



Homeownership Preservation Packet

Dear Homeowner,

First, allow me to congratulate you on taking the first step of contacting our agency. Neighborhood Partnership Housing Services is a HUD approved counseling agency that has the ability to assist you with the current financial hardship you are facing. We understand how hard that was to do and promise to work with you to find a realistic solution to your situation.

In order to provide effective and efficient service, please complete the attached forms completely and clearly, as missing information will only hamper our ability to assist you. Please give the monthly Income and Budget form careful attention. This information is the key element of resolving these difficult situations. In addition, the checklist included outlines items that need to be collected before an appointment is scheduled. Once all of the items on the checklist are collected please contact us for further assistance. If there are questions or information you don't understand, please contact us.

There is an emphasis on being truthful. A resolution will not materialize unless a complete and accurate picture of the financial hardship is given. Also, please note our organization is attempting to assist in resolving a financial hardship. The end result lies in the hands of the lender; Neighborhood Partnership Housing Services cannot and will not guarantee the final outcome of any situation.

Appointments usually last an hour and a half. Please arrive on time. Many other families are facing similar situations and the demand for our services is high. We often have appointments back to back. If you arrive late, we will only be able to work with you for the remaining time of your appointment.

You have taken the first step to resolving your situation. We look forward to working with you.

Sincerely,

The Neighborhood Partnership Housing Services Team

Neighborhood Partnership Housing Services
9551 Pittsburgh Avenue, Rancho Cucamonga, California 91730
Telephone (909) 988-5979
(800) 761-NPHS (6747)
Fax: (909) 467-0120
www.nphsinc.org



Foreclosure Mitigation Counseling Agreement (page 1 of 2)

Neighborhood Partnership Housing Services (NPHS) 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 verbally and in writing will be managed within legal and ethical considerations. Your "non-public 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 and signature on the **Disclosure of Programs and Services**. We may also use anonymous aggregated case file information for the purposes of evaluating our services, gathering valuable research information for designing future programs.

Types of Information that we gather about you

- Information we receive from you verbally, 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 usages.
- Information we receive from credit reporting agencies, such as your credit history.

Release of your Information to third parties

1. So long as you have not opted-out per the **Disclosure of Programs and Services** form, 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.
2. We may also disclose non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to non-public 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 non-public personal information.

Neighborhood Partnership Housing Services and its counselors agree to provide the following services:

- Assess current financial situation
- Analysis of mortgage default, including the amount and cause of default
- Development of an action plan
- Presentation and explanation of reasonable options available to the homeowner
- Presentation and negotiation of possible remedies with mortgage servicers
- Assistance in communication with the mortgage servicer and other creditors
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Confidentiality, honesty, respect and professionalism in all services
- As the final outcome lies with the servicer, our counselors are not able to guarantee and solution.

Foreclosure Mitigation Counseling Agreement (page 2 of 2)

I/We, _____ agree to the following terms of service:

1. I/We understand that Neighborhood Partnership Housing Services provides foreclosure mitigation counseling after which I/We will receive a written action plan consisting of recommendations for handling my/our finances, possibly including referrals to other housing agencies as appropriate.
 2. I/We understand that Neighborhood Partnership Housing Services 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.
 3. I/We give permission for NPHS program administrators to pull my credit report up to two additional times between now and the end of the fiscal year.
 4. I/We authorize NFMC program administrators and/or their agents to follow-up with me/us between now and up to a period of 3 years for the purpose of program evaluation. (a) submit client-level information to the DCS for this grant, (b) allow NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c) allow NFMC to conduct follow-up with the client related to program evaluation. Clients may opt out of (c) above only, but proof of this must be retained in the client's file.
 5. I/We acknowledge that I/We have received a copy of Neighborhood Partnership Housing Services: Disclosure of Programs and Services, included in this Home Preservation Packet.
 6. I/We may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to help with particular concerns that have been identified. I/We understand that I/We am not obligated to use any of the services offered.
 7. A Counselor may answer questions and provide information, but not give legal advice. If I/We want legal advice, I/We will be referred for appropriate assistance.
 8. I/We understand that Neighborhood Partnership Housing Services provides information and education on numerous loan products and housing programs and I/We further understand that the housing counseling I/We receive from Neighborhood Partnership Housing Services is no way obligated me/us to choose any of these particular loan products or housing programs.
- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
 - I/We will provide all necessary documentation and follow-up information within the timeframes requested.
 - I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
 - I/We understand that repeated no-shows or excessive cancellations may result in cancellation of services.
 - I/We understand that I/We must have an appointment to meet with counselor and that should I/We walk-in I/We will be given an appointment for a later date and time.
 - I/We understand that once I/We are an established client I/We may drop off documentation and that counselor availability is not guaranteed without an appointment.
 - I/We will call within 6 hours of a scheduled appointment if I/We will be unable to attend an appointment. I/We will contact the counselor about any changes in our situation immediately.
 - I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Primary Client

Date

Co-Client

Date

Counselor

Date

**Neighborhood Partnership Housing Services
Disclosure of Programs and Services**

NPBS receives funding from HUD under the Housing Counseling Program as well as funding from Bank of America, JPMorgan Chase, Comerica Bank, Citi Foundation, Wells Fargo, Fannie Mae and Freddie Mac. NPBS is also an approved Freddie Mac Borrower Help Center and a member of the Fannie Mae Mortgage Help Network. NPBS clients are under no obligation to use any of the above stated organizations for any type of services.

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

If you choose to “opt-out”, we will not be able to answer questions from our partners. If at any time you wish to change your decision with regard to your “opt-out”, you may call us at (909) 988-5979 and do so. **Please initial below to accept or decline disclosure to NPBS third party partners. NPBS receives funds from partners that enable us to provide assistance to families in need. NPBS is contractually required to provide non-personal information regarding our performance and demonstrate adherence to the rules and regulations, regarding foreclosure education and counseling, to ensure that clients receive appropriate assistance.**

Please Initial below:

Primary Client:

Co-Client

To Accept _____ To Decline _____

To Accept _____ To Decline _____

I understand that Neighborhood Partnership Housing Services (NPBS) provides homebuyer education and counseling, down payment assistance loans and grants, and I am under no obligation to use NPBS programs and services.

I understand that NPBS does not receive referral fees from any lenders in the “Approved Lenders” list and I am under no obligation to use any particular lender.

I understand that NPBS does not have financial arrangements with its volunteer instructors and I am under no obligation to receive services from the volunteers and other NPBS community partners.

I understand that I am under no obligation to utilize the services of Neighborhood Partnership Housing Services’ partners (i.e., lenders, realtors, and insurance).

I further understand that I am under no obligation to use the services and, or, loan programs provided by Neighborhood Partnership Housing Services.

I understand that NPBS owns sells properties and I am under no obligation to purchase those properties and that there are other alternative sources of homes for purchase.

Primary Client

Date

Co-Client

Date

Client Authorization and Counseling Disclosure

Client Name: _____ Co-Client _____

HUD Certified Non-Profit Counseling Agency: Neighborhood Partnership Housing Services, Inc.

Agency Counselor: _____

I would like to participate in your counseling sessions to help me improve my financial and housing situation. I understand that my counselor may discuss information about my credit history, financial situation, employment, and other information with me, and with other representatives of financial institutions or agencies as necessary to assist me in improving my financial and housing situation. I understand that information about my personal circumstances will be treated as confidential. I further understand that I am free to choose a lender, lending product and home regardless of the recommendations made by my counselor. If I choose to seek financial assistance, I understand that I may be referred to a separate agency. I understand that there may be additional eligibility requirements to qualify for such assistance.

I hereby authorize my counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my financial and housing situation and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial institutions when disclosing this information will help my counselor and I work out and assess improvements to my financial and housing situation.

It is further understood that in consideration of the counseling agency's assistance with my financial and housing situation, I agree to hold harmless the counseling agency and its agent and/or its employees and the agencies and financial institutions with which the counseling agency works and shares information from any and all claims or causes of actions arising, or which may arise, from mistakes, errors, or omissions in regards to said counseling.

I/we hereby authorize NPHS to verify my/our past and present employment earnings, records, bank accounts, stock holdings and any other asset balances that are needed to process a mortgage loan application. I/we further authorize NPHS to order a consumer credit report to verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will serve as authorization.

Applicant Signature _____ Date _____

Co-Applicant _____ Date _____

Current Address _____

Borrower's Authorization to Negotiate With and Release Information
Autorizacion del Cliente Para Negociar y Revelar Infomacion

English

To Whom It May Concern:

I/We have requested Foreclosure Prevention Counseling from Neighborhood Partnership Housing Services (NPHS), a HUD approved homeownership counseling agency. As part of the counseling process, I/We authorize any and all mortgagors, servicers and creditors to negotiate with and provide the Foreclosure Counselors of NPHS with any and all information pertaining to the resolution of my/our financial hardship.

I/We further hereby authorize NPHS to make a recommendation about appropriate action to take with regard to my/our mortgage loan, which may assist the loan servicer in determining whether to restructure my/our loan or to offer other extraordinary services that could preserve my/our long-term homeownership.

A Photographic or facsimile copy of the signature(s) of the undersigned may be deemed to be the equivalent of the original and may be used as a duplicate original.

Espanol

A Quien Corresponda:

Yo he contratado a Neighborhood Partnership Housing Services (NPHS), una Agencia de Consejeria de Viviendas del departamento de HUD, que suministra consejeria sobre la prevencion de embargo. Como parte del proceso de consejeria, yo autorizo a todos mis acreedores, companias hipotecarias, y sus administradores a negociar y proveer informacion de mi caso a los consejeros de Neighborhood Partnership Housing Services. Esto incluye toda la informacion perteneciendo a la resolucion de mi situacion financiera.

Tambien autorizo a Neighborhood Partnership Housing Services a suministrar recomendaciones para accion apropiada en relacion a mi prestamo hipotecario que puede asistir la compania hipotecaria y sus administradores en determinado el resultado de reestructurar mi prestamo o ofrecer otros tipos de servicios que puedan preservar mi habilidad de retener mi casa para un futuro largo.

Una Copia exacta por fax o por correo electronico de las firmas de los clientes indicados es el equivalente del original y puede ser duplicado.

Borrower/Solicitante _____ SS# _____

Signature/Firma _____ Date/Fecha _____

Borrower/Solicitante _____ SS# _____

Signature/Firma _____ Date/Fecha _____

Address/Domicilio: _____

Lender/Administrador Hipotecario(s): _____

Account Number/Numero de Cuenta(s): _____

Counselor/Consejero signature: _____

PRIVACY POLICY

Neighborhood Partnership Housing Services takes the financial privacy of its customers very seriously. This notice describes our policy on collection and disclosure of personal non-public information. Personal non-public information, as used in this notice, means information that identifies an individual personally, and is not otherwise publicly available information. During the course of counseling and processing your application, we accumulate non-public personal information from you and from other sources about your income, your assets, and your credit history in order to allow Neighborhood Partnership Housing Services the necessary information to advise you and to make an informed decision regarding your case.

Information We Collect

We collect personal, non-public information regarding you to help support our lending and counseling operations, and to aid you in shopping for and obtaining a home mortgage. We request such information from the following sources:

- Homebuyer Education, Counseling, and Lending Intake Forms
- Required and requested Documents
- Consumer credit reporting agencies
- HUD-1 Settlement Statements

Information We May Disclose

We may disclose the following:

- Information from your applications and other forms, such as your name, address, social security number, assets and income
- Information that we receive from required and requested Documents
- Information we receive from a consumer credit reporting agency, such as your creditworthiness, credit score, or credit history

To Whom We May Disclose

We may also disclose personal non-public information to third parties as permitted by law. We may disclose your personal, non-public information, to the following third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans
- Government and private agencies such as Housing and Urban Development (HUD) and Neighbor Works America (NWA), but only for purposes of program reviews, auditing, research and oversight purposes
- Real Estate affiliates and/or Realtors and Real Estate Developers in connection with your purchase transaction

Confidentiality and Security

We restrict access of your non-public personal, information about you to our employees who need to know that information to provide products or services to you, including but not limited to underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and counseling. We maintain physical, electronic, and procedural safeguards that comply with HUD regulations to guard your personal non-public information. We do not disclose customer information to companies that perform marketing services.

PRIVACY CHOICES

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose your personal non-personal non-public information to unaffiliated third parties, you may opt out of those disclosures. You may direct us not to make those disclosures (other than disclosures permitted by law). You may opt out as follows by requesting so in writing:

1. Limit disclosures of personal, non-public information about me to unaffiliated third parties other than non-profit organizations involved in community development.
2. Limit disclosures of personal, non-public information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

If you want to opt out, that is, if you want to direct us not to use your personal information (other than disclosures permitted by law) as described in this notice, you may do so by contacting Neighborhood Partnership Housing Services Staff.

Primary Applicant Signature

Date

Co Applicant Signature

Date

Date/Fecha: _____

Office use only:

Fannie Mae Loan:
Freddie Mac Loan:

Name/ Nombre: _____
First/Primero Middle/Segundo Last/Apellido

Address/ Dirección: _____
Street/Calle City/Ciudad State/ Estado Zip Code/ código postal

Home Phone/Numero de telefono: () - Cell/ Móvil: -

Social Security Number/ Numero de Seguro Social: Birth date/ Fecha de nacimiento: _____

Race/Raza (Circle one/ Marque con un círculo):

- 1. White/ Blanco
- 2. Native Hawaiian/ Nativo de Hawai
- 3. American Indian/Alaskan / Indeo Americano / Nativo de Alaska
- 4. Asian/ Asiático
- 5. Other/ Otro
- 6. Black or African American/ Afro Americano

Hispanic/ Hispano: Yes/ Si No Place of Birth/ Lugar nacimiento: _____

Marital Status/ Estado civil: Single/Soltero Married/Casado Divorce/ Divorciado Separated/Separado Widow/ Viudo

Gender/ Genero: Male/ Masculino Female/Femenino

Disabled/Incapacitado? Yes/ Si No

Head of Household type/ Tipo de Hogar?

- 1. Female headed single parent household/ Madre soltera cabeza de familia
- 2. Single adult/ Adulto soltero
- 3. Male headed single parent household/ Padre soltero cabeza de familia
- 4. Married with children/ Matrimonio con hijos
- 5. Two or more unrelated adult/ dos o más adultos sin relación
- 6. Married without children/ Matrimonio sin hijos
- 7. Other/ Otro tipo

Family Size/ tamaño de la familia: How many dependents/cuántos dependientes? _____

What ages are they/Cuáles son las edades? _____

Total annual household income / Ingreso anual del hogar? _____

Highest Education Completed/ de educación más alto completado

- 1. Below High School Diploma/ Menos que titulo de preparatoria
- 2. Two Year College/ dos años la universidad
- 3. High School Diploma or Equivalent/diploma de escuela secundaria o su equivalente
- 4. Bachelors Degree/ Licenciatura
- 5. Masters degree/ Maestria
- 6. Above Masters Degree/ maestros abover grado

Referred to by/ se refiere el: Print Ad/ Imprimir Publicida Bank/ Banco Government/ Gobierno Radio/Radiofonia

Realtor/ Vendedor Staff/Board member / Miembro de dirección Walk-In/ Por si solo Friend/ Amigo TV / Tele

Newspaper Article/ Artículo de prensa Other referral please list / Referencia, puede ponerse en lista de _____

CO-APPLICANT / SEGUNDO SOLICITANTE

Name/ Nombre: _____
First/Primero Middle/Segundo Last/Apellido

Social Security Number/ Numero de Seguro Social: Birth date/ Fecha de nacimiento: _____

Race/Raza (Circle one/ Marque con un círculo):

- 1. White/ Blanco
- 2. Native Hawaiian/ Other Pacific Islander/ Nativo de Hawai/otra isla del Pacífico
- 3. Asian/ Asiático
- 4. American Indian/Alaskan / Indeo Americano / Nativo de Alaska
- 5. Other/ Otro
- 6. Black or African American/ Afro Americano

Hispanic/ Hispano: Yes/ Si No Place of Birth/ Lugar nacimiento: _____

Marital Status/ Estado civil: Single/Soltero Married/Casado Divorce/ Divorciado Separated/Separado Widow/ Viudo

Gender/ Genero: Male/ Masculino Female/Femenino

Disabled/Incapacitado? Yes/ Si No

Relationship to Customer/ Relación con el cliente Spouse/ Esposo/a Daughter/ Hija Son/Hijo Sister/ Hermana

Brother/ Hermano Girlfriend/ Novia Boyfriend/ Novio Mother/ Madre Father/ Padre

CUSTOMER EMPLOYMENT / EMPLEO de Cliente PLEASE PRINT CLEARLY/ POR FAVOR ESCRIBA CLARAMENTE

Primary Employer/ Empleador primario: Position/ Titulo: _____

Hire date/ Fecha de comienzo Phone / Teléfono Net Income per month/ Salario neto por mes _____

Is this amount paid/Pago es? Weekly/Semanal, Every two weeks /cada dos semana, Twice a month/ dos veces por mes, Monthly/ Mensual:

Co-Applicant Employment / Empleo de Sedundo Solicitante

Primary Employer / Empleador primario: Position /Titulo: _____

Hire date/ Fecha de comienzo Phone / Teléfono Net Income per month/ Salario neto por mes _____

Is this amount paid/Pago es: Weekly/Seman Every two weeks /cada dos semana, Twice a month/ dos veces por m Monthly/ Mensual:

PROPERTY INFORMATION

First Mortgage Lender: _____ **Loan Number:** _____

Interest Rate _____% **Fixed/ Adjustable/Interest Only/ Option Arm** (circle one)

Principal Balance \$ _____ **Monthly Payment \$** _____

Second Mortgage Lender: _____ **Loan Number:** _____

Interest Rate _____% **Fixed/ Adjustable/Interest Only/ Option Arm** (circle one)

Principal Balance \$ _____ **Monthly Payment \$** _____

Explanation of Financial Hardship

I'm having problems making my monthly payment due to financial difficulties.

I believe my situation is: _____ Temporary _____ Permanent

My financial difficulties are the result of:

Explain:

Financial Statement/Estado Financiero

Household Income/Ingreso de los hogares

Net monthly income/ Ingreso neto por mes

Summary/Resumen

Borrower/Prestatario	\$
Co-Borrower/ Prestatario Secundario	\$
Other Household members/ Otro Miembro del hogar	\$
Rental Income/Ingresos por Alquiler	\$
Child Support/Alimony/Manutención de Niños/Aliment	\$
Disability/Social Security/Disabilidad/ Numero de Segu	\$
Other Income/Otros Ingresos	\$
Total	\$

Total Income	
Total Expenses:	
Surplus/Deficit:	

NOTES/NOTAS

Assets

Estimated Value/Valor Estimado

Checking Account/ Cuenta de Cheques	\$
Savings accounts/ Cuenta de Ahorros	\$
IRA/Retirement Accounts/Keogh/401K	\$
Other/Otro	\$
Total	\$

Expenses

Min. Payment/ Pago Minimo Delinquent

1st Mortgage/1st Hipoteca	\$	
2nd Mortgage/2nd Hipoteca	\$	
Other Mortgage/Liens/Rent/Otras Hipotecas	\$	
Home Owners Insurance/Aseguransa de Vivienda	\$	
Home owners Assoc. Dues/ Asociacion de Vivienda	\$	
Property Taxes/ Impuestos de Propiedad	\$	
Other Insurance/Life/Health/Aseguransa Medica	\$	
Transportation (gas/insurance)/ Transportacion (gas/a	\$	
Auto Loans/ Prestamo de Automovil	\$	
Installment Loans/ Prestamo Personal	\$	
Credit Card/ Targeta de Credito	\$	
Credit Card/ Targeta de Credito	\$	
Credit Card/ Targeta de Credito	\$	
Credit Card/ Targeta de Credito	\$	
Child Care/ Cuidado de niños	\$	
Child Support/ Pension Para Hijos	\$	
Electric bill/ Electricidad	\$	
Gas heating/Gas natural	\$	
Water/Agua	\$	
Trash/Basura	\$	
Home phone/Cable/Internet/Telefono/Cable/Internet	\$	
Cell Phone/ Telefono Movil	\$	
Groceries/ Comida	\$	
Other/ Otro gasto	\$	
Total	\$	

By signing below, I/We certify that the information and documentattion provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf.

Firmando esta carta, nosotros verificamos que la infomacion y documentacion en esta forma es correca. He incluido autorisacion escrita en caso de que un tercer partido sea designado a asistirme.

Signature/Firma

Date

Signature/Firma

Date

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
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.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. 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 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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.

| / / | / / | / / | / / |

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date
Sign Here ▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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 addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, 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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service 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:
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, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service 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, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service 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) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.


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

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

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. Ensure that all applicable lines are completed before signing.

 You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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 section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

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

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

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

Privacy Act and Paperwork Reduction Act Notice.

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

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

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

The time needed to complete and file Form 4506-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:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

HOMEOWNERS ASSOCIATION VERIFICATION FORM

--	--	--

Last Name

First Name

Middle

--	--	--	--

Property Address

City

State

Zip Code

Please check one:

Yes my property is part of a Homeowners Association

***Please attach Homeowner Association Statement**

--

Provide the association name 

No my property is not part of a Homeowners Association

--

Signature

Date

THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

Loan Number : _____

Servicer Name : _____

Property Address : _____

I/we do hereby authorize (my lender / mortgage servicer) to release or otherwise provide information to _____ in his/her capacity as _____

Name(required)	Company (if applicable)
Relationship (required)	Phone Number(required)

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

I/we, the borrower(s), understand the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we, the borrower(s) do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above names requestor or person identifying themselves to be that requestor.

I/we the borrower(s) agree to this Authorization and the terms of the Release as stated above, All the borrower(s) have signed and dated below.

Printed Borrower Name

Borrower Signature

Date :

Printed CoBorrower Name

CoBorrower Signature

Date :

Dodd-Frank Certification

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

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

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

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

▶ _____ Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date
▶ _____ Co-Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date

Required Document Checklist

Review the list below and provide the following required documents. If you are submitting this intake packet online, you will be required to submit the additional documents in Section II to start the counseling process. All documentation is required for us to open your file and begin work. Incomplete files will delay processing.

I. ORIGINAL SIGNATURE FORMS

FORECLOSURE MITIGATION COUNSELING AGREEMENT
COUNSELING AGREEMENT AND DISCLOSURE FORMS
BORROWERS AUTHORIZATION FORM
PRIVACY POLICY
COMPLETED BORROWERS AUTHORIZATION FORM
RMA AND DODD FRANK DOCUMENTS
HARDSHIP LETTER***
HOMEOWNERS ASSOCIATION VERIFICATION

II. PROVIDE COPIES ONLY (no originals) OF THE FOLLOWING FORMS

- 4 CURRENT PAYSTUBS
 - IF SELF EMPLOYED: YTD PROFIT/LOSS STATEMENT
- 3 MONTHS BANK STATEMENTS-INCLUDES ALL PAGES, EVEN BLANK PAGES
- W-2'S & TAX RETURNS: 2 MOST RECENT YEARS, INCLUDE ALL PAGES/SCHEDULES
 - INCLUDES ALL PAGES, ALL SCHEDULES, EVEN BLANK PAGES
- MOST CURRENT MORTGAGE STATEMENTS
- COPIES OF YOUR MORTGAGE "NOTE" OR ANY PREVIOUS MODIFICATION DOCS
- ALL SUPPORTING DOCUMENTATION PERTINENT TO YOUR CASE
- UTILITY BILL - LATEST MONTH
- HOMEOWNERS ASSOCIATION BILL - LATEST MONTH (if applicable)
- PROPERTY TAX BILL (latest installment)
- HOMEOWNERS INSURANCE POLICY
- DRIVER LICENSE/SOCIAL SECURITY CARD (If Fannie Mae/Freddie Mac Loan)

Call NPHS when you have collected all your documents to discuss the next steps. Provide Original Signature Forms as Indicated above. Bring **COPIES** (copies will not be made for you) of all required documents to ensure accurate assessment. All information on file is considered confidential and will be treated as such.

Please return documents by:

Fax to (909) 467-0120,

Mail or drop off to 9551 Pittsburgh Avenue, Rancho Cucamonga, CA 91730