

In order for us to evaluate your Short Sale request, you must complete this packet, sign in all the required places and fax or mail it to Chase with the required documentation.

Please keep a copy of everything you send to us for your records.

This packet contains the following:

- 1. Required Documentation Checklist –**
Detailed list of the documents you must send to us in addition to the packet
 - a. From You, the Borrower and Co-borrower
 - b. From Your Real Estate Agent
- 2. Authorization to Furnish and Release Information –**
Complete this form if you wish to grant Chase permission to provide your mortgage information to necessary agents (third parties).
- 3. Request for Mortgage Assistance –**
Information about your property, loans, income, etc., as well as details on the circumstances that have made it difficult for you to stay up-to-date with your mortgage payments
- 4. IRS Form 4506T-EZ Request for Transcript of Tax Return –**
Allows Chase to receive a transcript of your tax return to verify income information

If you need any assistance completing this packet, please contact us at 1-866-233-5320.

Please send the completed packet as well as all required documentation:

BY REGULAR MAIL:

Chase Fulfillment Center
P.O. Box 469030
Glendale, CO 80246

BY OVERNIGHT MAIL:

Chase Fulfillment Center
710 South Ash St.
Suite #200
Glendale, CO 80246

BY FAX:

1-866-220-4130

Chase and FedEx Office are offering you an easy way to return your loan documents. You can find the nearest FedEx Office location offering this service by visiting www.fedex.com/us/office, entering your ZIP code in the *Find a FedEx[®] Location* box and selecting *FedEx Kinko's is now FedEx Office*. Bring your documents to one of these select FedEx Office locations and tell them you are returning these documents to Chase. Provide your name, ZIP code, and phone number to the counter agent, and they will ship your documents to us at no charge. For more information, go to www.chase.com/fedex.

Important Information

Chase is a debt collector.

If you are represented by an attorney, please refer this letter to your attorney and provide us with the attorney's name, address, and telephone number.

If you are currently a debtor in bankruptcy proceedings and subject to the protections of the automatic stay, or if you have received a final discharge in a bankruptcy, this notice is for compliance and/or informational purposes only and not an attempt to impose personal liability for the debt in violation of the bankruptcy laws. However, Chase still has the right under the Mortgage to foreclose on the Property.

Loan Number: _____

1A. FROM YOU, THE BORROWER AND CO-BORROWER

If you are a Wage Earner (you receive a W-2 from your employer) please provide:

- Two (2) most recent Pay Stubs (two for each borrower)
- Length of service with Current Employer: Borrower Year(s): _____ Month(s): _____ Co-borrower Year(s): _____ Month(s): _____
- Most recent one (1) month's complete Bank Statement (must provide all pages, including blank pages)

If you are Self Employed, please provide:

- P & L Statement / Audited or reviewed YTD Income Statement (must provide)
- Most recent two (2) years' Tax Returns completed (personal and business, signed with all pages) or 1099s or most recent two (2) years filed and proof of extension
- Last four (4) months complete Business and Personal Bank Statements (must provide all pages. If a business account is not used, provide a written statement stating a business account is not used)

Everyone must provide the following:

- Most recent statement(s) supporting assets listed on page 3 of the Request for Mortgage Assistance Form (must provide all pages of statements)
- Most recent completed Tax Return (signed with all pages) or most recent filed and proof of extension (signed with all pages)
- Proof of occupancy (if owner occupied) – a recent utility bill in your name at property address
- If loan is Non-Escrowed:
 - A) Copy of the most recent property tax bill(s) with a copy of the cancelled check for all applicable taxes (County, City, School, etc.)
 - B) Copy of the current insurance declaration page for all applicable coverage types (must show premium amount for homeowner's, flood, and wind)
 - C) Proof of payment of Homeowner's Association Fees (if applicable)
- If Non-Owner Occupied:
 - A) Rental Income with copies of Rental Agreement if a tenant resides in the property
 - B) Amount of Principal, Interest, Taxes, Insurance, and Home Owner Dues for Primary Residence
 - C) Primary Residence Address
- Authorization to Furnish and Release Information – Allows Realtor or designee to discuss the account with Chase.
Be sure to sign this form.
- Completed Request for Mortgage Assistance Form (enclosed). **Be sure to sign and date this form.**
- Completed 4506T-EZ – Request for Transcript of Tax Return (enclosed.) **Be sure to sign and date this form.**

1B. FROM YOUR REAL ESTATE AGENT

- Listing Agreement
- Detailed Listing History (MLS Printout)
- Sales / Purchase Contract (Signed Offer)
- 3 Comparable Active Listings/3 Comparable Sales/Pictures of the Property & Neighborhood
- HUD (Estimated Closing Statement)

This Borrower Authorization form will allow JPMorgan Chase Bank, N.A. ("Chase") or its authorized representative to share information about your mortgage with third parties, such as Lien Holders and attorneys or their authorized representatives, closing agents, insurance agents, and appraisers.

TO: JPMorgan Chase Bank, N.A.

LOAN NUMBER: _____ ("my Loan")

DATE: _____

BORROWERS: _____

PROPERTY ADDRESS: _____

I/We, _____ (borrower(s) name(s)),
 currently residing at _____ in the County of
 _____, State of _____, hereby authorize JPMorgan Chase Bank, N.A. ("Chase") to release,
 furnish, provide, exchange and request information related to my/our Loan to the Third Party (or Parties):

Important Note: If the Third Party (or Parties) listed below is a counseling organization, corporation, law firm, or entity other than a natural person, you may provide the name(s) of the specific individual(s) working for the Third Party (or Parties) to whom Chase is authorized to release information. If no individuals are specified below, and your authorization is not otherwise restricted, your authorization will be applied to your entire file and the entire entity.

(1) Authorized Third Party

Name of Third Party _____

Address _____

Phone Number _____

Fax Number _____

Account Number _____

Restrictions on the release of account information (Please check and complete as appropriate):

_____ No restrictions. Your authorization will be applied to your entire file.

_____ Restrictions (Please list any restrictions below):

I/We authorize Chase to provide my/our information to the following individual(s) at the Third Party listed above:

And, I (We) hereby authorize this Third Party to release, furnish, provide, exchange and request information related to the account above to Chase.

(2) Additional Authorized Third Party

Name of Third Party _____

Address _____

Phone Number _____

Fax Number _____

Account Number _____

Restrictions on the release of account information (Please check and complete as appropriate):

_____ No restrictions. This authorization will be applied to the entire file.

_____ Restrictions. (Please list any restrictions below.):

I/We authorize Chase to provide my/our information to the following individual(s) at the Third Party listed above:

And, I (We) hereby authorize this Third Party to release, furnish, provide, exchange and request information related to the account above to Chase.

(3) Additional Authorized Third Party

Name of Third Party _____

Address _____

Phone Number _____

Fax Number _____

Account Number _____

Restrictions on the release of account information (Please check and complete as appropriate):

_____ No restrictions. This authorization will be applied to the entire file.

_____ Restrictions. (Please list any restrictions below.):

I/We authorize Chase to provide my/our information to the following individual(s) at the Third Party listed above:

And, I (We) hereby authorize this Third Party to release, furnish, provide, exchange and request information related to the account above to Chase.

Note: If you need more space to provide third party authorization to additional individuals or entities, you may provide the information requested above on a separate sheet for these third parties. Please be sure to sign and date your request.

Expiration of Authorization

If applicable, please specify below a period of time or operational transaction (i.e., modification) for which the authorization is valid. **If no expiration date or operational transaction is provided, this authorization will remain valid until revoked in writing.**

You may revoke this authorization at any time by providing written notice to Chase.

Chase will take reasonable steps to authenticate the identity of the Third Party (or Parties) authorized above. However, we will not have any liability if we decline to release your account information because we are unable to authenticate the true identity of the authorized requestor seeking account information.

I/We hereby indemnify and forever hold Chase harmless from any and all actions and causes of actions, suits, claims, attorney's fees, or demands against Chase, which I/we and/or my/our heirs may have resulting from Chase discussing, or declining to discuss, my/our account with the above-named requestor or person identifying himself/herself to be that requestor, or resulting from providing, or declining to provide, any documents or other information concerning the account to the requestor.

Signed by:

(Signature)

(Printed Name)

(Date)

Signed by:

(Signature)

(Printed Name)

(Date)

Please return the completed form by mail or fax as listed below.

Regular Mail: Chase
Attention: Customer Care Research
Mail Code OH4-7302
PO Box 24696
Columbus, OH 43224-0696

Fax: 614-422-7575

If you have any questions about the form, please contact us at 800-848-9136 or by TDD / text telephone at 800-582-0542.

An important reminder for all our customers: As stated in the "Questions and Answers for Borrowers about the Homeowner Affordability and Stability Plan" distributed by the Obama Administration, "Borrowers should beware of any organization that attempts to charge a fee for housing counseling or modification of a delinquent loan, especially if they require a fee in advance." Loan modification scams should be reported to PreventLoanScams.org, or by calling 888-995-HOPE; 888-995-4673. We offer loan modification assistance free of charge (i.e., no modification fee required). Please call us immediately at 866-550-5705 to discuss your options. The longer you delay, the fewer options you may have.

REQUEST FOR MORTGAGE ASSISTANCE FORM



Important! To avoid delays, please make sure all pages are complete and accurate.

Loan Number: _____

Section A		BORROWER	
Borrower's Name			
Social Security Number		Date of Birth	
Home phone number with area code			
Cell or work number with area code			
Email Address			

CO-BORROWER	
Co-Borrower's Name	
Social Security Number	Date of Birth
Home phone number with area code	
Cell or work number with area code	
Email Address	

Is any borrower a servicemember? Yes No
 Have you recently been deployed away from your principal residence or recently received a Permanent Change of Station (PCS) order? Yes No
 If yes, I intend to occupy this property as my primary residence some time in the future. Yes No
 Is any borrower the surviving spouse of a deceased servicemember who was on active duty at the time of death? Yes No

I want to: Keep the Property Sell the Property Release the Property to avoid foreclosure (Deed in Lieu)
 The property is my: Primary Residence Second Home Investment
 The property is: Owner Occupied Renter Occupied Vacant

Have you previously requested mortgage payment assistance through Chase? Yes No
 How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? _____
 Have you ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification on your principal residence? Yes No
 Have you or any co-borrower had a permanent HAMP modification on any other property you own? Yes No If "Yes", how many? _____
 Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence? Yes No

Complete this section ONLY if you are requesting mortgage assistance in connection with property that is not your principal residence.
 Is the mortgage on your principal residence paid? Yes No If "No", number of months your payment is past due (if known): _____

Number of People in Household: _____

Mailing address: _____
 Property address (if same as mailing address, just write "same"): _____

Is the property listed for sale? Yes No
If yes, what was the listing date? _____
Have you received an offer on the property? Yes No
Date of Offer: _____ **Amount of Offer:** _____
Closing Date: _____
Agent's Name: _____
Agent's Phone Number: _____
For Sale by Owner? Yes No

Have you contacted a credit counseling agency for help?
 Yes No
If yes, please complete the following:
Counselor's Name: _____
Agency Name: _____
Counselor's Phone Number: _____
Counselor's Email: _____

Who pays the real estate tax bill on your property?
 I do Lender does Paid by condo or HOA
Are the taxes current? Yes No
Condominium or HOA Fees? Yes No \$ _____ per month
Are the fees paid current? Yes No
Name and address that fees are paid to: _____

Who pays the hazard insurance premium for your property?
 I do Lender does Paid by condo or HOA
Is the policy current? Yes No
Name of Insurance Co.: _____
Insurance Co. Phone Number: _____

Important! To avoid delays, please make sure all pages are complete and accurate.

Loan Number: _____

Section B

REQUIRED DOCUMENTATION/HARDSHIP AFFIDAVIT

Describe your hardship: _____

Date situation began is:

I believe that my situation is:

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

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

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

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

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

Important! To avoid delays, please make sure all pages are complete and accurate.

Loan Number: _____

Section C **ADDITIONAL LIENS/MORTGAGES OR JUDGMENTS**
Complete if applicable.

Check this box if this section does not apply to you.

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

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

Section D **BANKRUPTCY**
Complete if applicable.

Check this box if this section does not apply to you.

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date: _____
Has your bankruptcy been discharged? Yes No Bankruptcy case number: _____

Section E **INCOME/EXPENSES FOR HOUSEHOLD**

EMPLOYMENT INFORMATION

Borrower Monthly Income: \$ _____	Co-Borrower Monthly Income: \$ _____
Employer 1 Name: _____	Employer 1 Name: _____
Employer 1 Address: _____	Employer 1 Address: _____
Employment Start Date: _____	Employment Start Date: _____
Employer 2 Name: _____	Employer 2 Name: _____
Employer 2 Address: _____	Employer 2 Address: _____
Employment Start Date: _____	Employment Start Date: _____
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INCOME/EXPENSES

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

If yes, complete the following:

First and Last Name: _____

Monthly amount contributed to the household (not including the amount contributed to the Mortgage): \$ _____

Monthly amount contributed to the Mortgage: \$ _____

Are there living expenses for this person? Yes No

If yes, monthly amount of expenses _____

REQUEST FOR MORTGAGE ASSISTANCE FORM



Important! To avoid delays, please make sure all pages are complete and accurate.

Loan Number: _____

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

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

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

¹ The amount of the monthly payment made to your lender - including, if applicable, monthly principal, interest, real property taxes and insurance premiums.
² Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.
³ Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section H.
⁴ Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section H.

Section F	DODD-FRANK CERTIFICATION
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> (a) felony larceny, theft, fraud, or forgery, (b) money laundering or (c) tax evasion. <p>I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate federal law.</p> <p>If you have been convicted of one of the mortgage or real estate crimes listed above within the last 10 years, you must cross out this section. You will be considered for other mortgage assistance options that are not a part of the Making Home Affordable Program.</p> <p>This certification is effective on the earlier of the date listed below or the date received by your servicer.</p>	

Important! To avoid delays, please make sure all pages are complete and accurate.

Loan Number: _____

Section G

OTHER PROPERTIES OWNED

Check this box if this section does not apply to you.

For the amount of the monthly payment, include, if applicable, monthly principal, interest, real property taxes and insurance premiums. You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described below. Use additional sheets if necessary.

PROPERTY #1

Property Address: _____ Loan I.D. Number: _____
 First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or Seasonal Home Rented
 Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

PROPERTY #2

Property Address: _____ Loan I.D. Number: _____
 First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or Seasonal Home Rented
 Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

PROPERTY #3

Property Address: _____ Loan I.D. Number: _____
 First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or Seasonal Home Rented
 Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

PROPERTY #4

Property Address: _____ Loan I.D. Number: _____
 First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or Seasonal Home Rented
 Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

PROPERTY #5

Property Address: _____ Loan I.D. Number: _____
 First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or Seasonal Home Rented
 Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

Important! To avoid delays, please make sure all pages are complete and accurate.

Loan Number: _____

Section H

OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED

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

Check this box if this section does not apply to you.

I am requesting mortgage assistance with a rental property. Yes No
 I am requesting mortgage assistance with second or seasonal home. Yes No
 I am requesting mortgage assistance for a home that is no longer my primary residence due to an out of area job transfer or foreign service assignment. I intend to occupy this property as my primary residence sometime in the future. Yes No
 If "Yes" to any of these statements, I want to: Keep the property Sell the property Release the Property to avoid foreclosure (Deed in Lieu)

Property Address: _____ Loan I.D. Number: _____
 Do you have a second mortgage on the property? Yes No If "Yes", Servicer Name: _____ Loan I.D. Number: _____
 Do you have condominium or homeowners association (HOA) fees? Yes No If "Yes", Monthly Fee \$ _____ Are HOA fees paid current? Yes No
 Name and address that fees are paid to: _____

Does your mortgage payment include taxes and insurance? Yes No If "No", are the taxes and insurance paid current? Yes No
 Annual Homeowners' Insurance \$ _____ Annual Property Taxes \$ _____
 If requesting assistance with a rental property, property is currently:
 Vacant and available for rent.
 Occupied without rent by your legal dependent, parent or grandparent as their principal residence.
 Occupied by a tenant as their principal residence.
 Other _____

If rental property is occupied by tenant: Term of lease/occupancy / / — / / Gross Monthly Rent \$ _____
MM DD YYYY MM DD YYYY

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

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: _____

Is the property for sale? Yes No If "Yes", Listing Agent's Name: _____ Phone Number: _____
 List Date? _____ Have you received a purchase offer? Yes No Amount of Offer? _____ Closing Date: _____

RENTAL PROPERTY CERTIFICATION

You must complete this certification if you are requesting a mortgage modification with respect to a rental property.

Check this box if this section does not apply to you.

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such a five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

Notwithstanding the foregoing conditions, I may at any time sell the property, occupy it as my personal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

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

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

Initials: Borrower _____ Co-Borrower _____

Important! To avoid delays, please make sure all pages are complete and accurate.

Loan Number: _____

Section I

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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

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

HOMEOWNERS HOTLINE

If you have questions about this document or the modification process, 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 888-995-HOPE (4673). The Hotline can help answer 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 the occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document, you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse mismanagement or misrepresentation affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Important! To avoid delays, please make sure all pages are complete and accurate.

Loan Number: _____

Section J

ACKNOWLEDGEMENT AND AGREEMENT

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

1. I understand the Servicer may pull a current credit report on all borrowers obligated on the Note.
2. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
3. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Loan Documents, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that Servicer is providing the information about the mortgage relief program at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
4. I understand that if the Servicer offers me a Trial Period Plan and I fail to accept or complete the trial plan for any reason, including, for example, declining the trial plan offer, failing to accept the trial plan offer, failing to make trial plan payments in a timely manner or failing to accept a final modification at the end of the trial period, I may permanently lose eligibility for a modification under the Making Home Affordable Program and any other modification program offered by the Servicer.
5. If I am eligible for a trial period plan, repayment plan or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan or forbearance plan.
6. I agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
7. I agree that any prior waiver as to my payment of escrow items to Servicer in connection with my loan has been revoked.
8. If I qualify for and enter into a repayment plan, forbearance plan or trial period plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
9. I consent to being contacted concerning this request for mortgage assistance at any email address or cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
10. That all of the information in this document is truthful and the hardship(s) identified on page 2 is/are the reason that I need to request a modification of the terms of my mortgage loan, a short sale or a deed-in-lieu of foreclosure.
11. I understand that the Servicer, the U.S. Department of Treasury, owner or guarantor of my mortgage or their agents may investigate the accuracy of my statements and may require me to provide additional supporting documentation. I also understand that knowingly submitting false information may violate federal and other applicable law.
12. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
13. The property that I am requesting mortgage assistance for is able to be lived in and it has not been or is at risk of being condemned. There has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
14. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner. I understand that time is of the essence.
15. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document or other documentation submitted in connection with this request.
16. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, Social Security Number, credit score, income, payment history, government monitoring information and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any mortgage relief or foreclosure alternative that I receive by the Servicer to (a) the U.S. Department of the Treasury; (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or Servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with any other mortgage relief program; and (e) any HUD-certified housing counselor.
17. I understand that I have the right to a copy of any property valuation used in connection with the decision on the request for a modification. If I want to receive a copy of the valuation, I will submit a request with my name, address and loan number within 90 days of the date that Servicer makes a decision on my request at the following address: Chase, Attn. Research Dept., PO Box 24696, Columbus OH 43224-0696 or by fax at 614-422-7575.
18. If I or someone on my behalf has submitted a FDCPA Cease and Desist notice to my Servicer, I hereby withdraw such notice and understand that Servicer must contact me through the loan modification process or to find other alternatives to foreclosure.

REQUEST FOR MORTGAGE ASSISTANCE FORM



Important! To avoid delays, please make sure all pages are complete and accurate.

Loan Number: _____

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

Borrower Signature

Date

Co-Borrower Signature

Date

TO BE COMPLETED BY INTERVIEWER

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

Request may not be processed if the form is incomplete or illegible.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
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 is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

JPMorgan Chase Bank, N.A.
c/o Kroll Factual Data
5200 Hahns Peak Dr.
Loveland, CO 80538

Telephone number:
866-550-5705

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

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

_____ 2010 _____ 2011 _____ 2012 _____

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

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here	▶	_____ Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	▶	_____ Spouse's signature	Date	

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

What's New

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

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

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

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

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

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.

If you filed an individual return and lived in:

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

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

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

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705 P-6
Kansas City, MO
64108
816-292-6102

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

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

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

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

Signature and date. Form 4506T-EZ 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 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

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

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. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 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 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:T:SP
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.