

FINANCIAL WORKSHEET

Homeowner Name:

Loan Number:

Income	Monthly Gross	Monthly Net	Source
Homeowner Income	\$	\$	
Co-Homeowner Income	\$	\$	
Other Income 1	\$	\$	
Other Income 2	\$	\$	
Other Income 3	\$	\$	

Total Gross Income	\$
Total Net Income	\$

Total Annual Income
\$

Expenses	Monthly Payments	Unpaid Balance
Mortgage Payment	\$	\$
2nd Mortgage Payment	\$	\$
Monthly Property Taxes	\$	(If not included in payment)
Home Owners Insurance	\$	(If not included in payment)
Home Owner Association Fee	\$	
Cell Phone Payment	\$	
Home Phone Payment	\$	
Cable/Internet Payment	\$	
Electric Payment	\$	
Trash Payment	\$	
Gas Payment	\$	
Water Payment	\$	
Monthly Food Costs	\$	
Car Insurance Payment	\$	
Car Payments	\$	
Vehicle Gas	\$	
Daycare/ Childcare	\$	
Child Support	\$	
Health Insurance	\$	
Medical/ Dental Costs	\$	
Monthly Prescription Costs	\$	
Life Insurance Costs	\$	

Summary

Total Dependents:	Total In Household:
Assets	Estimated Value
Checking Accounts	\$
Savings Accounts	\$
IRA/401K/Keogh Accounts	\$
Other	\$
Total Assets	\$
Total Expenses	\$
Total Balance	\$
Gross Monthly Surplus	\$
Net Monthly Surplus	\$

Credit Cards	Monthly Payments	Unpaid Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Additional Expenses	
	\$
	\$
	\$
	\$
	\$

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf (Authorization for Release of Information form).

Signature _____ Print Name _____ Date _____

Co-Homeowner Signature _____ Print Name _____ Date _____





INDIANA FORECLOSURE PREVENTION NETWORK

Hardship Affidavit

We certify that I am/we are having difficulty making my/our mortgage payments due to the following situation(s):

Explanation of Hardship:

Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.

Applicant Name (first, middle, last): _____ Date: _____
Co-Applicant Name (first, middle, last): _____ Date: _____

Making Home Affordable Program Request For Mortgage Assistance (RMA)



If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about **all** of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ, and (3) all required income documentation identified in Section 4.

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

SECTION 1: BORROWER INFORMATION

BORROWER	
BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)
HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS	
EMAIL ADDRESS	

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

Has any borrower filed for bankruptcy? Chapter 7 Chapter 13
 Filing Date: _____ Bankruptcy case number: _____
 Has your bankruptcy been discharged? Yes No

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 order? 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? _____
 Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? Yes No
 Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? 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

SECTION 2: HARDSHIP AFFIDAVIT

I (We) am/are requesting review under MHA.
 I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business or self employment earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other: _____

Explanation (continue on a separate sheet of paper if necessary):

SECTION 3: PRINCIPAL RESIDENCE INFORMATION

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence Yes No

If "yes", I want to: Keep the property Sell the property

Property Address: _____ Loan I.D. Number: _____

Other mortgages or liens on the property? Yes No Lien Holder / Servicer Name: _____ Loan I.D. Number: _____

Do you have condominium or homeowner association (HOA) fees? Yes No If "Yes", Monthly Fee \$ _____ Are 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 Homeowner's Insurance \$ _____

Is the property listed 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: _____

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

Principal residence servicer name: _____ Principal residence servicer phone number: _____

Is the mortgage on your principal residence paid? Yes No if "No", number of months your payment is past due (if known): _____

SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expenses/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$	First Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Self employment Income	\$	Homeowner's Insurance*	\$	Savings / Money Market	\$
Unemployment Income	\$	Property Taxes*	\$	CDs	\$
Untaxed Social Security / SSD	\$	HOA/Condo Fees*	\$	Stocks / Bonds	\$
Food Stamps/Welfare	\$	Credit Cards/Installment debt (total min. payment)	\$	Other Cash on Hand	\$
Taxable Social Security or retirement income	\$	Child Support / Alimony	\$		
Child Support / Alimony**	\$	Car Payments	\$		
Tips, commissions, bonus and overtime	\$	Mortgage Payments other properties****	\$		
Gross Rents Received ***	\$	Other	\$	Value of all Real Estate except principal residence	\$
Other	\$			Other	\$
Total (Gross income)	\$ 0.00	Total Debt/Expenses	\$ 0.00	Total Assets	\$ 0.00

** Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

*** Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

**** Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

Required Income Documentation

(Your servicer may request additional documentation to complete your evaluation for MHA)

All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

SECTION 5: OTHER PROPERTIES OWNED

(You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described in Section 6 below. Use additional sheets if necessary.)

Other Property #1

Property Address: _____ Loan I.D. Number: _____

Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____

Property is: Vacant Second or seasonal home Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #2

Property Address: _____ Loan I.D. Number: _____

Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____

Property is: Vacant Second or seasonal home Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #3

Property Address: _____ Loan I.D. Number: _____

Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____

Property is: Vacant Second or seasonal home Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

SECTION 6: 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.)

I am requesting mortgage assistance with a rental property. Yes No

I am requesting mortgage assistance with a second or seasonal home. Yes No

If "Yes" to either, I want to: Keep the property Sell the property

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 homeowner 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 Homeowner's 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 a 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.)

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 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

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 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 certifications, I may at any time sell the property, occupy it as my principal 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 date listed below or the date the RMA is received by your servicer.

Initials: Borrower _____ Co-borrower _____

SECTION 7: DÖDD -FRANK CERTIFICATION

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

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

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

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

SECTION 8: 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

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

SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I 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.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

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

Borrower Signature

Social Security Number

Date of Birth

Date

Co-borrower Signature

Social Security Number

Date of Birth

Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, please call your servicer.
If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673).

The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



NOTICE TO BORROWERS

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

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

Beware of Foreclosure Rescue Scams. Help is FREE!

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



(Rev. August 2014)

Department of the Treasury
Internal Revenue Service

▶ Request may not be processed if the form is incomplete or illegible.
▶ For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.

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 "Get Transcript of Your Tax Records" under "Tools" 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.

Third party name	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	

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.

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 will 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 spouse 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	



INDIANA FORECLOSURE PREVENTION NETWORK

GET HELP | GET HOPE

INDIANA FORECLOSURE PREVENTION NETWORK NOTICE AND RELEASE

The information, counseling and guidance provided by the Indiana Foreclosure Prevention Network ("IFPN") is not provided by attorneys and is not legal advice. IFPN housing counseling agencies, their counselors, staff, agents and employees will not act as your attorney, and their services are not a substitute for the advice of an attorney. By signing below, you acknowledge that using IFPN services does not create an attorney-client relationship. If you believe that you require legal advice, you must consult with an attorney, who may thoroughly and individually evaluate your circumstances.

Although the information and counseling being provided by the IFPN Network Agencies and their counselors, staff and agents (collectively, the "Counselor") is free of charge to clients, the IFPN receives Congressional funds through the National Foreclosure Mitigation Counseling ("NFMC") program, as well as the Indiana Housing and Community Development Authority ("IHCDA"), and, as such, is required to share some of your personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. Your signature on this Notice and Release authorizes IHCDA to share such personal information with NFMC program administrators for a period of three years.

You are encouraged to ask questions about anything you do not understand regarding the IFPN, including what services are and are not being provided by your Counselor. You are also encouraged to consult legal and financial counsel before taking any action in reliance upon any analysis provided through the IFPN.

You are not obligated to accept any services offered by us or our partners, and you may terminate your participation in the IFPN at any time by notifying your Counselor. Under certain circumstances, the Counselor may terminate your participation for other reasons. Whenever such termination occurs, you will be asked to sign a completed Termination Form, indicating the reason for termination, and return it to your Counselor.

Your signature below constitutes your release of the IFPN, the Counselors, and their respective officers, agents, and employees (collectively, the "Released Parties"), from any and all claims, demands, actions, and causes of action, for, upon, or by reason of any damages, losses, injuries, or expenses, which you may sustain as a result of any services rendered by the Released Parties.



30 S. MERIDIAN STREET, STE 1000
INDIANAPOLIS, IN 46204

877-GET-HOPE
WWW.877GETHOPE.ORG



INDIANA FORECLOSURE PREVENTION NETWORK

GET HELP | GET HOPE

Check box if you agree to the following:

You further authorize the Counselor to contact, obtain information about your mortgage from, and discuss your mortgage with, your lender(s) and other third parties in order to assist you in resolving your mortgage delinquency. You allow your Counselor to communicate any and all information provided by you or your lender(s) to any persons or companies that you have indicated are serving as your legal and/or financial representatives in this matter.

The Counselor will release information only to those institutions, companies and agencies that you have indicated are working for you, or which the Counselor believes may provide assistance in resolving your mortgage default. Examples of such third parties include, but are not limited to: your attorney, mortgage servicers, mortgage investors, public agencies and other nonprofit agencies. The Counselor will take reasonable steps to verify the identity of such third parties, but has no responsibility or liability to verify the identity of such third parties or for what such third parties do with your personal information.

The information release of records may include records whose confidentiality is protected by either federal regulations or state regulations and may include specific financial data, such as income, budget, debt and mortgage details. The provision of services from the Counseling Agency is **NOT** contingent upon your decision concerning the release/exchange of information. However, if you do not permit us to share personal information, we will not be able to answer certain questions from your creditors, which may prevent you from participating in certain programs that may be beneficial to you and assist you in resolving your mortgage problems. You understand that the Counseling Agency provides foreclosure mitigation counseling after which you will receive a written action plan consisting of recommendations for handling your finances, possibly including referrals to other housing agencies as appropriate.

In addition, unless you opt out by checking the box below, you give permission for NFMC program administrators and/or their agents to follow-up with you for the purposes of program evaluation for a period of three (3) years from the date of this Notice and Release.

Check box only if you wish to opt out of NFMC program evaluation follow-up.



30 S. MERIDIAN STREET, STE 1000
INDIANAPOLIS, IN 46204

877-GET-HOPE
WWW.877GETHOPE.ORG



INDIANA FORECLOSURE PREVENTION NETWORK

GET HELP | GET HOPE

I hereby acknowledge receipt of this Notice and Release, and my understanding of its contents. I acknowledge that I have received a copy of the Counseling Agency's Privacy Policy. I acknowledge that a signed copy of this Notice and Release is as valid as the original. **IT IS MY RESPONSIBILITY TO ASK QUESTIONS IF I DO NOT UNDERSTAND THIS NOTICE AND RELEASE, OR THE LIMITED NATURE OF SERVICES BEING OFFERED BY IFPN AND THE COUNSELOR.** I acknowledge that all consent in this Notice and Release is voluntary. This authorization will not be valid unless signed below and will remain valid only until revoked in writing by the signer.

SIGNATURE

PRINTED NAME

DATE



30 S. MERIDIAN STREET, STE 1000
INDIANAPOLIS, IN 46204

877-GET-HOPE
WWW.877GETHOPE.ORG



INDIANA HOMELESSNESS PREVENTION NETWORK

Authorization to Release Information

Borrower Name: _____

Last Four Digits of Borrower Social Security Number _____

Co-Borrower Name: _____

Last Four Digits of Co-Borrower Social Security Number _____

Co-Borrower Name: _____

Last Four Digits of Co-Borrower Social Security Number _____

Property Address: _____ **Zipcode:** _____

Telephone Numbers: _____ **Email:** _____

Lender: _____ **Loan Number:** _____

Servicer: _____ **Conventional** **FHA** **VA**

Agencies: Indiana Housing and Community Development Authority

[Non Profit Counseling Agency]

Housing Counselor: _____ **Telephone:** _____

Email: _____

I/we authorize the Agencies named above (hereinafter the "Agencies") and their representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan (hereinafter "Third Parties") and to provide to Third Parties documentation on my/our behalf regarding my/our loan. I authorize the exchange of public and non-public personal information contained in or related to my/our mortgage, which may include, but is not limited to, the information above. I understand that the Agencies will take reasonable steps to verify the identity of Third Parties, but have no responsibility or liability to verify the identity of Third Parties or for what Third Parties do with my/our personal information.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with the Agencies.

I/we also authorize the lender and/or servicer handling my/our loan to notify the Agencies in the event that my/our loan payments become delinquent in the future, if the lender or servicer chooses to provide such notification.

I/we also understand that the Agencies will maintain the confidentiality of borrower(s) information, according to state and federal law.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will remain valid only until revoked in writing by any borrower or co-borrower named above.

Borrower Signature

Date

Co-Borrower Signature

Date

Co-Borrower Signature

Date

Housing Counselor

Date