

## Instructions and Checklist

**Step 1:** Complete the forms enclosed.

<input type="checkbox"/> Assistance Application and Affidavit (4 pages) <ul style="list-style-type: none"> <li>• Documenting all assets and liabilities (debts) plus monthly income and expenses (pages 1-2)</li> <li>• Explaining your financial hardship (page 3)</li> <li>• Signing the Acknowledgement and Agreement (page 4)</li> </ul>
<input type="checkbox"/> Form 4506-T – must be completed and signed

**Step 2(a):** Include copies of your documentation

<input type="checkbox"/> The most recent month's pay stubs or other income notice, from each income source. This may include unemployment benefits, Social Security income, pension, rental agreements, etc.
<input type="checkbox"/> All pages of the two most recent months' bank statements (checking, savings, and investment accounts)
<input type="checkbox"/> A copy of your 2008 or 2009 Federal Tax Return
<input type="checkbox"/> If you are adding income from someone living in the property but not on the loan, you must include a letter signed by that person. The letter must grant the bank authorization to pull their credit report and use their income for consideration in qualifying for an assistance program.

**Step 2(b):** If you have decided that you do not want to remain in the property and have accepted an offer for sale, please provide the following documents in addition to the documents in 2(a):

<input type="checkbox"/> A copy of the listing agreement	<input type="checkbox"/> A preliminary HUD-1 settlement statement
<input type="checkbox"/> A copy of the signed purchase agreement	<input type="checkbox"/> A pre-approval letter from the buyer's lender

**Step 3:** Mail the forms and documentation to:

AmTrust Bank  
Homeowner's Assistance Department  
1801 East Ninth Street, Suite 200  
OH98-0504  
Cleveland, OH 44114

**Step 4:** Allow two weeks for us to review your information and contact you to discuss your situation and determine possible solutions.

## Assistance Application and Affidavit – page 1

Loan Number:

Property Address:

  

### Borrower

Borrower's Name:

Social Security Number:

Date of Birth:

Home Phone Number:

Cell Phone:

### Co-Borrower

Borrower's Name:

Social Security Number:

Date of Birth:

Home Phone Number:

Cell Phone:

I want to:

☐

Keep My Property

☐

Sell the Property

The property is my:

☐

Primary Residence

☐

Second Home

☐

Investment

The property is:

☐

Owner Occupied

☐

Renter Occupied

☐

Vacant

Mailing Address:

E-mail Address:

Is the property listed for sale?

☐

Yes

☐

No

Have you received an offer on the property?

☐

Yes

☐

No

Date of Offer: \_\_\_\_\_ Amt of Offer: \_\_\_\_\_

Agent's Name:

Agent's Phone Number:

For Sale by Owner:

☐

Yes

☐

No

Have you contacted a credit

counseling agency for help?

☐

Yes

☐

No

If yes, please complete the following:

Counselor's Name:

Agency Name:

Counselor's Phone #:

Counselor's e-mail:

Have you filed

for Bankruptcy?

☐

Yes

☐

No

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's

Name/Service

Balance

Contact Number

Loan Number

Other properties owned?

☐

Yes

☐

No

Please list the addresses (attach list if necessary):

## Assistance Application and Affidavit – page 2

Monthly Household Income *	
Monthly Wages (gross):	_____
Pay frequency (weekly, bi-weekly, etc):	_____
Overtime	_____
Child Support/Alimony:	_____
Social Security:	_____
Other monthly Income from pensions, annuities or retirement plans:	_____
Tips, Commissions, bonus and self-employed Income:	_____
Rents Received:	_____
Unemployment Income:	_____
Food Stamps/Welfare:	_____
Other (investment income, royalties, interest, dividends, etc...)	_____
Family Contribution	_____
<i>*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.</i>	
<b>Number of people in the household:</b> _____	

Monthly Household Expenses/Debt - Payments	
First Mortgage Payment:	_____
Second Mtg Payment:	_____
Insurance:	_____
Property Taxes:	_____
Credit Cards/Installment loans:	_____
Alimony, Child Support Payments:	_____
Net Rental Expenses:	_____
HOA/Condo Fees/ Property Maintenance:	_____
Car Payments:	_____
Other:	_____
Auto Insurance/Fuel	_____
Medical Expenses (copays/rx)	_____
Medical Insurance not deducted from check	_____
Grocery/Household Spending	_____
Utilities	_____

Household Assets - Balances
Checking Account:
Checking Account:
Savings/Money Market:
CD's:
Stocks/Bonds:
Other Cash On Hand:
Other Real Estate (estimated value):
Other:
Other:

Household Liabilities- Balances
Creditor Balances
List Credit Cards:
Personal Loans:
Car Loans:
Equity Loans:
Tax Liabilities:
Other Liabilities:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**ACKNOWLEDGEMENT AND AGREEMENT**

*In making this request for consideration of the Bank's assistance programs, I certify under penalty of perjury:*

1.	That all of the information in this document is truthful and the event(s) identified is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2.	I understand that the Bank or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3.	I understand the Bank will pull a current credit report on all borrowers obligated on the Note.
4.	I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Bank may cancel any Agreement resulting from this application, may pursue foreclosure on my home, and may take other legal action.
5.	I am willing to provide all requested documents and to respond to all Bank questions in a timely manner.
6.	I understand that the Bank will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Bank is not obligated to offer me assistance based solely on the statements in this document.
7.	I understand that the Bank will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of Agreement by the Bank to (a) any investor, insurer, guarantor or Bank that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s), (b) companies that perform support services in conjunction with the Bank.

Borrower Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Borrower Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Request for Transcript of Tax Return**

OMB No. 1545-1872

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

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**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 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . ☐

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

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

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**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, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

**Automated transcript request.** You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

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

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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

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

### Privacy Act and Paperwork Reduction Act Notice.

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

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

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

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.