

YWCA MORTGAGE ASSISTANCE DOCUMENT CHECKLIST

In order to assist you with your housing needs all documents below must be submitted to the Intake Coordinator. No incomplete packets will be accepted. All packets submitted will be processed and then assigned to a housing counselor. Once a complete intake packet is submitted and all corresponding documents are sent in you will be assigned to a counselor and scheduled an appointment.

COMPLETE ALL FORMS IN THEIR ENTIERTLY

1. 4506-C
2. Dood-Frank Certification
3. How to Write a Hardship Letter – Review the sample letter. Draft and sign the hardship letter to your mortgage company regarding your Mortgage Hardship. (the attachment is meant as a guide to assist you with composing your own letter.
4. Mortgage Assistance Application
5. Home Affordable Modification Program Non-Borrower Occupant Certification Form
6. YWCA Intake Registration
7. Property Insurance Information – complete all required fields (Bring a copy)
8. Form – 710 – Uniform Borrower Assistance From
9. Fair Housing Equal Opportunity for All – (For client to keep)

*****Please be aware that if you do not bring the necessary documents , we may not be able to you you, unless there is a legitimate reason why you do not have access to said documents*****

10. **Copies** of your last 2 years Tax Returns (Signed/Dated)
11. **Copies** of your last 2 years W2's
12. **Copies** and proof of all sources of income
 - a. 3 months worth of pay stubs
 - b. income statements for all members of household over 18
13. **Copy** of bank statements, 3 months worth (All pages)
14. **Copies** of 1 month household bills (electric, gas, water, ect.)
15. **Copies** of correspondences received from the bank if any
16. **Copy** of Mortgage note if you have this (this can be generally be found in the packet of documents that you signed when you purchased the home or the last time you refinanced your home)
17. ID with current property address



First Name: _____ MI _____
Last Name: _____
Date of Birth: _____

Gender:
Female Gender nonbinary
Male Gender nonconforming
Chose not to respond

Marital Status:
Single Committed Relationship
Married Domestic Partner
Divorced Common Law
Separated Other
Widow Chose not to respond

Primary language spoke
English Spanish
Other _____

Home Address _____
Apt/Suite _____ City: _____
State _____ Zip code _____
Primary phone # _____
Number of members in your household # _____
Number of bedrooms # _____

Female Head of Household Yes No
Chose not to respond
Is the head of your household employed? Yes No

Race
Asian American/Pacific Islander/ Asian
Black/African American/African
Native American/American Indian/Indigenous
White/Caucasian/European
Multi-racial/ethnic
Different identity (please specify) _____
Chose not to Respond/Not Reported

Ethnicity
Hispanic/Latino/Latina/Latinx
Non-Hispanic/Latino/Latina/Latinx
Other _____
Chose not to respond

Do you receive any Delaware State assistance?
Cash assistance
Food Supplement Program
Medicaid/ Medicare
Utilities
None

Annual Household Income
Less than \$10,000
10,000 – 14,999
15,000 – 24,999
25,000 – 34,999
35,000 – 49,999
50,000 – 74,999
75,000 – 99,999
100,000 – 149,999
Over 149,999

YWCA Default Counseling Intake Packet


Attention: Please fill out packet completely, any delay in filling out and submitting documents could delay services

- All boxes are required
- Signed and completed packet is required before your one-on-one session
- Adobe will guide you through what sections are required and where signatures are needed
- Once packet is filled and signed a submitted copy is sent to your counselor and a copy is sent to your email

Description of Service & Fees

Financial management/Budget coaching	1:1 budget and credit counseling. Client will submit financial documents for counselor to review. Action plan and budget will be adopted Fee: tri merged credit report \$20
Online Financial Management/Budget Counseling	Online ehome America financial management course. Online self-paced money management course. Approximately 5 hours of reading, videos, and quizzes. Fee: \$65
Financial/Budgeting/Credit workshops	Various webinars/seminars on financial topics
Pre-purchase counseling	Preparing for home purchase counseling. Homeownership education and loan document review in a 1:1 session. Designed to go in conjunction with eHome course
Pre-purchase Homebuyer Education Workshop	Online eHome self-paced class. Approximately 8 hour course that covers homeownership aspects from pre-approval to purchase and afterwards of home maintenance. Fee: \$150
Mortgage Delinquency & Default Resolution Counseling	Mortgage assistance counseling. A review of current homeowners situation and analysis of available programs or emergency funds
Rental/Homeless counseling	Targeted counseling for individuals and families that are in emergency housing. Counseling is done and cover the topics of transitional housing programs

Center for Social and Economic Progress
Registration Form for Pre-Purchase
Applicant

Name Last:		First:		MI:
Address Street /PO Box				
City:		State:		Zip Code:
Primary Phone #			Secondary Phone #:	
Email:			SS#:	
 Text Message Reminder Opt in YES / NO ? <input type="radio"/> YES <input type="radio"/> NO	Message & data rates may apply	Frequency: Max of 2 messages per week	You will always be able to unsubscribe by replying STOP to the text	

****BELOW INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES ONLY****

Date of Birth:	How were you referred to our program?			
Race:	<input type="radio"/> Native American/American	<input type="radio"/> Multi-racial		
<input type="radio"/> Asian American/Pacific Islander/Asian	<input type="radio"/> Indian/Indigenous	<input type="radio"/> Please specify: _____		
<input type="radio"/> Black/African American/African	<input type="radio"/> White/Caucasian/European	<input type="radio"/> Chose not to respond		
Ethnicity:	<input type="radio"/> Hispanic/Latino/Latinx	<input type="radio"/> Other _____		
	<input type="radio"/> Non-Hispanic/Latino/Latinx	<input type="radio"/> Chose not to respond		
Gender:	<input type="radio"/> Female	<input type="radio"/> Gender nonbinary	<input type="radio"/> Chose not to respond	
	<input type="radio"/> Male	<input type="radio"/> Gender nonconforming		
		<input type="radio"/> Gender queer		
Marital Status:	<input type="radio"/> Single	<input type="radio"/> Committed Relationship	Are you a Veteran: <input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Married	<input type="radio"/> Domestic Partner	Are you Disabled: <input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Divorced	<input type="radio"/> Common Law		
	<input type="radio"/> Separated	<input type="radio"/> Other		
	<input type="radio"/> Widow	<input type="radio"/> Chose not to respond		
Household income:	# in Household (include self)	# of Dependents: _____		
		# of Bedrooms: _____		
Education:	<input type="radio"/> No Highschool Diploma	<input type="radio"/> Some College – Never Completed		
	<input type="radio"/> HS Diploma	<input type="radio"/> Associates Degree		
	<input type="radio"/> GED Diploma	<input type="radio"/> Bachelors Degree		
	<input type="radio"/> Vocational Certificate	<input type="radio"/> Masters Degree		
		<input type="radio"/> Doctoral		
Current Employment Status:	<input type="radio"/> Part time	<input type="radio"/> Self employed		
	<input type="radio"/> Full time	<input type="radio"/> Currently seeking employment		
Employment or Business:				
Business Address:				
City:	State:	Zip:		

Co-applicant



Name Last:		First:	MI:
Address Street /PO Box			
City:	State:	Zip Code:	
Primary Phone #		Secondary Phone #:	
Email:		SS#:	
Text Message Reminder Opt in YES / NO ? <input type="radio"/> <input type="radio"/>	Message & data rates may apply	Frequency: Max of 2 messages per week	You will always be able to unsubscribe by replying STOP to the text

****BELOW INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES ONLY****

Date of Birth:	How were you referred to our program?		
<u>Race:</u>	<input type="radio"/> Native American/American Indian/Indigenous	<input type="radio"/> Multi-racial	<input type="radio"/> Please specify: _____
<input type="radio"/> Asian American/Pacific Islander/Asian	<input type="radio"/> Black/African American/African	<input type="radio"/> White/Caucasian/European	<input type="radio"/> Chose not to respond
<u>Ethnicity:</u>	<input type="radio"/> Hispanic/Latino/Latinx	<input type="radio"/> Other _____	<input type="radio"/> Chose not to respond
<input type="radio"/> Non-Hispanic/Latino/Latinx	<input type="radio"/> Chose not to respond		
<u>Gender:</u>	<input type="radio"/> Female	<input type="radio"/> Gender non-binary	<input type="radio"/> Chose not to respond
<input type="radio"/> Male	<input type="radio"/> Gender nonconforming		
<u>Marital Status:</u>	<input type="radio"/> Single	<input type="radio"/> Committed Relationship	Are you a Veteran: <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Married	<input type="radio"/> Domestic Partner		Are you Disabled: <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Divorced	<input type="radio"/> Common Law		
<input type="radio"/> Separated	<input type="radio"/> Other		
<input type="radio"/> Widowed	<input type="radio"/> Chose not to respond		
<u>Household income:</u>	# in Household (include self)	# of Dependents: _____	# of Bedrooms: _____
<u>Education:</u>	<input type="radio"/> No Highschool Diploma	<input type="radio"/> Some College – Never Completed	
<input type="radio"/> HS Diploma	<input type="radio"/> GED Diploma	<input type="radio"/> Associates Degree	
<input type="radio"/> Vocational Certificate	<input type="radio"/> Chose not to respond	<input type="radio"/> Bachelors Degree	
		<input type="radio"/> Masters Degree	
		<input type="radio"/> Doctoral	
<u>Current Employment Status:</u>	<input type="radio"/> Part time	<input type="radio"/> Self employed	
	<input type="radio"/> Full time	<input type="radio"/> Currently seeking employment	
Employment or Business:			
Business Address:			
City:	State:	Zip:	

Default Counseling Services Agreement

I (We) agree to participate in the Homeownership Education Counseling program offered by YWCA Delaware. I (We) understand the program will be tailored to my (our) individual needs and is a suggested plan of action with the intention to avoid defaulting on my (our) current mortgage

I (We) understand that the YWCA DELAWARE provides foreclosure mitigation counseling after which I will receive a written plan of action consisting of recommendations for handling my finances. Possibly including referrals to other housing agencies as appropriate.

I (We) understand the housing counselors may have to discuss with other firms or agencies pertinent information regarding my (our) credit report, financial background, employment status or related family issues with the purpose of helping me (us) prevent mortgage default.

I (We) give permission for NMFC program administrators and or evaluators to pull my credit report up to two additional times between now and close of my file. I give permission for NFMC program administrators and/or their agents to follow up with me within three years for the purpose of program evaluation.

If I (we) have a legal issue directly related to my foreclosure, delinquency, or short sale, I understand that my housing counselor may refer me for legal assistance within NFMC program funds. If I choose to accept the referral, I give permission for my housing counselor and attorney to share my file as permitted by state law and the Bar's applicable Rules of Professional Conduct.

I (We) understand that above procedures may be necessary to avoid foreclosure I (We) understand the information of my present circumstances will be divulged only to assist with preventing foreclosure.

I (We) understand the YWCA Delaware is not a lending institution and can not guarantee foreclosure will not take place. This agreement does not bind Homeownership Education to take any action on my (our) behalf, nor does it relieve me (us) from my (our) obligation to act on my (our) behalf. I (We) understand Homeownership Education is not representing any creditors, lenders or credit bureau.

I (We) understand it is the policy of the YWCA Education to administer and offer its housing services to all individuals regardless of race, color, religion, sex, marital status, national origin, physically challenged or family status; Homeownership Education encourages and supports affirmative advertising and marketing.

I (We) understand that the YWCA DELAWARE received Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) Program and, as such is required to share some of my personal information for the purposes of program monitoring and compliance.

I (we) authorize the YWCA DELAWARE to conduct follow-up with me (us) as related to NFMC program evaluation.

I (We) understand the YWCA DELAWARE is also obligated to submit client-level information to the NFMC data collection system.



709 N Madison Street
Wilmington DE 19801
302-596-2210 x 210
Empower@ywcade.org

I (We) understand that I am (we are) not obligated to participate in other programs that YWCA DELAWARE offers (i.e., financial coaching, home ownership counseling, small business counseling, domestic violence counseling, IDA, or Artisan’s Credit Builder programs).

I (We) understand and agree with the terms contained in the above agreement.

I acknowledge that I have received a copy of the YWCA DELAWARE Privacy Policy.

Client Signature _____
Name

Date: _____

Client Signature _____
Name

Date: _____

Counselor _____

Date _____



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AUTHORIZATION / CONSENT **TO RELEASE INFORMATION**

To Whom it may concern:

I/We have applied for homeownership credit counseling from the YWCA Delaware Homeownership Education program. As part of the counseling process, the counselor may verify information in my/our credit file and any documents required for the counseling process.

1. I/We authorize you to provide any and all information or documentation requested by the counselor. Information or documentation may include but is not limited to:
employment history, income, bank accounts, money market, account balances, edit history and/or copies of income tax returns.
2. The YWCA Homeownership Education program may address this authorization to any party named on *my/our* credit report or application.
3. A copy of this authorization may be accepted as an original.

Applicant (client) signature _____ Date: _____
Name

Social Security # _____

Co- Applicant (client) signature _____ Date: _____
Name

Social Security # _____

Counselor _____ Date _____



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WAIVER
TO OBTAIN A CREDIT REPORT

//We hereby give the YWCA Delaware Homeownership Education program permission to obtain a consumer credit report for the purpose of evaluating my/our financial readiness to purchase a home as well as provide mortgage and loan counseling.

Client Signature _____
Name

Date: _____

Client Signature _____
Name

Date: _____

Counselor _____

Date _____

CONFIDENTIALITY & PRIVACY POLICY

Confidentiality is a hallmark of professionalism. Each staff member, Board member and volunteer shall commit to:

- Ensure that all YWCA information which is confidential or privileged not be disclosed outside YWCA Delaware system, or to any employee, Board member or volunteer who has no need for the information, and resolve any doubt in favor of confidentiality.
- Ensure that all privileged information regarding individuals or outside organizations acquired by YWCA staff and Board in the course of their work is treated as confidential and not divulged to others.

We will adhere to all applicable Federal, State, and local laws.

INSTITUTIONAL AND PROFESSIONAL EXCELLENCE

As an organization and as individuals, we pledge to value, maintain and promote diversity. YWCA Delaware is committed to the application of affirmative action as it relates to interaction with staff, Board members, volunteers, clients, members, and the general public. We pledge to respect others and avoid discrimination on the basis of race, color, religion, gender, disability, age, national origin or sexual orientation. We will not tolerate any type of harassment. We pledge to work towards the goals of Affirmative Action.

Client Signature _____
Name

Date: _____

Client Signature _____
Name

Date: _____

Counselor _____

Date _____

REFERRAL FOR TRANSLATION SERVICES FORM

The YWCA offer counseling in English, Spanish and Creole. For clients requiring additional non-English speaking services the following list of resources is being made available to you.

(Spanish and Creole provided by YWCA counselor Josiah Daniel)

Para-Plus Translations Inc. <http://www.para-plus.com/800-558-3011>

Deaf Communications Service Inc. 302-266-6877

Client Signature _____
Name

Date: _____

Client Signature _____
Name

Date: _____

Counselor _____

Date _____



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Empower@ywcade.org

Third Party Authorization & Agreement to Release

Date _____

To Lender: _____ Fax Number _____

From _____

Address _____

Account Number _____

Last four digits of social security number _____

I do hereby authorize my lender to release and provide to:

**YWCA Staff members / My counselor
YWCA Delaware 153 E. Chestnut Hill Road, Suite 102, Newark DE 19713**

My financial information contained in my loan account which may include, but not limited to: loan balances, final pay off statement, loan status, payment history, payment activity, and or property information for the purpose of assisting me/us with the Foreclosure Prevention and Intervention.

This authorization is good until my hardship is resolved.

Client Signature _____
Name

Date: _____

Client Signature _____
Name

Date: _____

YWCA Delaware, Inc. Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: YWCA, Delaware Inc. is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, and rental. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

Client and Counselor Roles and Responsibilities

<u>Counselor's Roles and Responsibilities</u>	<u>Client's Roles and Responsibilities</u>
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget that will help you manage your debt, expenses, and savings. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither your counselor nor YWCA, Delaware Inc. employees, agents, or directors may provide legal advice 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner • Notifying YWCA Delaware Inc. or your counselor when changing housing goal. • Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Client Initial: _____	Co App
	&
Date _____	<p style="text-align: center;"><u>Termination of Services</u></p> <p>Failure to work cooperatively with your housing counselor and/or YWCA Delaware, Inc. will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p>

Agency Conduct: No YWCA, Delaware Inc. employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: YWCA Delaware, Inc. has financial affiliation and professional affiliations. As a housing counseling program participant, you are not obligated to use the products and services of YWCA Delaware, Inc. or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: YWCA Delaware, Inc. has a first-time homebuyer program and utilizes the assistance of industry professionals to facilitate components if the course. However, you are not obligated to participate in this or other YWCA Delaware Inc. programs and or service while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from other entities. You are entitled to choose Whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list (211 Brochure) which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance.

Privacy Policy: I/we acknowledge that I/we received a copy of YWCA. Delaware's Privacy Policy.

&

Initials

Errors and Omissions and Disclaimer of liability: I/we agree YWCA Delaware, Inc., its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in YWCA, Delaware Inc. counseling; and I hereby release and waive all claims of action against YWCA Delaware and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, YWCA, Delaware Inc., or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with YWCA Delaware, Inc. granters.

I/we acknowledge that I/we received, reviewed, and agree to YWCA Delaware, Inc. Program Disclosures

Client Signature _____
Name

Date: _____

Client Signature _____
Name

Date: _____

Counselor _____

Date _____

IVES Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Name shown on tax return (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. 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 _____

a. Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years	<input type="checkbox"/>
b. Account Transcript , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns	<input type="checkbox"/>
c. Record of Account , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years	<input type="checkbox"/>

7. **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

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

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 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	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 was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification. Internal Revenue Code, 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. Internal Revenue Code, 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
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
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 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

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

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

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

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

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.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 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.



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.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

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.

Budget

To help you track your expenses and build a monthly budget, use the following worksheet for at least two or three consecutive months. This will give you a sense of where you are spending your money and changes you can make to improved your situation, if necessary.

Complete all that apply.

Category	Monthly Budget	Monthly Actual	Difference	Notes
Income				
Monthly pay (after taxes)			\$0.00	
Alimony or child support received			\$0.00	
SSI				
Other income (benefits/SNAP/TANF)			\$0.00	
Total Monthly Income	\$ -	\$ -	\$0.00	
Expenses: Housing				
Mortgage or rent			\$0.00	
Real estate property tax			\$0.00	
Personal property tax			\$0.00	
Homeowner's or renter's insurance			\$0.00	
Homeowner's association or condo fees			\$0.00	
Total Housing Expenses	\$ -	\$ -	\$0.00	
Expenses: Utilities				
Electric			\$0.00	
Gas/heating oil			\$0.00	
Water/sewage			\$0.00	
Telephone			\$0.00	
Trash collection			\$0.00	
Cable TV			\$0.00	
Internet provider			\$0.00	
Cell phone			\$0.00	
Total Utility Expenses	\$ -	\$ -	\$0.00	
Core Expenses				
Groceries			\$0.00	
Meals out				
Clothing			\$0.00	
Tuition				
School Lunch			\$0.00	
Child Care			\$0.00	
Other Child care expenses			\$0.00	
Child support obligations			\$0.00	
Other			\$0.00	
Total Core Expenses	\$ -	\$ -	\$0.00	
Expenses: Transportation				
*Expenses you can budget for, so you have money saved to pay for unplanned or annual bills.				
Car payments / Lease			\$0.00	
Car insurance			\$0.00	
Fuel			\$0.00	
Repair Costs			\$0.00	
Mass Transit Fare			\$0.00	
Parking/tolls			\$0.00	
Tags/Inspection				
Total Transportation Expenses				

Expenses : Insurance			
Medical Insurance			
Dental Insurance			
Life Disability			
Co Pays			
Total Insurance Expenses	\$	\$	
Expenses: Monthly Debts			
*Expenses you can budget for, so you have money saved to pay for unplanned or annual bills.			
CC 1: Min Monthly payment / Balance			0.00
CC 2: Min Monthly payment / Balance			0.00
CC 3: Min Monthly payment / Balance			0.00
Personal Loans			0.00
Student Loans			0.00
Legal Fees			0.00
Total Credit Card/Loan/ Other Balances and Fees	\$ -	\$ -	0.00
Expenses: Other			
Dry cleaning/laundry			\$0.00
Personal grooming			\$0.00
Pet/ Vet			\$0.00
Dues / Membership			\$0.00
Lessons/sports			\$0.00
New clothing			\$0.00
Allowances			\$0.00
Other			\$0.00
Total Other Expenses	\$ -	\$ -	\$0.00
Expenses: Personal			
Subscriptions services			0.00
Gifts			
Gambling			0.00
Alcohol			
Total Personal Expenses	\$ -	\$ -	0.00
Expenses: Savings/Large Expenses			
Savings amount going into an account each month			0.00
House maintenance/ repairs*			0.00
Furniture*			0.00
Church/charity*			0.00
Vacation*			0.00
Total Savings/Large Expenses	\$ -	\$ -	0.00
Total Monthly Income	\$ -	\$ -	0.00
Total Monthly Expenses	\$ -	\$ -	0.00
Difference	\$ -	\$ -	0.00

Dodd-Frank Certification

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

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

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

I/we understand that the servicer, the U.S. Department of the Treasury, or their 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 Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. 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 [servicer name] at [phone #].

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Borrower Information

Borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Co-borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Preferred contact method (choose all that apply): Cell phone Home phone Work phone Email Text—checking this box indicates your consent for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

- 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 listed for sale? Yes No – If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

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

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> ▪ Not required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> ▪ Written statement from the borrower, or other documentation verifying disability or illness Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> ▪ Final divorce decree or final separation agreement OR ▪ Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> ▪ Recorded quitclaim deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> ▪ Death certificate OR ▪ Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> ▪ For active duty service members: Permanent Change of 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

Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
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
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
Unemployment benefit income	\$	<ul style="list-style-type: none"> No documentation required
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
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> Two most recent bank statements demonstrating receipt of rent OR Two most recent deposited rent checks
Investment or insurance income	\$	<ul style="list-style-type: none"> Two most recent investment statements OR Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<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

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my 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.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*

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

Borrower signature: _____ Date: _____

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. 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 provided to help us identify the assistance you may be eligible to receive.

Sample Hardship Letter

(Date)

(Your Name)

(Your Address)

Phone: (Your Phone)

Loan #: (Your Loan #)

(Your Lender's Name)

(Lender Address)

Dear Loss Mitigation Department Staff:

I am writing this letter to explain the circumstances that caused us to fall behind on our mortgage payments. We recently contacted (name of foreclosure counselor and agency) to help us prevent foreclosure.

- Begin by explaining that you are writing this letter to explain why you are delinquent on your mortgage and your desire for them to assist you with modifying your loan.
- Explain the reason why you are behind on your mortgage.
- Indicate whether you have exhausted all your resources and your intentions for the future.
- Explain income and expenses or attach a budget)
- I have enclosed copies of (budget, bank statements, paystubs, W-2, etc.)

Indicate your desire to keep your home and why a loan modification would be of value. Ask them to consider you for a loan modification including modification to the delinquent amount and/or monthly payment.]

- Please consider a workout agreement (or repayment plan, loan modification, etc.) for our loan. We appreciate your willingness to work with us to prevent foreclosure of our home.

Please contact us at (phone number) when you receive this letter so we can talk about our options.

Sincerely,

(Your Signature)

