



LAST NAME: \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

### REQUIRED DOCUMENT CHECKLIST

1.  **Hardship Affidavit** The enclosed Hardship Affidavit must be **signed and dated by all borrowers**.
2.  **IRS Form 4506-T** The enclosed IRS Form 4506-T must be **signed and dated by all borrowers**.  
(**SPECIAL NOTE:** Each borrower must complete and sign this form. If you filed jointly, you can use one form, but be sure that both borrowers sign it.) *This form provides authorization to retrieve past tax returns from the IRS. Actual copies of tax returns requested below are still required. There is no cost to you associated with this form.*
3.  **Occupancy Evidence** Provide **one (1)** of the following forms of documentation evidencing your occupancy of the property (utility bill, cable bill, water bill or phone bill).
4.  **Homeowner's Association / Condo Dues Paid** Amount Paid Monthly \$ \_\_\_\_\_
5. 

<b>BWR</b>	<b>CO-BWR</b>	<b>CO-BWR</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tax Returns – Copy of signed most recently filed tax returns with all schedules –</b> <i>Base this on the last tax return you filed. If you filed electronically, please print and sign the electronic copy and send.</i>
6. 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Paystubs – Two (2) Most Recent for ALL borrowers –</b> <i>Must be from the last 90 days.</i>
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7. 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Bonus, Commission, Overtime, Housing Allowance or Tips –</b> <i>This income requires a letter from your Employer that states that this income will, in all probability, continue.</i>
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8. 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Copy of most recent quarterly or year to date profit / loss statement –</b> <i>Applies ONLY to self-employed borrower(s).</i>
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9. 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Social Security, Disability, Death Benefits, Pension, Public Assistance or Unemployment require the following documents:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Copy of most recent federal tax return with all schedules and W-2.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Such benefit must continue for at least three (3) years for social security, disability, death benefits or pension and at least nine (9) months for public assistance or unemployment to be considered qualifying income.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Copy of two (2) most recent bank statements.</i>
10. 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Alimony or Child Support Income</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be received. Payments must continue for at least three (3) years to be considered qualifying income under this program.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Proof of full, regular and timely payments (for example: deposit slips, bank statements, court verification or federal tax returns filed with schedules).</i>
11. 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Alimony or Child Support Payments</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be paid.</i>
12. 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Rental Income</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Copies of two (2) most recent years filed federal tax returns with all schedules, including Schedule E (Supplement Income and Loss). Rental income for qualifying purposes will be 75% of gross.</i>



LAST NAME: \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

**HARDSHIP AFFIDAVIT**

In order to qualify for Ocwen’s offer to enter into an agreement to resolve my loan under the Federal Government’s Home Affordable Modification Program (the “Agreement”) or other possible resolutions, I (we) am (are) submitting this form to the Servicer and putting an “X” to define the one or more events that contribute to my (our) difficulty making payments on my (our) mortgage loan.

**Enter “X” in the respective box for each borrower (BWR) where any of the following events apply:**

**Income has been reduced or lost**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| BWR                      | CO-BWR                   | CO-BWR                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to unemployment</i>                               |
| BWR                      | CO-BWR                   | CO-BWR                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to under employment or reduced job hours</i>      |
| BWR                      | CO-BWR                   | CO-BWR                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to reduced pay</i>                                |
| BWR                      | CO-BWR                   | CO-BWR                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to decline in self-employed business earnings</i> |

**Household financial circumstances have changed**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| BWR                      | CO-BWR                   | CO-BWR                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to death in family</i>  |
| BWR                      | CO-BWR                   | CO-BWR                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to serious or chronic illness</i>   |
| BWR                      | CO-BWR                   | CO-BWR                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to permanent or short-term disability</i>   |
| BWR                      | CO-BWR                   | CO-BWR                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increased family responsibilities – adoption or birth of a child, taking care of elderly relatives or other family members</i> |

**Expenses have increased**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| BWR                      | CO-BWR                   | CO-BWR                   |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increase in monthly mortgage payment or scheduled to increase</i> |
| BWR                      | CO-BWR                   | CO-BWR                   |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to high medical and health care costs</i>                            |
| BWR                      | CO-BWR                   | CO-BWR                   |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to uninsured losses (fire, natural disaster, etc.)</i>               |
| BWR                      | CO-BWR                   | CO-BWR                   |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to unexpectedly high utility bills</i>                               |
| BWR                      | CO-BWR                   | CO-BWR                   |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increased real property taxes</i>                                 |

**Insufficient cash reserves to cover mortgage payment and basic living expenses at the same time**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| BWR                      | CO-BWR                   | CO-BWR                   |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts) not being equal to three (3) times my monthly debt payments</i> |

**Debt payments are excessive and overextended with creditors**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| BWR                      | CO-BWR                   | CO-BWR                   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to my use of credit cards, home equity loans or other credit to make my monthly mortgage payments</i> |





LAST NAME: \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

**HARDSHIP AFFIDAVIT – Page 3**

By signing this document, I represent and warrant the following (check option that applies):

- I occupy the property listed above as my primary residence.
- I do not occupy the property listed above as my primary residence.

**Borrower / Co-borrower(s) Acknowledgment:**

1. 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.
2. I/we understand and acknowledge that the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied, and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we authorize and consent to Servicer disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us or retained by Servicer in connection with the Home Affordable Modification Program.

**Please provide contact information where your workout agreement should be sent, if approved.**

E-mail Address \_\_\_\_\_  Fax Number \_\_\_\_\_

**Please provide contact information where we may contact you to discuss your submission.**

Home Phone # \_\_\_\_\_  Cell Phone # \_\_\_\_\_  Work Phone # \_\_\_\_\_

Borrower Signature Date

Borrower Signature Date

Borrower Signature Date

### Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

**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.

1a Name shown on tax return. If a joint return, enter the name shown first.  [Redacted]	1b First social security number on tax return or employer identification number (see instructions)  [Redacted]
2a If a joint return, enter spouse's name shown on tax return  [Redacted]	2b Second social security number if joint tax return  [Redacted]
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code  [Redacted]	
4 Previous address shown on the last return filed if different from line 3  [Redacted]	
5 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.  Ocwen Loan Servicing, LLC Attn: Home Retention Department 1661 Worthington Road, Suite 100 West Palm Beach, Florida 33409	

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

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. ▶ [Redacted] 1040

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. 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. 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 2006, filed in 2007, will not be available from the IRS until 2008. 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.

[Redacted] 12 / 31 / 2007      [Redacted] 12 / 31 / 2008      [Redacted] / /      [Redacted] / /

**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.

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



## 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.

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

### 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:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501  978-247-9255
Alabama, Delaware,	RAIVS Team
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  770-455-2335
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, Iowa, Kansas, 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, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 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, Georgia, 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, 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 60 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. Sections 6103 and 6109 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.