

Member First Mortgage, LLC
www.memberfirstmortgage.com
866.898.1818 | NMLS ID# 149532



HARDSHIP ASSISTANCE REQUEST

Discover the MFM Difference

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Hardship Assistance Request



ATTENTION BORROWER

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to Member First Mortgage, LLC via mail: 616 44th St. SE., Grand Rapids, MI 49548, fax: (616) 599-9806 - Attn: Home Preservation Dept., or email: loss_mitigation@memberfirstmortgage.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact Member First Mortgage at (866) 636-1053. Business Hours 8:30 am - 5:30 pm EST Monday through Friday.

If you need assistance with translation or other language assistance, a federal government agency may be able to assist you. These services are provided without charge.

The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

In order for your case to be reviewed in a timely manner you **MUST** complete the entire package and provide all required documentation as listed on the Fax/E-Mail Cover Sheet.

Failure to provide complete documentation may delay the review of your file and result in cancellation of your case.

Hardship Assistance Request

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Previous Employer 1: Street: Street 2: City: State: Zip: Hire Date (Month/Year): Separation Date (Month/Year): Position:</p> | <p>Previous Employer 1: Street: Street 2: City: State: Zip: Hire Date (Month/Year): Separation Date (Month/Year): Position:</p> |
| <p>Previous Employer 2: Street: Street 2: City: State: Zip: Hire Date (Month/Year): Separation Date (Month/Year): Position:</p> | <p>Previous Employer 2: Street: Street 2: City: State: Zip: Hire Date (Month/Year): Separation Date (Month/Year): Position:</p> |

Part B: Property Information

The property is currently: A primary residence A second home An investment property

The property is (select all that apply): Owner occupied Renter occupied Vacant

I want to: Keep the Property Sell the Property Transfer ownership of the property to my servicer Undecided

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is the property for SALE? <input type="checkbox"/> Yes <input type="checkbox"/> No List Price: \$ List Date: Realtor Name: Realtor Phone: Realtor Email: | Is the property RENTED? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Rent: \$ Last Month Paid: Do you have a Rental Agreement/Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Lease Expires: Please provide a copy of Rental Agreement/Lease with submission. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Is the property currently occupied? Yes No

Are the Utilities on? Yes No

Is the property subject to condominium or homeowners' association (HOA) fees? Yes No - If yes, indicate monthly dues: \$ _____

Have you made any improvements to the property since this loan was obtained? Yes No

If yes, please provide brief explanation.

Are there any necessary repairs of existing damage to the property? Yes No

If ye, please provide brief explanation.

Are there any other liens on this property (i.e., other mortgages, judgments, etc.)? Yes No

If yes, please list below and indicate delinquent. Please attach additional pages if necessary.

| Debt/Obligation | Unpaid Balance | Monthly Payment | Delinquent |
|-----------------|----------------|-----------------|----------------------------------------------------------|
| | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you contacted the junior lienholder(s) about hardship assistance? Yes No

Hardship Assistance Request

Please provide brief explanation.

Part C: General Questions

How long have you lived at this residence? Months Years

How many people reside in the home?

How many residents are over the age of 18? Do they contribute towards household expenses? Yes No

How many residents/dependents are under the age of 18? Ages: / / /

Have you contacted a Credit Counseling Agency? Yes No

If yes, have you negotiated any written repayment agreements? Yes No

If yes, please provide the details below. Please include copies of all agreements.

If no, are you interested in learning more about services offered by a Credit Counseling Agency? Yes No

| Creditor Name | Type of Debt | Balance | Original Monthly Payment | Original Interest Rate | New Monthly Payment | New Interest Rate |
|---------------|--------------|---------|--------------------------|------------------------|---------------------|-------------------|
| | | \$ | \$ | % | \$ | % |
| | | \$ | \$ | % | \$ | % |
| | | \$ | \$ | % | \$ | % |
| | | \$ | \$ | % | \$ | % |
| | | \$ | \$ | % | \$ | % |
| | | \$ | \$ | % | \$ | % |

Have you filed for Bankruptcy? Yes No If yes, what chapter? 7 13

Date Filed: Case Number: Discharge Date: Did you Reaffirm? Yes No

Attorney Name: Attorney Phone Number:

A Hardship Assistance Request is no a guaranteed workout option. While your Hardship Request is under review, you will remain obligated to all delinquent payments, fees and assessments which are due and owing at the time of submission, as well as any payments, fees or assessments which come due during the review period. All standard collection activity will continue during the review period. If your loan is in foreclosure, simply submitting a Hardship Assistance Request may not stop foreclosure action. It is critical that you remain in contact with Member First Mortgage, LLC during the review process and return all requested documentation in a timely manner. Failure to do so could result in cancellation of your request.

- What funds are immediately available to apply towards the delinquency?
- What amount can you commit to repaying on a consistent basis while your Hardship Assistance Request is being reviewed?
- Do you have a proposal for repayment?

While kept as minimal as possible, there may be fees involved with modifying your loan including, but not limited to: Escrow Prepays, Modification Fees, Credit Report Fees, Appraisal Fees and/or Recording Fees. You may be required to contribute towards these fees if you are approved for a Loan Modification or other repayment arrangement.

Hardship Assistance Request



| Part D: Income | | | |
|-------------------------------------------------|--------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please include additional page(s) if necessary. | | | |
| Source | Amount | Frequency | Documentation |
| Primary Employment | | | Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses <ul style="list-style-type: none"> • Most recent pay stub and documentation of year-to- date earnings if not on pay stub OR • Two most recent bank statements showing income deposit amounts |
| Borrower | \$ | | |
| Co-Borrower | \$ | | |
| | | | |
| Secondary Employment | | | |
| Borrower | \$ | | |
| Co-Borrower | \$ | | |
| | | | |
| Self-Employment | | | Self-employment income <ul style="list-style-type: none"> • Two most recent bank statements showing self- employed income deposit amounts OR • Most recent signed and dated quarterly or year-to-date profit/loss statement OR • Most recent complete and signed business tax return OR • Most recent complete and signed individual federal income tax return |
| Borrower | \$ | | |
| Co-Borrower | \$ | | |
| | | | |
| Other Income | | | <ul style="list-style-type: none"> • No documentation required |
| Borrower Unemployment | \$ | | |
| Co-Borrower Unemployment | \$ | | Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance <ul style="list-style-type: none"> • Two most recent bank statements showing deposit amounts OR • Award letters or other documentation showing the amount and frequency of the benefits Non-taxable Social Security or disability income <ul style="list-style-type: none"> • Two most recent bank statements showing deposit amounts OR • Award letters or other documentation showing the amount and frequency of the benefits |
| Borrower Disability | \$ | | |
| Co-Borrower Disability | \$ | | |
| | | | |
| Borrower Pension | \$ | | |
| Co-Borrower Pension | \$ | | |
| | | | |
| Borrower Social Security | \$ | | |
| Co-Borrower Social Security | \$ | | |
| | | | |
| Rental 1 | \$ | | <ul style="list-style-type: none"> • Two most recent bank statements demonstrating receipt of rent OR • Two most recent deposited rent checks |
| Rental 2 | \$ | | |
| | | | <ul style="list-style-type: none"> • Two most recent investment statements OR • Two most recent bank statements supporting receipt of the income |
| Investment/Insurance 1 | \$ | | |
| Investment/Insurance 2 | \$ | | <ul style="list-style-type: none"> • Two most recent bank statements showing receipt of income OR • Other documentation showing the amount and frequency of the income |
| Other 1 | \$ | | |
| Other 2 | \$ | | |
| Total Monthly Income | \$ | | |

Hardship Assistance Request

| Part E: Savings/Assets | | | |
|---------------------------------------------------------------------|-----------------|--------------|-------------|
| Please include additional page(s) if necessary. | | | |
| Cash Assets | Average Balance | Description | |
| Checking Accounts | | | |
| 1) | \$ | | |
| 2) | \$ | | |
| Savings/Retirement Accounts/CD's/Stock/Bonds | | | |
| 1) | \$ | | |
| 2) | \$ | | |
| 3) | \$ | | |
| 4) | \$ | | |
| Total Savings | \$ | | |
| Other Assets | Value | Loan Balance | Description |
| Other Real Estate | | | |
| 1) | \$ | \$ | |
| 2) | \$ | \$ | |
| Autos | | | |
| 1) | \$ | \$ | |
| 2) | \$ | \$ | |
| 3) | \$ | \$ | |
| Other Assets (Life Insurance, Annuities, Collectables, etc.) | | | |
| 1) | \$ | \$ | |
| 2) | \$ | \$ | |
| 3) | \$ | \$ | |
| Total Other Assets | \$ | | |

Hardship Assistance Request

| Part F: Monthly Liabilities/Expenses | | | |
|------------------------------------------------------|-----------------|--------------|-------------------|
| Please include additional page(s) if necessary. | | | |
| Description | Monthly Payment | Balance Owed | Months Delinquent |
| Monthly Liabilities | | | |
| Mortgage | \$ | \$ | |
| Second Mortgage | \$ | \$ | |
| Other Liens | \$ | \$ | |
| Other Liens | \$ | \$ | |
| Property Taxes <input type="checkbox"/> Not Escrowed | \$ | \$ | |
| Insurance <input type="checkbox"/> Not Escrowed | \$ | \$ | |
| Association Dues | \$ | \$ | |
| Mortgage - Other Property | \$ | \$ | |
| Second Mortgage - Other Property | \$ | \$ | |
| Other Liens - Other Property | \$ | \$ | |
| Other Liens - Other Property | \$ | \$ | |
| Property Taxes <input type="checkbox"/> Not Escrowed | \$ | \$ | |
| Insurance <input type="checkbox"/> Not Escrowed | \$ | \$ | |
| Association Dues | \$ | \$ | |
| Rent | \$ | \$ | |
| Renters Insurance | \$ | \$ | |
| Auto Loan 1 | \$ | \$ | |
| Auto Loan 2 | \$ | \$ | |
| Credit Card 1 | \$ | \$ | |
| Credit Card 2 | \$ | \$ | |
| Credit Card 3 | \$ | \$ | |
| Credit Card 4 | \$ | \$ | |
| 401K Loan 1 | \$ | \$ | |
| 401K Loan 2 | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| Total Monthly Liabilities | \$ | \$ | |

Hardship Assistance Request

| Description | Monthly Payment | Balance Owed | Months Delinquent |
|-------------------------------------------|-----------------|--------------|-------------------|
| Monthly Expenses | | | |
| Utilities: | | | |
| Electric | \$ | \$ | |
| Gas | \$ | \$ | |
| Water/Sewer | \$ | \$ | |
| Trash | \$ | \$ | |
| Landline Phone | \$ | \$ | |
| Cell Phones | \$ | \$ | |
| Internet | \$ | \$ | |
| Cable/Satellite Services | \$ | \$ | |
| Child/Dependent Care | \$ | \$ | |
| Auto Maintenance: | | | |
| Insurance | \$ | \$ | |
| Gas | \$ | \$ | |
| Recurring Maintenance | \$ | \$ | |
| Parking/Tolls/Etc. | \$ | \$ | |
| Medical: | | | |
| Premiums | \$ | \$ | |
| Deductible | \$ | \$ | |
| Co-Pays | \$ | \$ | |
| Prescriptions | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| Life Insurance | \$ | \$ | |
| Property Maintenance | \$ | \$ | |
| Other Expenses | \$ | \$ | |
| Other Expenses | \$ | \$ | |
| Groceries | \$ | \$ | |
| Other Food (Restaurants, Fast Food, etc.) | \$ | \$ | |
| Total Monthly Expenses | \$ | \$ | |

Hardship Assistance Request

| | |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Distant employment transfer/relocation | <ul style="list-style-type: none">• For active duty service members: Permanent Change Station (PCS) orders or letter showing transfer.• For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND• Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders) |
| <input type="checkbox"/> Other – hardship that is not covered above: | <ul style="list-style-type: none">• Written explanation describing the details of the hardship and any relevant documentation |

Hardship Assistance Request

Part H: Certification of Information

Be advised that by signing this document you understand that all documents and information submitted to Member First Mortgage, LLC in connection with this Hardship Assistance Request is 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 in your home, hardship circumstances, and/or income, expenses, or assets may subject you to potential criminal investigation and prosecution. The information contained in these documents is subject to examination and verification. Any potential misrepresentation may 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 Member First Mortgage, LLC in connection with my Hardship Assistance Request, including the documents and information regarding my eligibility for any program, are true and correct."

By signing below, I understand that I must fully cooperate with Member First Mortgage, LLC as my Hardship Assistance Request is reviewed. I understand that a Hardship Assistance Request does not guarantee a loan workout will be offered to me. I understand I will remain liable for all payments, fees and other assessments which are due and owing as of the date of this request in addition to any payments, fees or other assessments which become due during the review period. I understand that all standard collection efforts will continue in the event my mortgage loan obligation is delinquent or becomes delinquent during the review period. I understand that I may be required to make a financial contribution as a condition of a loan workout offer. I also understand that should my investor offer a loan workout in which my full mortgage obligation is not satisfied, I may receive a 1099 IRS reporting for the tax year in which the loan workout occurred.

Borrower Signature

Date

Co-Borrower Signature

Date

Part I: Member First Mortgage, LLC Authorization to Release to Third Party

I/We hereby authorize Member First Mortgage, LLC to discuss my/our account with the following Third Party on my/our behalf. This authorization will remain in effect until Member First Mortgage, LLC is notified in writing that it has been revoked.

Third Party Name and Relationship to Borrower(s)

Contact Number

Third Party Name and Relationship to Borrower(s)

Contact Number

Borrower Signature

Date

Co-Borrower Signature

Date

Part J: Third Party Authorization to Release Information to Member First Mortgage, LLC

In addition to this package, additional information may be required to review my/our Hardship Assistance Request. I/We understand that additional information may include, but is not limited to: credit reports, tax return transcripts, verification of employment and/or accounts. By signing below, I/We hereby authorize Member First Mortgage, LLC to obtain any information necessary to complete the review of my request. I/We authorize you to release any and all information requested by Member First Mortgage, LLC as part of my request.

Borrower Signature

Date

Co-Borrower Signature

Date



FAX / EMAIL COVER SHEET

| | |
|------------------------------------------------------|---------------------------------|
| TO: Member First Mortgage, LLC | FROM: |
| ATTN: loss_mitigation@memberfirstmortgage.com | PAGES (including cover): |
| PHONE: (866) 636-1053 | PHONE: |
| FAX: (616) 588-9806 | FAX: |
| RE: | LOAN NUMBER: |

CHECKLIST OF REQUIRED INFORMATION FOR HARDSHIP ASSISTANCE REQUEST

(Check all boxes below that are returned with your application)

REQUIRED ITEMS FOR MOST BORROWERS:

- Signed and dated Hardship Assistance Request
- Last 2 months of pay stubs for all borrowers
- Signed 4506-C
- Current Homeowners Insurance policy (if not currently escrowed)
- Current and/or delinquent Property Tax Information (if not escrowed)

FOR SELF-EMPLOYED BORROWERS ONLY:

- Most recent completed Federal Tax returns
 - Include both personal and business with all schedules
 - YTD Profit & Loss Statement (at least 3 months)
- OR -
- Last 2 months of business bank statements

ADDITIONAL DOCUMENTATION AS APPLICABLE:

- Current year award letter for Social Security/disability income
- Proof of unemployment income
- Spousal and/or child support income
- Supplemental income/other income
- Separation notice/Divorce Decree
- Most recent Statement(s) from any other Mortgages/liens
- Proof of most recent year's Home Owner's Association dues
- Proof of any creditor repayment agreements or Work-outs
- Rental/Purchase agreements
- Proof of Pension
- Proof of other obligations which contribute to your hardship (utility medical legal bills, etc.)
- Most recent 2 months complete statements for all bank accounts (include all pages, even if blank)
- Most recent 401K or other retirement account statement

*** Please do NOT send originals, documents will not be returned**

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

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

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

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------|
| 1a. Current name | | | 2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers) | | |
| i. First name | ii. Middle initial | iii. Last name/BMF company name | i. Spouse's first name | ii. Middle initial | iii. Spouse's last name |
| 1b. First taxpayer identification number (see instructions) | | | 2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers) | | |
| 1c. Previous name shown on the last return filed if different from line 1a | | | 2c. Spouse's previous name shown on the last return filed if different from line 2a | | |
| i. First name | ii. Middle initial | iii. Last name | i. First name | ii. Middle initial | iii. Last name |
| 3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | | | | | |
| a. Street address (including apt., room, or suite no.) | | b. City | c. State | d. ZIP code | |
| 4. Previous address shown on the last return filed if different from line 3 (see instructions) | | | | | |
| a. Street address (including apt., room, or suite no.) | | b. City | c. State | d. ZIP code | |
| 5a. IVES participant name, ID number, SOR mailbox ID, and address | | | | | |
| i. IVES participant name | | ii. IVES participant ID number | iii. SOR mailbox ID | | |
| iv. Street address (including apt., room, or suite no.) | | v. City | vi. State | vii. ZIP code | |
| 5b. Customer file number (if applicable) (see instructions) | | | 5c. Unique identifier (if applicable) (see instructions) | | |
| 5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA)) | | | | | |
| i. Client name | | | | ii. Telephone number | |
| iii. Street address (including apt., room, or suite no.) | | iv. City | v. State | vi. ZIP code | |
| Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions) | | | | | |
| 6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts | | | | | |
| a. Return Transcript <input type="checkbox"/> | | b. Account Transcript <input type="checkbox"/> | | c. Record of Account <input type="checkbox"/> | |
| 7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/> | | | | | |
| a. Enter a max of three form numbers here; if no entry is made, all forms will be sent. | | | | | |
| b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers | | | | | |
| Line 1a <input type="checkbox"/> | | Line 2a <input type="checkbox"/> | | | |
| 8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) | | | | | |
| / / | | / / | | / / | |
| Caution: Do not sign this form unless all applicable lines have been completed. | | | | | |
| Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date. | | | | | |
| <input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions. | | | | | |
| Sign Here | Signature for Line 1a (see instructions) | | Date | Phone number of taxpayer on line 1a or 2a | |
| | <input type="checkbox"/> Form 4506-C was signed by an Authorized Representative | | <input type="checkbox"/> Signatory confirms document was electronically signed | | |
| | Print/Type name | | | | |
| | Title (if line 1a above is a corporation, partnership, estate, or trust) | | | | |
| | Spouse's signature (required if listed on Line 2a) | | | Date | |
| | <input type="checkbox"/> Form 4506-C was signed by an Authorized Representative | | <input type="checkbox"/> Signatory confirms document was electronically signed | | |
| Print/Type name | | | | | |

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

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

Future Developments

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

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

General Instructions

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

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

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

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

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

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

Chart for ordering transcripts

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

Specific Instructions

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

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

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

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

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

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

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

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

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "999999999".

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

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

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

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

Line 6c. Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

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



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

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

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

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

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

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

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

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

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

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

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

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

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

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

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

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

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

Hardship Assistance Request

Information on Avoiding Foreclosure

Learn more About Options to Avoid Foreclosure

The variety of options summarized below may help you keep your home. For example, you may be eligible to modify your mortgage, lowering your monthly payment to make it more affordable. Contact us to determine if you qualify.

Depending on your circumstances, staying in your home may not be possible. In this case, a short sale or deed-in-lieu of foreclosure may be a better choice than foreclosure - see the table below for more information.

Don't delay, as failure to take action may result in foreclosure proceedings being initiated on your mortgage.

| OPTIONS TO STAY IN YOUR HOME | OVERVIEW | BENEFIT |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reinstatement | Pay the total delinquent amount you owe, in a lump sum payment and by a specific date or pay less than the total amount owed followed by a forbearance plan as described below. | Allows you to avoid foreclosure by bringing your mortgage current if you can show you have funds that will become available at a specific date in the future. |
| Repayment Plan | Pay back your past-due payments together with your regular payments over an extended period of time. | Allows you time to catch up on late payments without having to come up with a lump sum. |
| Forbearance Plan | Make reduced mortgage payments or no mortgage payments for a specific period of time. | Gives you time to improve your financial situation and possibly qualify for a better option than would be available right now. |
| Modification | Receive modified mortgage terms to make it more affordable | Permanently modifies your mortgage so that your payments or terms are more manageable as a permanent solution to a long-term or permanent hardship. |
| OPTIONS TO LEAVE YOUR HOME | OVERVIEW | BENEFIT |
| Short Sale | Sell your home and pay off a portion of your mortgage balance when you owe more on the home than it is worth. | Allows you to transition out of your home without going through foreclosure. In some cases, relocation assistance may be available. |
| Deed-in-Lieu of Foreclosure | Transfer the ownership of your property to us. | Allows you to transition out of your home without going through foreclosure. In some cases, relocation assistance may be available. |

Hardship Assistance Request

Do NOT send original income or hardship documents. Copies are acceptable; Originals will not be returned.

BEWARE OF FORECLOSURE RESCUE SCAMS: TIPS & WARNING SIGNS

For Your Information Only - Do Not Return with Your Hardship Assistance Request Package Request Package

Scam artists are stealing millions of dollars from distressed homeowners by promising immediate relief from foreclosure, or demanding cash for counseling services when HUD-approved counseling agencies provide the same services for FREE. If you receive an offer, information or advice that sounds too good to be true, it probably is. Don't let them take advantage of you, your situation, your house or your money. Remember, help is FREE.

How to Spot a Scam - beware of a company or person who:

- Asks for a fee in advance to work with your lender to modify, refinance or reinstate your mortgage.
- Guarantees they can stop a foreclosure or get your loan modified.
- Advises you to stop paying your mortgage company and pay them instead.
- Pressures you to sign over the deed to your home or sign any paperwork that you haven't had a chance to read, and you don't fully understand.
- Claims to offer "government-approved" or "official government" loan modifications.
- Asks you to release personal financial information online or over the phone and you have not been working with this person and/or do not know them.

How to Report a Scam - do one of the following:

- Go to www.preventloanscams.org and the Loan Modification Scam Prevention Network's (LMSPN) complaint form online get more information on how to fight back.
 - Note: you can also this form and send to the fax number/e-mail/address (your choice) on the back of the form.
- Call 1 (888) 995-HOPE (4673) and tell the counselor about your situation and that you believe you got scammed or know of a scam.