

WEBSTER BANK UNIFORM BORROWER ASSISTANCE FORM

****REMINDER**** The Borrower Response Package you need to return consists of:

- (1) This completed, signed and dated Borrower Assistance Form;
- (2) Executed tax returns for prior 2 years, completed and signed IRS Form 4506T;
- (3) Required hardship documentation (See page 2);
- (4) Required income documentation (see page 4);
- (5) Copies of 2 most recent months bank statements.
- (6) Copies of Expenses (see page 6)

Loan Number (s):				2 nd Loan Number:			
I want to:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property		<input type="checkbox"/> Undecided			
The property is currently:	<input type="checkbox"/> My Primary Residence	<input type="checkbox"/> Second Home		<input type="checkbox"/> An Investment Property			
The property is currently:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied		<input type="checkbox"/> Vacant			
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:				HOME PHONE NUMBER WITH AREA CODE:			
CELL OR WORK NUMBER WITH AREA CODE:				CELL OR WORK NUMBER WITH AREA CODE:			
NUMBER OF DEPENDENTS:				NUMBER OF DEPENDENTS:			
MAILING ADDRESS:							
PROPERTY ADDRESS:				EMAIL ADDRESS:			
Is the Property listed for sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Have you contacted a credit counseling agency for help?			
If yes, what was the listing date?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please complete the counselor contact information below:	
Have you received an offer on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Agency Name:			
Date of offer:	Amount of Offer:			Counselor's Name:			
For Sale by Owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
If no, Agent Name				Counselor's Phone Nbr.			
Agent's Phone Number:				Counselor's Email:			
Do you have condominium or homeowner association (HOA) fees?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total Monthly Payment Amount:	
Name and Address HOA fees are paid to?							
Have you filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Chapter 7	<input type="checkbox"/> Chapter 13	<input type="checkbox"/> Chapter 11	<input type="checkbox"/> Chapter 12
If yes, what is the filing date?			Has your bankruptcy been discharged?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bankruptcy Case Number:							
Is any borrower an active duty servicemember?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any borrower been deployed away from his/her primary residence?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any borrower received a Permanent Change of Station order?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death?						<input type="checkbox"/> Yes	<input type="checkbox"/> No

HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I can qualify for temporary or permanent mortgage loan relief options. The date my hardship began is _____

I believe that my situation is:

Short Term (<=6 months) Medium Term (6-12 months) Long Term or Permanent Hardship (greater than 12 months)

I am having difficulty making my mortgage payment because of the reason set forth below:
(Please check the primary reason and submit required documentation demonstrating your primary hardship).

If your Hardship Is:	Required Documents are:	Hardship Letter?
<input type="checkbox"/> Unemployment	Unemployment Benefit Award	No
<input type="checkbox"/> Reduction In Income (a hardship that has caused a decrease in your income due to circumstances beyond your control (e.g. elimination of overtime, reductions in regular working hours, a reduction in base pay))	As applicable Additional documents may be required upon review of your Hardship Letter	Yes
<input type="checkbox"/> Increase in Expenses (a hardship that has caused an increase in your household expenses due to circumstances beyond your control)	As applicable Additional documents may be required upon review of your Hardship Letter	Yes
<input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated to marriage, civil union or similar domestic partnership under applicable law.	<input type="checkbox"/> Divorce Decree signed by the court OR <input type="checkbox"/> Separation Agreement OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non occupying borrower or co-borrower has relinquished all rights to the property OR <input type="checkbox"/> If divorce/separation not yet complete, a notarized statement from both parties stating divorce /separation is pending	Yes
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death Certificate OR <input type="checkbox"/> Obituary or newspaper article reporting the death	Yes
<input type="checkbox"/> Long term or permanent disability; Serious illness or a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable) OR <input type="checkbox"/> Written Statement or other documents verifying disability or illness OR <input type="checkbox"/> Doctor's certificate of illness or disability OR <input type="checkbox"/> Medical Bills • None of the above shall require providing detailed medical information	Yes
<input type="checkbox"/> Disaster (Natural or man-made) adversely impacting the property or borrower's place of employment	<input type="checkbox"/> Insurance Claim OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or employer property located in a federally declared disaster area	Optional
<input type="checkbox"/> Distant Employment Transfer/Relocation	For active-duty servicemembers: Notice of Permanent Change of Station (PCS) or actual PCS orders For employment transfers/new employment: <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location OR <input type="checkbox"/> Paystub from new Employer In addition to the above, documentation of the amount of any relocation assistance (not required for those with PCS orders)	Yes
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Last 2 years tax returns (All Schedules) AND <input type="checkbox"/> Proof of Business Failure supported by one of the following: (1) Bankruptcy Filing for the business OR (2) Two months recent bank statements for the business account evidencing business activity OR (3) Most recent signed and dated quarterly or year-to-date profit and loss statement	Yes
<input type="checkbox"/> Other: A hardship that is not covered above	Relevant documentation <input type="checkbox"/> Hardship letter describing the details of the Hardship	Yes

INCOME DOCUMENTATION GUIDANCE

D Do you earn a salary or hourly wage?
 For each borrower who is salaried employee or paid by the hour, include paystubs reflecting the most recent 30 days' earnings or four weeks and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer). Also supply a 4506T and a copy of your last 2 years individual federal income tax returns

D Are you self-employed
 For each borrower or contributor who receives self-employed income, include a complete, signed individual federal tax return and, as applicable, the business tax return with all schedules; AND the last most recent signed and dated year-to-date profit/loss statement with a notarized attestation clause that states the information on the p and l is accurate; AND copies of bank statements for the business account for the last two months evidencing continuation of business activity.

"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:

D Copy of the last two years filed federal tax return with all schedules, including Schedule E --Supplement Income and Loss or

D Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).

Social Security, disability or death benefits, pension, public assistance, or adoption assistance:

D Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider or

D Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.

Rental income:

D Copy of the last two years filed federal tax return with all schedules, including Schedule E --Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported, reduced by the monthly debt service on the property, if applicable; or

D If rental income is not reported on Schedule E - Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.

Border Income/Room Rental:

Notarized statement signed by borrower(s) and boarder(s) stating the amount and frequency of the boarder rent and

Evidence that border resides at the property (i.e. bill statements, license etc.) or

Bank statements showing boarder rent deposits for the last 2 consecutive months

Investment income:

D Copies of the two most recent investment statements or bank statements supporting receipt of this income.

Alimony, child support, or separation maintenance payments as qualifying income:*

D Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments AND

D Copies of your two most recent bank statements or other third party documents showing receipt of payment.

Do you have any additional sources of income?

D Provide support for each borrower; as applicable

(*)Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan

HOUSEHOLD INCOME SUMMARY

Household Income Description	Borrower 1	Freq	Borrower 2	Freq	Other Contributor	Freq
Gross Wages						
Net Wages						
Overtime						
Child Support/ Alimony(*)						
Non taxable social security/SSDI						
Taxable SS benefits or other monthly income from retirement plans						
Tips, commissions, bonus and self-employed income						
Rents Received						
Unemployment Income						
Food Stamps/Welfare						
Other:						
Other:						
Other:						
Total						

(*)Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan

EMPLOYMENT INFORMATION

BORROWER	CO-BORROWER
EMPLOYER'S NAME:	EMPLOYER'S NAME:
WORK NUMBER WITH AREA CODE:	WORK NUMBER WITH AREA CODE:
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:
YOUR POSITION:	YOUR POSITION:
EMPLOYER ADDRESS:	EMPLOYER ADDRESS:

HOUSEHOLD EXPENSES				HOUSEHOLD ASSETS	
Description	Monthly Payment Amount	Balance	Months Delinq	Description	Balance
First Mortgage Payment ⁽¹⁾	\$	\$		Checking ⁽⁵⁾	\$
Second Mortgage Payment ⁽¹⁾	\$	\$		Checking ⁽⁵⁾	\$
Homeowners Insurance ⁽²⁾	\$	\$		Savings/CD ⁽⁵⁾	\$
Property Taxes ⁽³⁾	\$	\$		Savings/CD ⁽⁵⁾	\$
HOA/Condo/Property Maintenance Fees ⁽⁴⁾	\$	\$		Savings/CD ⁽⁵⁾	\$
Any other liens(mortgage, mechanics, tax, water, etc. ⁽³⁾	\$	\$		Stocks & Bonds ⁽⁵⁾	\$
Utilities (Water/Sewer) ^(6C)	\$	\$		401K ⁽⁵⁾	\$
Utilities (Heating/Cooling) ^(6C)	\$	\$		401K ⁽⁵⁾	\$
Credit Card	\$	\$		IRAs ⁽⁵⁾	\$
Credit Card	\$	\$		IRAs ⁽⁵⁾	\$
Installment Loans	\$	\$		Cash Value of Life Insurance Policy	\$
Student Loans	\$	\$		Value of other Real Estate Owned ⁽³⁾	\$
Car Lease/Loan Payments	\$	\$		Other Asset	\$
Gas/Travel/Parking	\$	\$		Other Asset	\$
Car Insurance	\$	\$		Other Asset	\$
Telephone/Internet/Cable ^(6C)	\$	\$		Total Assets	\$
Alimony/Child Support ^(6C)	\$	\$		EXPENSE and ASSET DOCUMENTATION ⁽¹⁾ Provide lien holder information below if other than Webster Bank. ⁽²⁾ Please note if any mortgage payment listed includes Homeowners Insurance in an escrow account. ⁽³⁾ Provide lien holder detail for mortgages listed as an Expense and/ or securing other real estate assets. ⁽⁴⁾ A copy of your last HOA/Condo Association statement. ⁽⁵⁾ Copies of the two most recent investment or bank statements supporting the balances listed ^(6C) Please provide a detailed receipt for each item noted. ^(6D) IRS National Standard will be used for food/clothing amounts unless this expense is part of hardship in which case detailed receipts will be required.	
Child Care	\$	\$			
Food/Clothing ^(6D)	\$	\$			
Other Mortgage Payments	\$	\$			
Other Medical Expenses	\$	\$			
Health Insurance Premiums	\$	\$			
Other Expense ^(6C)	\$	\$			
Total Monthly Expenses	\$				
Lienholders Listing ^{(3) Name}	Balance and Interest Rate		Loan Number	Lien holder Phone Number	

Borrower/Co-Borrower Acknowledgment and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
 2. The accuracy of my statements may be reviewed by the servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer, or authorized third party*, communications.
 3. Knowingly submitting false information may violate Federal and other applicable law.
 4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
 5. The servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
 6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the servicer.
 - c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 7. Any fees and costs associated with the review of this application will be the sole responsibility of the borrower (i.e. title search, credit report, etc.).
 8. A condemnation notice has not been issued for the property.
 9. The servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
 10. The servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
 11. 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.
 12. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender/servicer/ or authorized third party*.
- D By checking this box, I also consent to be contacted by text messaging

Borrower Signature	Date	Co-Borrower Signature	Date

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

DID YOU REMEMBER?

- Please collect all the items below and send back at one time, failure to do so will delay processing your package.
- In order for us to review, we need all the following required items:

Check off the boxes below to ensure you have included everything we need

- D Signed Hardship letter explaining the basis for your workout – **All Borrowers must sign** (if applicable)
- D 7Uniform Borrower Assistance Form - **Fill out all pages and sign/date page 7**
- D Proof of Household income – **For further instruction see Page 4**
- D Two (2) most recent months of Bank Statements – **All Pages**
- D Two (2) most recent complete and signed income Tax Returns – **All Pages/All Schedules**
- D Completed 4506T form – **Fill in 1a, 1b, 2a, 2b (if applicable) & 3 and sign/date**
- D Required detailed expense documentation for the following:
 1. **Water/Sewer**
 2. **Heating/Cooling**
 3. **Food/Clothing(only if hardship is related to food/clothing expense-in all other cases IRS National Standard will be used)**
 4. **Telephone/Internet/Cable/Cell Phone**
 5. **Alimony/Child Support (If applicable)**
 6. **Other Expenses**

***If requesting a Settlement, in addition to the items above, we will also need the following:**

- D Written letter with the amount you are proposing to settle for

***If requesting a Short Sale, in addition to the items above, we will also need the following:**

- D HUD-1 Settlement Statement
- D Multiple Listing Service (MLS) Printout
- D Listing Agreement
- D Purchase and Sale Agreement
- D Buyer's Financing Pre-Approval or Proof of Funds
- D Full Payoff Letter or Short Sale Approval Letter from the Senior Mortgage

Request for Transcript of Tax Return

- ▶ **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)	
5a 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. WEBSTER BANK N.A. 200 EXECUTIVE BLVD, SOUTHLINGTON, CT, 06489 Attn: Loss Mitigation SO-200	
5b Customer file number (if applicable) (see instructions)	

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 5a, 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. ▶ 1040

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.

12 / 31 / 2017	12 / 31 / 2018	/ /	/ /
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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:** This form must be received by IRS within 120 days of the signature date.

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	
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.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

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 5a) 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:

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 855-587-9604
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 855-800-8105
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 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

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 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

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. 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.

THIRD PARTY AUTHORIZATION FORM

Homeowner Information

Borrower Name		Co-Borrower Name		
Mailing Address		Property Address (if different than mailing address)		
PhoneNumbers/ Contact Information	Daytime:	Evening:	Cell:	E-mail Address:

Mortgage Information

Name of Mortgage Company (i.e., Mortgage Servicer)		Loan Number		
Mortgage Company Contact Name	Last 4 digits of SSN:	Contact Phone	Contact E-mail Address	
Lender Name (if Different Than Mortgage Company)		Loan Number		
Lender Contact Name	Last 4 digits of SSN:	Contact Phone	Contact E-mail Address	
Housing Counselor Agency		Agency's File Number		
Housing Counselor Name	Last 4 digits of SSN:	Contact Phone	Contact E-mail Address	
Authorized Third Party	Last 4 digits of SSN:	Contact Phone	Contact E-mail Address	
Authorized Third Party	Last 4 digits of SSN:	Contact Phone	Contact E-mail Address	
Loan Type	<input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA		Foreclosure Sale Date (if applicable) _____/_____/_____	

The undersigned Borrower and, if applicable, Co-Borrower, is/are currently working with the Housing Counselor named above and hereby authorize the Housing Counselor and its employees to speak with and discuss my mortgage loan on my behalf with the Lender and the Mortgage Loan Servicer named above, as well as with the owner of the mortgage loan (such as Fannie Mae and Freddie Mac), with the Lender, the Mortgage Loan Servicer and the owner of the mortgage loan collectively referred to as "Mortgagee," and also authorize each of the entities constituting the Mortgagee to speak with and discuss my mortgage loan on my behalf with the Housing Counselor and any Authorized Third Party named above. The Housing Counselor and each of the entities constituting the Mortgagee are each authorized to share with the other any and all information concerning me/us in their possession including, but not limited to, financial information, without further authorization from me/us.

The Housing Counselor and its employees are authorized to furnish copies of this Authorization to any of the entities constituting the Mortgagee and such entities may rely on this Authorization.

Borrower's Signature

Date

Co-Borrower's Signature

Date