | <input type="checkbox"/> Other (Specify) | | |
| 11. PROBABILITY OF CONTINUED EMPLOYMENT | 12B. EARNINGS | | | For Military Personnel Only |
| | Type | Year to Date as | Past Year | |
| | | of _____ | | RATIONS \$ |
| 13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY? OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No | BASE PAY | \$ _____ | \$ _____ | FLIGHT OR HAZARD \$ |
| | OVERTIME | \$ _____ | \$ _____ | CLOTHING \$ |
| | COMMISSIONS | \$ _____ | \$ _____ | QUARTERS \$ |
| | BONUS | \$ _____ | \$ _____ | PRO PAY \$ |
| | | | | OVERSEAS OR COMBAT \$ |
| 14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year) | | | | d. If seasonal employment, anticipated number of weeks in the next 12 months |
| a. Number of hours worked per week | b. Anticipated increase or decrease in salary in next 12 months | c. Anticipated overtime hours to be worked in next 12 months | | |

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

| | | | | |
|-------------------------|---|----------|-------------|----------|
| 15. DATES OF EMPLOYMENT | 16. SALARY/WAGE AT TERMINATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK | | | |
| | BASE PAY | OVERTIME | COMMISSIONS | BONUS |
| | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 17. REASONS FOR LEAVING | 18. POSITION HELD | | | |

PART IV

Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

| | | |
|--|-----------------------|----------|
| 19. SIGNATURE Printed name and phone number | 20. TITLE OF EMPLOYER | 21. DATE |
|--|-----------------------|----------|

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SEE ATTACHED PRIVACY ACT NOTICE

**NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION
INMRMAHON**

The information requested on this form is authorized to be collected by the Rural Housing Service (RI-IS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42USC 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C 1921 et seq.), or by other laws administered by RHS ,RBS, RUS or FSA

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting Such violation or charged with enforcing or implementing the Statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. Record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L.104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal, agency when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c), any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in Such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit Sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 CFR.301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C.3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by Voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be Lender the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States government, is a party to litigation or has an interest in such litigation and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by agency to be for a purpose that is compatible with the purpose for which tile agency collected the records.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION - CONTINUED

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits,
16. Referral of names, home addresses, and financial information to financial Consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
17. Rural Development, in accordance with 31 U.S.C. 3711 (e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 US C. 1681 a(f) or the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).

Non- Borrower Occupant Certification Form

This form is for any individual committed to residing at your property address who is not on the loan as a borrower, but whose income you are requesting be considered in the review for loss mitigation options.

Borrower Name (s): _____

Mortgage Account Number: _____

Property Address: _____

Information to be completed by the Non-Borrower Occupant(s):

Name:

First Middle Last Suffix

Date of birth: _____ Social Security number: _____ - _____ - _____

Relationship to the borrower/homeowner: _____

By signing below, I agree to the following:

- I reside at the borrower's principal residence and request that my income be considered in the review for loss mitigation options.
- I contribute the following income to the household expenses and mortgage payments each month and will continue to do so for the foreseeable future (Check 1 option below):
_____ 100% of my income _____ other amount \$_____
- I direct ServiSolutions, a Department of Alabama Housing Finance Authority, to obtain copies of my credit report to verify my occupancy at the borrower's principal residence.
- I understand my consent for a credit bureau report shall expire upon completion of any loss mitigation program that the borrower completes.
- Has the mortgage on any other property that you own had a final Home Affordable Modification?
___ Yes ___ No If yes, how many? _____
- Information and documents submitted are subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

Signature of Non-Borrower Occupant:

Signature

Date