

BORROWER FINANCIAL INFORMATION

Loan Number _____

Before mailing, make sure you have signed and dated the form and attached appropriate documentation.

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE	(BEST TIME TO CALL)	HOME PHONE NUMBER WITH AREA CODE	(BEST TIME TO CALL)
WORK PHONE NUMBER WITH AREA CODE	(BEST TIME TO CALL)	WORK PHONE NUMBER WITH AREA CODE	(BEST TIME TO CALL)
CELL PHONE NUMBER WITH AREA CODE	(BEST TIME TO CALL)	CELL PHONE NUMBER WITH AREA CODE	(BEST TIME TO CALL)
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)			EMAIL ADDRESS
Number of Dependents:	Do you occupy the property? Yes No	Is it rental property? Yes No Is it leased? Yes No If you have a lease agreement, please provide a copy.	
Is the property listed for sale? Yes No If yes, please provide a copy of the listing agreement.			
Agent's Name		Agent's Phone Number	Agent's Email
Do you receive, and pay, the Real Estate Tax bill on your home or does your lender pay it for you? I do Lender does If you pay it, please provide a copy of your tax statement.			
Are the taxes current? Yes No			
Do you pay for a hazard insurance policy? Yes No		Is the policy current? Yes No If you pay it, please provide a copy of the policy.	
Have you filed for bankruptcy? Yes No		If yes, Chapter 7 Chapter 13 Filing Date: _____	
Has your bankruptcy been discharged? Yes No If yes, please provide a copy of the discharge order signed by the court.			

INVOLUNTARY INABILITY TO PAY			
I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):			
Abandonment of Property	Excessive Obligations	Military Service	Other
Business Failure	Fraud	Payment Adjustment	
Casualty Loss	Illness in Family	Payment Dispute	
Curtailment of Income	Illness of Mortgagor	Property Problems	
Death in Family	Inability to Rent Property	Title Problems	
Death of Mortgagor	Incarceration	Transferring Property	
Distant Employment Transfer	Marital Difficulties	Unemployment	
I believe that my situation is:	Short term (under 6 months)	Long term (over 6 months)	Permanent
I want to:	Keep the Property	Sell the Property	
If there are additional Liens/Mortgages or Judgments on this property, please name the person (s), company or firm and their respective telephone numbers.			
Lien Holder's Name	Balance / Interest Rate	Phone Number (WITH AREA CODE)	
Lien Holder's Name	Balance / Interest Rate	Phone Number (WITH AREA CODE)	

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EMPLOYMENT			
BORROWER- EMPLOYER'S ADDRESS & PHONE #	HOW LONG?	CO-BORROWER- EMPLOYER'S ADDRESS & PHONE #	HOW LONG?
Monthly Income - Borrower		Monthly Income - Co-Borrower	
Wages / Frequency of Pay		Wages / Frequency of Pay	
Unemployment Income		Unemployment Income	
Child Support / Alimony*		Child Support / Alimony*	
Disability Income/ SSI		Disability Income/ SSI	
Rents Received		Rents Received	
Other		Other	
Less: Federal and State Tax, FICA		Less: Federal and State Tax, FICA	
Less: Other Deductions (401K, etc.)		Less: Other Deductions (401K, etc.)	
Commissions, bonus and self-employed income		Commissions, bonus and self-employed income	
***** ALL INCOME NEEDS TO BE DOCUMENTED *****			
<i>Paystub must be most recent date with year to date information.</i>			
Total		Total	
Monthly Expenses		Assets	
Other Mortgages / Liens		Type	Estimated Value
Auto Loan(s)		Checking Account(s)	
Auto Expenses / Insurance		Saving / Money Market	
Credit Cards / Installment Loan(s) (total minimum payment for both per month)		Stocks / Bonds / CDs	
Health Insurance (not withheld from pay)		IRA / Keogh Accounts	
Medical (Co-pays and Rx)		401k / ESPO Accounts	
Child Care / Support / Alimony		Home	
Food / Spending Money		Other Real Estate #	
Water / Sewer / Utilities / Phone		Cars #	
HOA/Condo Fees/Property Maintenance		Life Insurance (Whole Life not Term)	
Life Insurance Payments (not withheld from pay)		Other	
Total		Total	

* Alimony, child support or separate maintenance income need not be revealed if the Borrower or Co-borrower does not choose to have it considered for repaying this loan.

I agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status.

Submitted this _____ day of _____, 20____.

By _____

By _____

Hardship Affidavit

Borrower Name (first, middle, last): _____

Date of Birth: _____

Co-Borrower Name (first, middle, last): _____

Date of Birth: _____

Property Street Address: _____

Property City, ST, ZIP: _____

Servicer: RoundPoint Mortgage Servicing Corporation

Loan Number: _____

In order to qualify for RoundPoint Mortgage Servicing Corporation's ("Servicer") offer to enter into a workout option or agreement (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our marks, the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."

Borrower Co-Borrower

Yes/ No Yes/No

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

Borrower Co-Borrower

Yes/ No Yes/No

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."

Borrower Co-Borrower

Yes/ No Yes/No

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."

Borrower Co-Borrower

Yes/ No Yes/No

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

Borrower Co-Borrower
Yes/ No Yes/No

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

Borrower Co-Borrower
Yes/ No Yes/No

Information for Government Monitoring Purposes

The following information is requested in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex. The lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native	Race:	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Asian		<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> White		<input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female	Sex:	<input type="checkbox"/> Female
	<input type="checkbox"/> Male		<input type="checkbox"/> Male
To be Completed by Interviewer		Interviewer's Name (print or type)	
<input type="checkbox"/>	Face to face interview		
<input type="checkbox"/>	Mail	Interviewer's Signature	Date
<input type="checkbox"/>	Telephone		
<input type="checkbox"/>	Internet	Interviewer's Phone Number (include area code)	
Name/Address of Interviewer's Employer			

REQUEST FOR EMAIL COMMUNICATIONS

I/We _____
Wish to advise that our preferred method of correspondence and communication
during the Loss Mitigation process with Round Point Mortgage be sent via email.

The email address is: _____

I/We certify that the email address above is a personal email box and I/We are
the only party(s) with access to this email address.

NAME

DATE

NAME

DATE

Borrower/Co-Borrower Acknowledgement

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 the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that 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 modification of my mortgage loan.

Borrower Signature	Date	Co-Borrower Signature	Date
E-mail Address: _____		E-mail Address: _____	
Cell Phone # _____		Cell Phone # _____	
Home Phone # _____		Home Phone _____	
Work Phone # _____		Work Phone # _____	
Social Security # _____		Social Security # _____	

Explanation:

[illegible]

Form **4506-T**

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service**Request for Transcript of Tax Return**

▶ 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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form **4506-T** (Rev. 1-2008)

Request and Consent to Provide Account Information to Authorized Party

Borrower First and Last Name: _____	RoundPoint Mortgage Servicing Loan No.: _____
Borrower Phone Number: _____	Email Address: _____
Property Address: _____	
Mailing Address: _____	
Authorized Party First and Last Name: _____	
Authorized Party Company Name: _____	(If Applicable)
Authorized Party Address: _____	
Authorized Party Phone Number: _____	Authorized Party Fax Number: _____
Authorized Party Email Address: _____	
(If the Authorized Party listed on this form is the result of a Power of Attorney, Order of Guardianship, Executor or Administrator of an Estate, documents evidencing this must be attached to this form when submitted.)	

I hereby authorize the above-referenced individual(s) to obtain information regarding my mortgage loan identified above. RoundPoint Mortgage Servicing will take reasonable steps to verify the identity of the Authorized Party, including request of additional identifying information, but will have no responsibility or liability to verify the true identity of the Authorized Party. This authorization is to remain in effect until: _____.

Borrower Signature_____
Last four digits of SS#_____
Date_____
Co-Borrower Signature_____
Last four digits of SS#_____
Date

I, the undersigned, hereby accept my appointment as the Authorized Party by the above Borrower(s), and in that capacity I agree to be bound by all the terms and conditions that govern the Borrowers account:

Authorized Party Signature_____
Date

Return completed form by mail or fax to:
RoundPoint Mortgage Servicing Corporation
P. O. Box 19409
Charlotte, NC 28219-9409
Fax Number: 1-877-343-2448