



Aloha,

Thank you for contacting Hawaiian Community Assets (HCA) regarding assistance with your mortgage. If you are currently working with a legitimate loan service, attorney, or another counseling agency, we recommend you continue working with them as our involvement may delay or hinder your current process. However, if you choose our involvement and want our assistance in communicating with your loan company, we may be able to help you.

HCA's role is to:

- Provide FREE foreclosure prevention services as a HUD approved housing counseling agency
- Conduct an initial client assessment and inform you of all options to resolve your mortgage situation in an effort to avoid foreclosure.
- Create an action plan detailing specific tasks and establish an affordable budget to resolve your situation.
- If appropriate, we will communicate with your loan servicer to achieve a resolution.

Your role is to:

- Complete ALL documents included in the Client Intake Packet.
- Gather copies of ALL Required Financial Documents.
- Update HCA of any changes in your financial situation.
- Provide copies of any communication received from your loan servicer.
- Follow loan servicer instructions and submit paperwork in a timely manner.

The final decision regarding the outcome of a request for a modification, forbearance, etc. is made by the loan servicer.

To help you find best options available to you, we will need you to first complete our **Client Intake Packet** and gather copies of **ALL Required Financial Documents**. You must submit ALL of this information before a certified Counselor can meet with you to determine potential workout options. Please know that we keep all your information confidential.

It is important to be truthful. We cannot help with a resolution unless we have a complete and accurate picture of your situation. A plan based on only part of your information is certain to fail. In addition, we do collect information from your credit report and the servicer to compare with your forms to make sure that all important information is included in our assessment and your decision making.

If you feel the services offered by HCA will meet your needs, please complete the attached Client Intake Form, gather copies of ALL Required Financial Documents included in the packet, and submit to HCA at the appropriate address listed below.

<p style="text-align: center;">Oahu Office 200 N. Vineyard Blvd., Suite A300 Honolulu, HI 96817 (P) 808.587.7886 (toll-free) 1.866.400.1116 (F) 808.587.7899 www.hawaiiancommunity.net</p>
<p style="text-align: center;">*No Walk-Ins Allowed - You Must Schedule an Appointment First*</p>

We look forward to working with you!

Mahalo,

Hawaiian Community Assets
1-866-400-1116 (toll-free)
info@hawaiiancommunity.net



FORECLOSURE PREVENTION PROGRAM AND SERVICES

Hawaiian Community Assets (HCA) is a HUD-approved housing counseling agency and financial education provider that builds the capacity of low- and moderate-income families to achieve and sustain economic self-sufficiency with a particular focus on Native Hawaiians. HCA's philosophy supports permanent housing, culturally-appropriate financial education, and asset building programs to achieve its mission. The following is an overview of HCA's free Foreclosure Prevention Program and Services.



Foreclosure Prevention Orientations: HCA's certified trainers conduct 2-hour Foreclosure Prevention Orientations to review the organization's foreclosure prevention program, including paperwork requirements, expectations, roles and responsibilities, and steps to prevent foreclosure. The orientations feature the place-based *Preventing Foreclosure: A Family Guide to Keeping Your Home*© curriculum developed in partnership with Council for Native Hawaiian Advancement, First Hawaiian Bank, Dowling Inc., Department of Hawaiian Home Lands, and National CAPACD.

Individualized Counseling: HCA's certified counselors provide ongoing, individualized counseling to assist families in establishing an affordable household budget, identifying potential workout options, and developing a homeowner action plan to address barriers to preventing foreclosure. Upon completing a Client Intake Packet and submitting copies of all Required Financial Documents, HCA certified counselors conduct a financial assessment and schedule counseling sessions as follows:

Session 1: Credit Report Review and Financial Assessment: During the 1st counseling session homeowners with HCA's certified counselors to review their credit report, a financial assessment, potential workout options, and a homeowner action plan. Counselors discuss the homeowner's mortgage situation and, if appropriate, include the lender/servicer on a conference call to identify next steps. Following the session, the homeowner is given the option of having HCA submit for a loan modification/workout option or to be provided information needed to submit on their own and work with their lender/servicer directly.

Follow-Up Sessions: Additional counseling sessions are provided to monitor homeowners' progress on their homeowner action plans and are customized to address their specific needs with regards to sustaining homeownership. If foreclosure is imminent, HCA makes an internal referral to the organization's rental education and counseling program in order to enroll the homeowner in post-foreclosure services.

Post-Foreclosure Services: Such services include HUD approved rental education and counseling, tenant referral services, and free tax preparation assistance.



FORECLOSURE PREVENTION REQUIRED FINANCIAL DOCUMENTS CHECKLIST

- Intake Form (Please complete, verify that your information is accurate, sign, and date)
- Monthly Spending Plan (Please complete, sign and date)
- Borrowers Authorization to Release Information Form (Please sign and date)
- Opt out Disclosure (Please sign and date)
- Demographic Survey (Each client must complete their own)
- Financial Hardship Affidavit/Letter (Please complete, sign and date) a personal written letter may be attached
- Foreclosure Mitigation Counseling Agreement (Please read carefully, sign and date)
- Authorization 4506T Tax Return Form (Please complete, sign and date)
- Dodd-Frank Certification for Making Home Affordable (Please read, sign, and date)
- Request for Mortgage Assistance (RMA) Form (Please read, complete, sign, and date)
- Copy of your current Mortgage Note (If available)
- Any correspondence from your mortgage company or its attorney (If applicable)
- Most recent Mortgage Statement (please provide statements from both first and second mortgage and home equity line of credit statement if applicable)
- Most recent bills and statements for all recurring monthly expenses including homeowner association fees (utilities, phone, cable, credit card statements, car payment, etc.)
- Two Months of most recent pay stubs for all employment and income sources (including rental income, child support or alimony payments, etc.)
- Last two months of all bank statements (all pages, including checking accounts and savings accounts)
- Assets Statements (retirement, annuity, 401k, life insurance, etc.)
- Most recent copy of FEDERAL tax return and W-2's----Please sign tax returns, even if you filed them electronically.

*All of the required documentation must be collected prior to submission to HCA. In order for HCA to assist you, please complete all of the attached forms to the best of your ability. **DO NOT STAPLE** documents. If you have any questions please call 1-866-400-1116-toll free.



Personal Intake Form

General Information	Client	Co-Client
Name		
Social Security #		
Date of Birth		
Home Phone Number		
Cell Number		
Email Address		
Present Address:		
Street		
City, State & Zip		
Length of Occupancy	Housing Payment \$	Housing Payment \$
	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Landlord Information		
Name:		
Phone:		
Address:		
if less than 2 years at present address please list previous address		
Previous Address:		
Street		
City, State & Zip		
	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Housing Payment:		
Demographics	Client	Co-Client
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Check All That Apply	<input type="checkbox"/> Single Head of Household <input type="checkbox"/> Female Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years <input type="checkbox"/> Disabled	<input type="checkbox"/> Single Head of Household <input type="checkbox"/> Female Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years <input type="checkbox"/> Disabled
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White
Number of Dependents	Ages:	Ages:



Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident
Highest Education Level	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/ GED <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/ GED <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree
Check All That Apply	Victim of discrimination <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim of discrimination <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Information	Client	Co-Client
Current Employer		
Employer Address		
City, State & Zip		
Phone		
Position		
Monthly Income		
Start Date		
If employed at current job less than 2 years please list previous employment		
Previous Employer		
Employer Address		
City, State & Zip		
Phone		
Position		
Monthly Income		
Start Date	End Date:	End Date:
Additional Monthly Sources of Income	Bonuses/Commissions \$	Bonuses/Commissions \$
	Retirement/ Pension \$	Retirement/ Pension \$
	Alimony/Child Support \$	Alimony/Child Support \$
	Social Security \$	Social Security \$
	Disability \$	Disability \$
	Unemployment \$	Unemployment \$
Assets	Name of Institution Amount	Name of Institution Amount
Checking	\$	\$
Savings	\$	\$
Stocks/Bonds	\$	\$
Retirement Account	\$	\$
Certificate of Deposit	\$	\$
Auto	\$	\$
Home	\$	\$



<u>Liabilities</u>		Client		Co-Client		
	Creditor	Balance	Creditor	Balance		
Auto Loan		\$		\$		
Auto Loan #		\$		\$		
Personal/Other Loan		\$		\$		
Credit Card		\$		\$		
Credit Card #2		\$		\$		
Other		\$		\$		
<u>Public Assistance</u>		Years Received	Amount	Years Received	Amount	
Food Stamps			\$		\$	
Section 8			\$		\$	
Cash Assistance			\$		\$	
			Total:	Total:		
<u>Declarations</u>			Client		Co-Client	
Have you ever filed for bankruptcy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe any outstanding taxes, judgments, liens?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a co-signer for a loan?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you owned real estate in the last 3 years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><u>Authorization:</u> I/we authorize Hawaiian Community Assets, Inc. to obtain a personal credit report for the purpose of assessing my credit situation. The information obtained on my credit report will be held confidentially. I/we further authorize HCA to transmit information about me to any of its funders for reporting and/or statistical purposes only. I/we authorize HCA to re-verify any and all information and documentation contained in this intake application at any time. Such information includes, and is not limited to, verification of employment, income, bank accounts, investments accounts, credit history, and copies of income tax returns.</p> <p><u>Photo/Video Release:</u> I/we hereby give my permission for images captured during the classes through video, photo or digital camera to be used solely for the purpose of promotional material and publication and waive any rights of compensation or ownership thereto.</p> <p><u>Case Management:</u> Case management services may include financial assessments, service planning, and assistance with filling out an application for qualification for a mortgage, linkages with community resources, outreach and supportive counseling. I/we consent to allow HCA to receive, exchange, or obtain information on my behalf for the purpose of assisting with homeownership.</p> <p><u>No Obligation:</u> The counseling services, and other forms of assistance that may be offered by Hawaiian Community Assets, its subsidiaries, affiliates, directors, officers, employees or agents, may also be offered by other providers and you are under NO OBLIGATION to accept these services even though they may be referred to you by way of HCA's employees, affiliates, directors, officers, agents or subsidiaries.</p>						
Signatures						
I/We acknowledge that everything stated in this statement is correct to the best of my/our knowledge.						
Client Signature			Date			
Co-Client Signature			Date			
HCA Use Only						
Identification Verified	Type:	Exp.	Type:	Exp.		
DHHL Lesees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Island?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Island?		



AUTHORIZATION

BY SIGNING THIS FORM, I ACKNOWLEDGE AND AUTHORIZE THE FOLLOWING:

- I acknowledge that I have received, read, understood, and agree to the terms of HCA's Privacy Statement;
- I hereby authorize HCA and its employees and volunteers to collect personal information relevant to provide financial guidance or counseling services, which will include obtaining or providing a recent copy of my personal credit report from all three (3) bureaus;
- I further authorize HCA and its employees and volunteers to disclose relevant personal information for the purposes of communicating to other assistance agencies and/or organizations on my behalf.
- I acknowledge HCA's financial service providers consist of employees or volunteers who are not licensed or certified by any governing body and, therefore, I should always consult a licensed financial professional for advice prior to making any important financial decisions;
- I release HCA and its employees and volunteers from any liability associated with the information or counseling services provided;
- I understand that HCA provides foreclosure mitigation information and guidance after which I may receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate;
- I understand that HCA receives Congressional funds through the US Housing of Urban Development and, as such, is required to share some of my personal information with them, their administrators or their agents for purposes of program monitoring, compliance and evaluation;

I hereby agree to hold HCA, its employees and volunteers harmless from any claim, suit, action, or demand made by any creditors, agencies, companies or organizations to which HCA may refer, or any other entity or person which in any manner may arise from any action or inaction taken by any entity or person, in connection with any services rendered by HCA and its employees, volunteers and/or agents.

HCA may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that may treat such copy as an original.

My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms.

_____ Signature	_____ Date
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_____ Social Security #	_____ Birth Date
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_____ Signature	_____ Date
--------------------	---------------

_____ Social Security #	_____ Birth Date
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AUTHORIZATION TO RELEASE INFORMATION

To: Servicer- _____
Loan Number: _____
Property Address: _____

Borrower(s) name and last four digits of social security number:

I am working with **Hawaiian Community Assets (HCA)** on a plan to resolve our mortgage delinquency. I hereby authorize you to release any and all information concerning our account to HCA at their request.

I further authorize you to discuss my case with HCA's housing counselors:

Sonja Gonzaga, Kelly Lincoln, Pono Filimoe'atu, Desiree Vea, & Jeff Gilbreath

They are working to help me address my financial problems and to propose a loss mitigation plan which is within your guidelines.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., HCA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to HCA without further notice or authorization and may be disclosed or released by HCA to another Government agency or department, however, said financial records may not be used for another purpose without my consent except as required or permitted by law.

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____



OPT-OUT OF DISCLOSURES

You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.

*If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (808) 587-7886 or 866-400-1116 and we will make the change.

I choose to “Opt Out”

How We Use the Information We Collect from You

- HCA may use anonymous aggregated case file information and statistics to evaluate our services, gather valuable research information and design future programs.
- HCA will only provide the information that we believe is necessary to assist you in an intervention or other services you request us to provide.
- HCA does not sell, rent or lease any personal identifying information you provide to us.
- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors where we have determined that it would be helpful to you or would aid us in counseling you.
- HCA may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).
- HCA will maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signature

Date

Print Name

Signature

Date

Print Name



PRIVACY POLICY

Hawaiian Community Assets is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (phone number) and do so.

Release of your information to third parties

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signature

Date

Print Name

Signature

Date

Print Name



HUD HOUSING COUNSELING DISCLOSURE STATEMENT

Hawaiian Community Assets (HCA), a HUD Certified Housing Counseling Affiliate, provides Housing Counseling in the areas of:

- Homeless
- Renter
- Pre-purchase
- Post-purchase
- Foreclosure prevention
- Youth

HCA is a statewide service provider with four offices located on the islands of Hawaii, Kauai, Oahu, and Maui. Hawaiian Community Assets receives grant funding from government sources such as the Department of Housing and Urban Development through Rural Community Assistance Corporation (RCAC), the Administration for Children and Families through the Administration for Native Americans, the National Foreclosure Mitigation Counseling program, the Corporation for National and Community Service through AmeriCorps VISTA, Kauai County, Hawaii County, and Honolulu City and County. HCA also receives funding from the National Coalition for Asian Pacific American Community Development, First Nations/Oweesta, the Hawaii State Department of Hawaiian Home Lands, the Hawaii State Office of Hawaiian Affairs, Council for Native Hawaiian Advancement, and NeighborWorks America through the Hawaii Homeownership Center.

HCA has working relationships with partner agencies such as the Hawaii Homeownership Center, Consumer Credit Counseling Services of Hawaii, Hale Mahaolu, Legal Aid Society of Hawaii, Honolulu Community Action Program, and Alternative Structures International, but receives no money from these agencies. As a client of HCA you are under **no obligation** to receive any services or participate in any activities offered by Hawaiian Community Assets, the above listed partners and agencies or any other business, agency or partner.

If you decide you do not want any services from HCA, or believe you require other programs or products, you may also contact any of the above listed agencies or:

- The Homeownership Preservation Foundation – (888) 995-HOPE (4673)
- The Department of Housing and Urban Development – (808) 522-8175
- The Federal Housing Administration – (800) 225-5342

Signature

Date

Print Name

Signature

Date

Print Name



DEMOGRAPHIC SURVEY

Name:	
Address:	
Phone Number:	E-mail Address:

Ethnicity:	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non- Hispanic
Race of Client:	
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian or Alaska Native and Black or African American	<input type="checkbox"/> American Indian or Alaska Native and White
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Black or African and White	<input type="checkbox"/> Other multiple race
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> I prefer not to provide this information

Number of Household Members:	
Annual income:	
AMI:	
Referred by:	
First time homebuyer	<input type="checkbox"/> Yes <input type="checkbox"/> No

The information HCA obtains is only to be used in the processing of my request for assistance. The counseling services, lending products, affordable housing and other forms of assistance that may be offered by Hawaiian Community Assets, its subsidiaries, affiliates, directors, officers, employees or agents. These services may be offered by other providers. You are under no obligation to accept any of these services even though they may be recommended by the counselors, lenders or any and all affiliates. We make no Promises of any kind.

Signature _____
Date

Print Name

Signature _____
Date

Print Name



FORECLOSURE MITIGATION COUNSELING AGREEMENT

- I understand that Hawaiian Community Assets provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
- I understand that Hawaiian Community Assets receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- I give permission for NFMC program administrators and/or their agents to follow-up with me between now and in the future for the purposes of program evaluation.
- I acknowledge that I have received a copy of Hawaiian Community Assets Privacy Policy.
- I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
- I understand that Hawaiian Community Assets provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Hawaiian Community Assets in no way obligates me to choose any of these particular loan products or housing programs.

Signature

Date

Print Name

Signature

Date

Print Name

Request for Transcript of Tax Return

(Rev. January 2008)

- ▶ **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.**

OMB No. 1545-1872

Department of the Treasury
Internal Revenue Service

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.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
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.	

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. ▶ _____

- 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.

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

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.

Sign Here		Date	Telephone number of taxpayer on line 1a or 2a ()
	Signature (see instructions)		
	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.

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
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
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
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
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
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, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592
	801-620-6922

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.

SAMPLE HARDSHIP LETTER

Date: MM/DD/YY

Re: Hardship Explanation
Borrowers: Annette and Ronald Moore
Loan Number: 684592729333
Property Address: 145 Glee Club Lane, Happyville, USA

We purchased our home five years ago and had never been late on our payments until four months ago. Ronald lost his job six months ago, but has recently been hired by another firm at a similar wage. I have a health issue that prevents me from working at this time.

We are accustomed to paying our bills, and it has been tough for us to accept that we were unable to meet our obligations. However, things have stabilized for us. We have been working with a local nonprofit counselor to review our financial situation. We have reduced our expenses and made other adjustments. This means we can return to making our payments, although we do not have the money to make our overdue payments.

Our loan is a fixed-rate loan, and while the value on our property has decreased in the last two years, it is still above our loan amount. Given the significant drop in our income over the last six months, we have been unable to save any money to put toward our delinquency. We are asking for a modification that would allow us to add our delinquent payments to our loan balance so that we can begin to make our mortgage payments again.

Thank you in advance for your time and consideration in this matter.

Sincerely,

Annette Moore
Ronald Moore



MONTHLY SPENDING PLAN

INCOME	Monthly Amount (Client 1)	INCOME	Monthly Amount (Client 2)
Employment 1		Employment 1	
Employment 2		Employment 2	
Social Security		Social Security	
Retirement		Retirement	
Unemployment		Unemployment	
Other:		Other:	
Sub-Total		Sub-Total	
TOTAL MONTHLY INCOME			
<i>(Sub-Total + Sub-Total)</i>			

SAVINGS	SAVINGS
TOTAL MONTHLY SAVINGS	

EXPENSES	Monthly Amount	Reduce (Y/N)	EXPENSES	Monthly Amount	Reduce (Y/N)
Housing			Education		
Rent/Mortgage			Tuition		
Electricity			Books		
Water			Gifts		
Telephone			Birthdays		
Cleaning Supplies			Major Holidays		
Transportation			Entertainment		
Gas			Movies/Events		
Car Payment			Internet		
Car Insurance			Cable/Satellite TV		
Safety Inspection			Fitness/Social Clubs		
Repairs/ Maintenance			Vacations/Trips		
Other:			Other:		
Food			Personal		
Groceries			Beer/Wine/Liquor		
School Lunches			Tobacco Products		
Restaurant/Eating Out			Other:		
Health			Debt		
Doctor			Credit Card (Min)		
Dentist			Loans		
Prescriptions			Other:		
Hygiene Supplies			Other:		
Childcare			Other:		
Child Support/Alimony			Other:		
Insurance			Miscellaneous		
Health			Other:		
Life			Other:		
Other:			Other:		
TOTAL MONTHLY EXPENSES					